

# **PARK PLACE BEHAVIORAL HEALTH CARE**

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**PARK PLACE**  
BEHAVIORAL HEALTH CARE

## **STRATEGIC PLAN**

**FY 2013-2018**

**2017-18 Update**

**Osceola Mental Health, Inc. dba Park Place Behavioral Health Care**

Signature of the Board of Director Chair

Date

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*Park Place  
Behavioral Healthcare, bringing leadership, experience, and a history of  
excellence in Behavioral Health Services*

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**EXECUTIVE SUMMARY**

*2017-18 Review and Comment on the Strategic Plan*

As we move toward fiscal 2017-18, Park Place is facing some of the most difficult financial challenges in its history. Last year was a year of building as we obtained funding to be the Central Receiving System point of contact for Osceola County and were awarded funding nearing \$10,000,000.00 over the course of 5 years. We were designated as an Addiction Receiving Facility in order to serve those in crisis with substance use disorders, which increased our withdrawal management capabilities from 10 beds to twenty. We expanded services across many sectors of the agency, increasing the staff by 45 FTE's and increasing case management/care coordination hours, increasing beds in our Residential Level 4 program from 10 to 12, and Residential Level 1 from 12 to 16 beds.

As the Central Receiving System, we began work with the County, local law enforcement and area hospitals to develop a coordinated system of care as defined by Senate Bill 12. In addition, we found ourselves with new indigent dollars and were able to expand outpatient therapy services to individuals who were unable to access care in the past. Despite all of the increase in funds, we still provide 20% charity care above our indigent funding.

On June 15, 2017 we received notice that the CRS grants were no longer fully funded by the Florida legislature and each award was cut by 40%, for the next year and 55% for the following 3 years. We were provided two week notice that we were losing \$796,560.00 from our Central Receiving Operating budget. As an agency we determined we could not serve as an Addiction Receiving Facility without the additional support and we were faced with closing the ten new ARF beds. We decreased the Central Receiving System support for 25 FTE's and reduced beds in our substance use disorder residential programs. In addition, we have moved the majority of our targeted case management staff to contract staff and coordination of care with hospitals, law enforcement and other agencies is now slowed.

In addition, on July 13, 2017 it was announced that additional dollars have become available to address the Opioid crisis statewide but statewide funding has been taken from core services. Central Florida Cares Health System, the agency managing this regions state funding for indigent programs, endured a \$5,000,000.00 loss in revenue impacting all programs in the region. Park Place has experienced a 2.1% cut across all mental health general revenue funding and 8.4% loss in the substance abuse general revenue, a cut back in Temporary Assistance for Needy Families monies for those who have Mental Health or Co-occurring needs, and a small percentage cut in prevention and HIV dollars. As an agency we are working to ensure that our core services remain viable and recognize that this fiscal year we can ill afford to provide charity care for those who have no ability to pay when funding for indigent care in those areas becomes exhausted.

Our focus must be on increasing revenue while containing our costs. Efforts to increase revenue have begun. We have increased staff availability in our Inpatient ACCESS program in order to ensure timely response to referrals from outside agencies, hospitals and organizations, in order for us to maintain a level of 40-60% third party insured base in our Crisis Stabilization Unit. We are working with our Outpatient Medical Program to improve access to care for new patients and increase the efficiencies in the department through the adoption of an Open Access model that allows new patients immediate access and manages follow up appointments for existing patients. Substance Use Disorder services are focusing on increasing enrollment in our Vivitrol program by expanding services to Probation and County Corrections. Vivitrol is one of the fully funded programs for medication assisted treatment as a result of the opioid use disorders crisis facing both the state and the nation.

Florida has been ranked 49th in mental health funding prior to this year, and, given the current legislature our standing is not changing. With this in mind there are four major goals to direct this fiscal year:

1. Strengthen core services to ensure viability
2. Increase revenue by ensuring Medicaid and commercial insurance market share.
3. Streamline services, increasing efficiency while focusing on outcomes across the agency.
4. Ensure staff morale is attended to at all levels.

Park Place has been operating in this community for 41 years and I know that with the dedication of our talented staff we will continue to move forward.

Respectfully submitted,

James A. Shanks, President & CEO

***2016-17 Review and Comment on the Strategic Plan***

As I reflect on the 2015-16 fiscal year and prepare to enter the 2016-17 year, change appears to continue to be the theme. In the past year, terms like value based care, performance based outcomes reporting, and Florida Statute Senate Bill 12 became a regular part of our vernacular. Federal Medicaid reform and the Medicaid HMO's continued to challenge us to review our services to ensure we were providing the highest quality care possible at the lowest cost. State reforms under Senate Bill 12, provide guidelines for the development of a system of care that is coordinated across agencies and put an end to duplication of services for high end users and those utilizing state Substance Abuse Mental Health funding.

Park Place, was one of ten agencies state wide, chosen to receive five year grant awards to create Central Receiving Systems in their county. Park Place will begin serving as the single point of contact for the Osceola County Central Receiving System and will play an integral part in aiding the county as they respond to Florida Senate Bill 12. We successfully opened our state of the art adult crisis unit and renovated children's crisis unit in February 2016. Beginning July 2016, our ACCESS department will become the County designated location for law enforcement and emergency personnel for adults and children experiencing a mental health crisis. In October 2016, we are opening a ten bed unit to serve as an Addiction Receiving Facility (ARF) for those in crisis as a result of a substance use disorder.

2015-16 was also characterized by growth. Park Place received funds to increase services to those who are indigent. Substance Abuse and Mental Health dollars allowed us for the first time to provide outpatient therapy services in Mental Health and Substance Use Disorder for those who are indigent. We participated in a pilot program providing care coordination services for those with three or more crisis admissions in a 90 day period and based on success of the pilot are now expanding these services to include substance related readmissions as well.

We have grown our substance use disorder program, opening fully our 10 bed detoxification unit, receiving funds for medication assisted treatment with the use of Vivitrol, expanding our Residential Level 4 program by 4 beds and having been awarded the ARF status for 10 additional beds.

We opened a centralized call center to improve ACCESS to care by those seeking services and ensure calls to the agency are responded to quickly, and anticipate increasing call volume as this program grows in scope and responsibility. We have renovated space in the 206 and 208 building and are looking to expand our Poinciana office to meet the growing demand during the next fiscal year.

We recognize, that the outcome of the Presidential election will impact healthcare with Republican candidates calling for the repeal and replacement of the Patient Protection and Affordable Care Act, while Democratic candidate models move us toward socialized medicine or an expansion of the Affordable Care Act.

As we wait to learn what the impact of the upcoming election will be, we will continue to move forward with the goals and objectives for the operational strategies begun in the following area:

- Management of Human Resources
- Management of Fiscal Resources
- Management of Service Delivery
- Public Relations Activities; and
- Standards Compliance

Undertaking the activities outlined in this strategic plan will result in the achievement and accomplishment of the goals/objectives and ultimately lead to fulfillment of our mission.

Respectfully submitted,

James A. Shanks, President & CEO

### ***2015-16 Review and Comment on the Strategic Plan***

In reviewing the *2104-2015 Strategic Plan Executive Summary* it is clear how quickly the behavioral health care landscape is changing. We were anticipating challenges and opportunities to arise with Health Care Reform, increasing competition, and the shift from fee for service to pay for performance models, we were not disappointed. We made hard decisions in 2014-2015 about our services, but none was harder than the closure of the Accurate Clinical Trials program. While this program was positioned to do well, the initial fiscal outlay at a time of change in the industry was a risk our Board of Directors believed we should not continue to take. Despite the closure of this program, the focus of the 2105-16 fiscal year will be renovation and growth.

Our 2015-16 strategic initiatives are designed to ensure we are ready to meet the challenges we are facing, including an emphasis on coordination of care, recovery oriented services, program growth to support growing demand by those with insurance, while increasing care opportunities for those who continue to be uninsured or underinsured, moving toward treatment of the whole person by increasing collaboration with primary care systems as well as integrating primary care in to our services, filling local gaps in services, and supporting agency growth.

Central to this growth will be the opening of the Crisis Stabilization Unit for adults which will enable the renovation of the 206 building to include a renovated space for Children's Crisis Stabilization, a more efficient ACCESS center with a Central Receiving Facility entrance and voluntary entrance, renovated space for Substance Use Disorders outpatient and withdrawal management programs, and Psych-social rehabilitation. A dedicated space will be created for Utilization Review and Care Coordination as well as a new Medical Records area. In the early fall, our administrative services will be re-located to the 206 campus from 108 Park Place Boulevard providing financial savings as we moved from a leased environment to a building owned by the agency.

The fiscal challenges and the payment and service delivery changes that health reform is ushering in have created impetus for us to update our electronic health record. It is more important than ever before for us to have access to data that we can use to make performance improvement decisions. We will be updating our current electronic health record and exploring purchase of a data warehouse to ensure we can quantitatively demonstrate outcomes to public and private payers, identify any quality and service improvements needed, and in order for us to achieve better health outcomes for those we serve.

We have again, taken the pulse of the community, identified gaps in services, and kept a finger to the wind in order to establish our direction for this fiscal year. As was begun last year, our goals and objectives for the operational strategies continue to fall under the following categories:

- Management of Human Resources

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

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- Management of Fiscal Resources
- Management of Service Delivery
- Public Relations Activities; and
- Standards Compliance

Undertaking the activities outlined in this strategic plan will result in the achievement and accomplishment of the goals/objectives and ultimately lead to fulfillment of our mission.

Respectfully,

James A. Shanks  
President and C.E.O.



*Park Place Behavioral Healthcare, bringing leadership, experience, and a history of excellence in Behavioral Health Services*

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**2014 – 2015 EXECUTIVE SUMMARY**

The 2014-2015 Strategic Plan for Park Place Behavioral Health Care (PPBH) represents a significant change from those of previous years. PPBH is anticipating the next five years to be filled with challenges and opportunities. The recent change in the Federal Designation of Osceola County from an Underserved Mental Health Region to an Underserved Community Mental Health region sums it up quite well. PPBH is experiencing increasing competition for consumers who have insurance or an ability to pay for care, while there is no competition for those who are uninsured or underinsured in the region. Add to this, the changes in Medicaid reimbursement, a changing health care environment with health care reform, a slow economic recovery in the area has the PPBH leadership proactively planning for possible funding issues. There will be challenges in adapting to this changing environments, as well as opportunities for strong growth in some areas. Osceola County continues to be an area of population growth and with that is the issue of a growing waiting list for PPBH services. A growing waiting list and an anticipated funding decrease from the State will lead to challenges in controlling the front door into PPBH as well as the transition out of services. Open Access to care at PPBH will be initiated and will continue to grow as we successfully add new providers. PPBH continues to value client choice while striving to use resources efficiently and effectively.

Park Place has taken a pro-active role in ensuring a strong future. In response to Health Care Reform, PPBH has taken on the responsibility to become the Health Care Home for our clients. Care management will replace simple case management as we work to meet the holistic health care needs of our clients. Through the co-location of the Department of Health to offer primary care services on our main campus and our commitment to meeting meaningful use standards, we hope to meet more than just the behavioral health care needs of our consumers.

PPBH is in the process of expanding and renovating the Crisis Stabilization Unit and the Children's Crisis Stabilization Unit. This renovation will allow the CSU and CCSU to grow taking out capacity from 22 to 36 on the adult unit and 8 to 14 for children. This renovation will improve the current function and flow on the CSU / CCSU and will provide a more comfortable environment for those we serve. In addition, PPBH has applied to become a Central Receiving Center for the County. If funded PPBH will be faced with increased demands for services, assessment, and detoxification. There is a move for the agency to become a Marchman Act receiving center as well as a part of the CRC which will increase referrals to Substance Use Disorder services.

In June, 2014, PPBH acquired Accurate Clinical Trials in order to diversify our revenue streams. Accurate has a history of participation in both outpatient and inpatient clinical trials.

As Park Place Behavioral Health Care continues to serve in the innovative management and provision of behavioral healthcare for our local communities, the Center follows its Mission Statement: *“To improve the quality of life and promote wellness and recovery for those we serve.”* This mission is indicative of the Center’s total commitment to providing behavioral healthcare services that will better and/or improve the quality of life for the individuals served.

PPBH has established goals and objectives that will act as a guide in achieving our mission. Information was collected through the analysis of the internal/external environments and organizations, as well as consulting with key stake holders. This Strategic Plan will provide guidance for promoting linkage and cohesion among the various functional components of outcome based quality management, business and utilization management plans. PPBH is proud to offer quality programs that are licensed through the Florida Department of Children and Families and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

The goals and objectives for the operational strategies fall under the following categories:

- Management of Human Resources
- Management of Fiscal Resources
- Management of Service Delivery
- Public Relations Activities; and
- Standards Compliance

Undertaking the activities outlined in this strategic plan will result in the achievement and accomplishment of the goals/objectives and ultimately lead to fulfillment of our mission.

Respectfully submitted,

James A. Shanks, President & CEO

### *History*

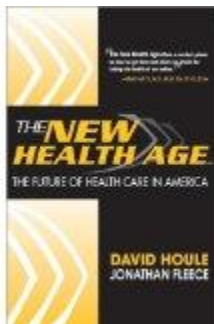
Osceola Mental Health, Inc. dba as Park Place Behavioral Healthcare (PPBH) has been a leader in Mental Health and co-morbid substance abuse services since 1976. Park Place and its dedicated staff make a real difference in the lives of the people in this community. In the last decade, Park Place has grown from 100 employees to 285 full time employees, significantly contributing to the economic growth and overall health of the community. In addition, PPBH is a multi-site facility offering a full continuum of new and innovative behavioral healthcare services designed to meet the diverse needs of those who live in the region. The economic downturn has been more devastating to those living in Osceola County than other areas in the region or state, with Osceola touting the highest foreclosure rate and unemployment rates in the region. This has inflicted additional emotional trauma on people when they are most vulnerable in their ability to access services and pay for them. Park Place strives to serve all that come to the agency for help, regardless of their financial status, or their ability to pay. It is with great leadership and a dedicated team that Park Place has been able to stay fiscally viable despite the economic downturn. During the last fiscal year PPBH provided almost 1.2 million dollars in uncompensated care. This represents almost 10% of our total revenue. Our Board of Directors, because of their strong commitment to the community will continue this practice as long as Park Place remains financially stable.

Park Place Behavioral Health Care is Osceola County's Community Behavioral Health provider of adult and children's mental health and substance abuse services, and is the County's Baker Act receiving facility. Park Place manages each program with guidance of the medical and clinical directors and treatment teams. Guided by evidenced based practices, feedback from a variety of stakeholders, customers, and ongoing needs assessments, PPBH is responsive to the changing needs of those we serve. In order to demonstrate a commitment to excellence, all programs are licensed and/or accredited and undergo systematic review regularly. All programs fit within the state mandated structure and guidelines for an accredited Community Substance Abuse and Mental Health Programs.

### *A Changing Behavioral Health Care Landscape*

Health Care Reform: An opportunity for change and growth

Health Care Reform has created an environment of change in the behavioral and primary health care system across the Nation. Park Place is not alone in its efforts to monitor and change with the demands of a changing health care system. Park Place is adapting and moving forward to meeting some of the new demands of reform including becoming a Health Care Home for the individuals we serve. With the co-location of the Department of Health at our main campus we are able to service the physical and mental health care needs of many of our clients. We are working within changing insurance status and needs of our clients, and work to identify our heaviest users of services to find ways to manage their care in our system.



In 2012, the management staff of PPBH attended a full day retreat focused on understanding Health Care Reform, re-design of the agency mission and values, and identifying new directions for focus for the agency. Peter M. Duck provided an overview of Health Care Reform and all staff were provided a copy of the book entitled, *The New Health Age: The Future of Health Care*

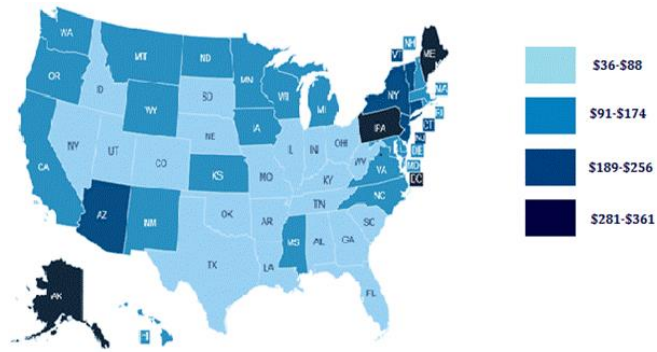
*in America*. Health Care reform challenges us to change how we *think* about health care, how we *deliver* health care and how we expect to be reimbursed with in the *economics* of health care reform.

| Think   | Deliver   | Economics   |
|---|---|---|
| <ul style="list-style-type: none"><li>• Sickness to Wellness</li><li>• Ignorance to Awareness and understanding</li><li>• Opposition to Alignment</li></ul> | <ul style="list-style-type: none"><li>• Treatment to Prevention</li><li>• Reactive to Proactive</li><li>• Episodic to Wholistic</li></ul> | <ul style="list-style-type: none"><li>• Procedures to Performance</li><li>• Isolation to Integration</li><li>• Non-Efficient to Efficient</li></ul> |

Funding Challenges: A continued challenge

In 2012-2013, Osceola County lost its long standing designation as a Federally Underserved Mental Health Region, however, Osceola County gained the designation as a Community Mental Health Underserved Region. We are experiencing increased competition for paying clients and no competition for non-paying clients.

State funding, dollars per capita for mental health and substance abuse services are extremely low. Florida ranks 48th in the nation in per capita spending for mental health and substance abuse services. In addition to this low



reimbursement rate, is the inequity in state funding received by District 7 in which PPBH resides. The struggle for equity in state funding has been a long-range goal for the District 7 providers with small gains being made over the last several years. Osceola County has the least amount of funding of the four counties in our region, yet the county has experienced incredible population growth and demands without matching gains in funding. PPBH has an opportunity to continue to work with Central Florida Cares to ensure adequate appropriation of funds to meet the outstanding needs in the county.

PPBH has responded to the revenue loss in the existing services by developing new services which will provide new revenue. Many programs are at minimum staffing patterns with staff handling multiple positions and roles. Adding new services has kept the agency in the black over the last four years but the unprecedented growth in services, need for support personnel has strained the agency. For the first time in 2014, Park Place had to assess our growth and decrease staffing in order to balance expenses and revenue.

**2016 State of Mental Health in America Ranking the States - Access to Care Ranking**

The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of

insurance, access to special education, and workforce availability. A high Access Ranking indicates that a state provides relatively more access to insurance and mental health treatment.

The 9 measures that make up the Access Ranking include:

1. Adults with AMI who Did Not Receive Treatment
2. Adults with AMI Reporting Unmet Need
3. Adults with AMI who are Uninsured
4. Adults with Disability who Could Not See a Doctor Due to Costs
5. Youth with MDE who Did Not Receive Mental Health Services
6. Youth with Severe MDE who Received Some Consistent Treatment
7. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
8. Students Identified with Emotional Disturbance for an Individualized Education Program
9. Mental Health Workforce Availability

In Georgia or Florida, despite having lower percentages of individuals who need mental health services, those who have problems are likely to face more difficulty obtaining treatment as compared to other states.

#### **Access to Care Ranking Compared to Other Positive Outcomes**

States that invest in care for individuals with mental illness are likely to provide better services overall. Due to their investment for those in need, the states in the top 10 in the Access to Care Ranking have comparatively stronger communities.

#### **Access to Care Ranking Compared to Other Poor Outcomes**

States that invest in care for individuals with mental illness are likely to provide better services overall. Due to their investment for those in need, the states in the bottom 10 in the Access to Care Ranking have communities that struggle more compared to those states that rank in the top 10.

**Access to Care Ranking**

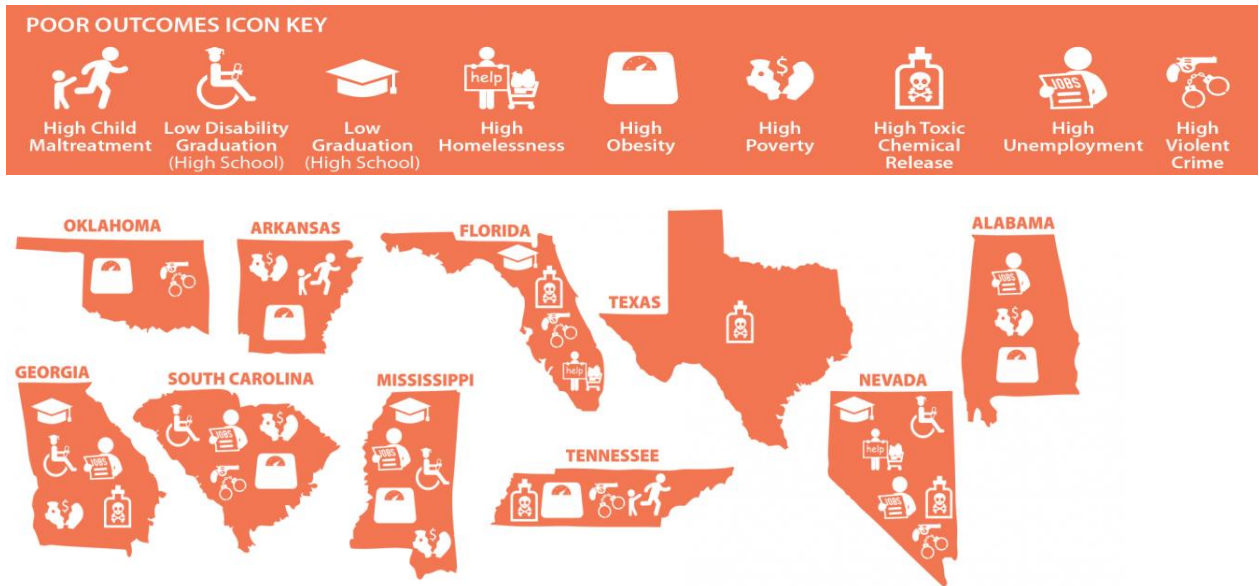
| Rank | State         |
|------|---------------|
| 1    | Vermont       |
| 2    | Massachusetts |
| 3    | Minnesota     |
| 4    | Connecticut   |
| 5    | New Hampshire |
| 6    | Maine         |
| 7    | Iowa          |
| 8    | South Dakota  |
| 9    | DC            |
| 10   | Rhode Island  |
| 11   | Pennsylvania  |
| 12   | Alaska        |
| 13   | Delaware      |
| 14   | Colorado      |
| 15   | New York      |
| 16   | New Jersey    |
| 17   | Maryland      |

| Rank | State          |
|------|----------------|
| 18   | Wisconsin      |
| 19   | North Dakota   |
| 20   | Michigan       |
| 21   | Oregon         |
| 22   | Kansas         |
| 23   | North Carolina |
| 24   | New Mexico     |
| 25   | Wyoming        |
| 26   | California     |
| 27   | Washington     |
| 28   | Hawaii         |
| 29   | Ohio           |
| 30   | Nebraska       |
| 31   | Illinois       |
| 32   | Missouri       |
| 33   | Kentucky       |
| 34   | West Virginia  |

| Rank | State          |
|------|----------------|
| 35   | Utah           |
| 36   | Virginia       |
| 37   | Indiana        |
| 38   | Montana        |
| 39   | Louisiana      |
| 40   | Arizona        |
| 41   | Idaho          |
| 42   | Oklahoma       |
| 43   | Arkansas       |
| 44   | Florida        |
| 45   | Texas          |
| 46   | Alabama        |
| 47   | Georgia        |
| 48   | South Carolina |
| 49   | Mississippi    |
| 50   | Tennessee      |
| 51   | Nevada         |



**Bottom 10 states in the Access to Care Ranking also rank among the bottom 10 states in the following poor outcomes.**



**Commitment to Quality and Benchmarking**

In 2012, PPBH recognized a need to strengthen its commitment to quality initiatives and data gathering. A new director for Quality was named and a new commitment to quality

initiatives, benchmarking, and data gathering begun. Quality initiatives are in a number of areas including quality, efficiency and effectiveness measures for many programs.

Another key focus is in the area of benchmarking. Just as peer and chart reviews inform therapists as to the quality of their work amongst their peers benchmarking against standards and our peers informs us of how our practices measure against standard of excellence in the field and among our peers. In 2013 we participated in the statewide benchmark survey and discovered key areas in our own data gathering we needed to improve in order to fully participate. The QI committee has become a key committee in moving the agency toward its goals.

In 2016, the Director for Business Development was also assigned performance enhancement, and became responsible for outcomes reporting for special projects, and to address efficiencies in multiple agency systems. She, along with the Director of Quality ensure that all agency actions are evaluated on a systems level and are data and outcomes driven.

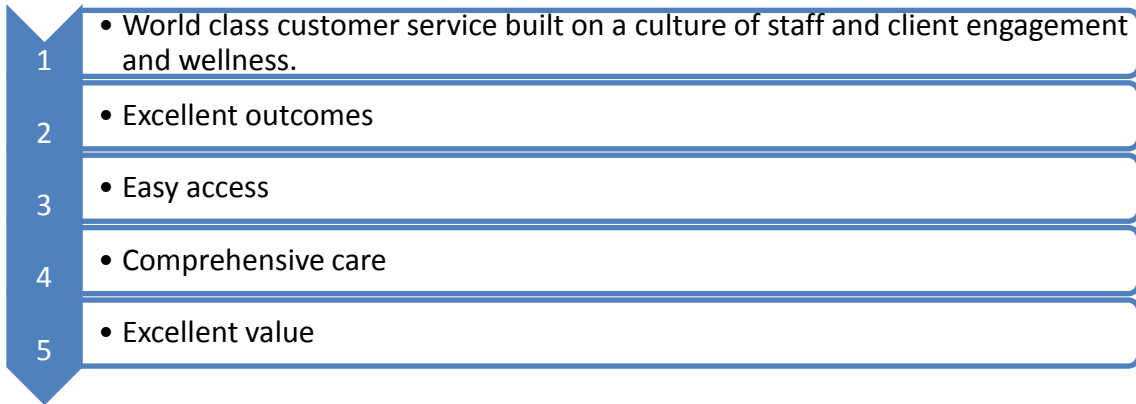
### ***Informing the Strategic Plan for 2013-2018***

Since the development of PPBH's previous strategic plan in 2007, the environment in which PPBH operates has experienced significant changes. Coupled with challenging economic times, a rapidly changing health care environment and increased competition for non-indigent clients the Board of Directors and the PPBH leadership team have been actively driving the organization's strategic planning process.

#### *New Wisdom*

The National Council for Behavioral Health released a draft concept paper entitled, *Behavioral Health Centers of Excellence and the Future of Health*. This paper kicks off a six month project to define a Behavioral Health Center Of Excellence. The paper outlines five key elements which must be met with high marks in order to be considered a “*great place for care and work.*”





The Center for Disease Control and Prevention (CDC) has released information supporting the push for the integration of public and behavioral health, stating that it is aligned with recent research on brain development. New information from the fields of neuroscience and behavioral medicine has dramatically advanced understanding of mental functioning. The public health approach to behavioral health considers those advances and:

- Recognizes the interrelatedness of behavioral health and physical health,
- Focuses on prevention and promotes behavioral health across the lifespan,
- Identifies risks that may contribute to illness or disability, as well as protective factors that protect against the development of illness or disability and/or limit its severity,
- Provides people with the knowledge and skills to maintain optimal health and wellbeing, and
- Brings together individuals, communities and a variety of systems (health, human services, schools, etc.) to work collaboratively toward better behavioral health for all.



## **Mission and Vision**

This change in philosophy is reflected in the agencies adoption of a new Mission and Value statement developed in 2012-2013.

### ***Mission***

To improve the quality of life and promote wellness and recovery for those we serve.

### ***Values***

#### **We put the needs and well-being of our customers first.**

As staff members, each of us recognizes that our reason for being a part of PPBH is to help our customer. Our customer may be our client or a member of their family; our customer may be a fellow employee; our customer may be a vendor or an insurance company representative. By putting our customer first, we are fulfilling our purpose, making our Agency and our community stronger, while demonstrating our respect for those we serve.

#### **We honor the voices and strengths of our clients.**

We encourage our clients and their families to exercise their authority to make decisions and act effectively in their own interests. We are here to provide services and support utilizing the best therapy and treatments for our clients. This is not something we do “to” our clients; rather we form a team with them. We work with clients and their families, employing their strengths and their experiences, utilizing a holistic approach to optimize their results.

#### **We care, finding ways to listen and respond.**

Every door is the right door for welcoming people. Every staff member will provide active assistance, even if it is just walking the client to the right area. We know that active listening is an important skill and we are dedicated to utilizing the skill for what is being said; sometimes what is not being said, and responding in an appropriate fashion.

#### **We recognize and respect that there is a need for information at all levels.**

We know that one of the biggest challenges for any company is effective communication. We recognize that information and knowledge provides the tools necessary for everyone to fulfill their individual mission of excellence. We pledge to share information in every direction, utilizing all communication resources available to us and to do so on a regular basis.

#### **We are driven to conduct ourselves in an open, ethical and honest manner.**

We do what we say, we own what we do.

**We strive for excellence in all that we do.**

Every member of our staff dedicates their efforts every day to performing their job to highest standards. We do what we should do, when we should do it.

**We pursue growth and embrace change.**

We recognize that change is not a bad thing; it can be a very good thing. PPBH wants to grow as an Agency, grow in our ability to make a difference in the lives of our clients, grow in our abilities to have a positive impact on all who live in Osceola County, and for this reason, we will embrace change for the betterment of all.

**We will adapt to the changing needs of our clients and community.**

Our world is constantly changing; new technology, new therapies and treatments, new methods, along with new demands, new stresses, new pressures. PPBH will monitor changes, implement proven, effective responses, always focusing on meeting the needs of our clients and customers, their families, our employees and the community as a whole.

**We work as a team to accomplish our mission.**

**EVERY** staff member at Park Place, regardless of their function, is dedicated to working toward our mission.

***Feedback***

Internal Feedback

**All Staff**

PPBH respects the voice of all staff and opportunities were provided for staff to meet with the leadership to share their concerns, ask questions, provided their observations and review the direction of the agency. A town hall meeting with the staff was held and feedback was obtained. However, while the town hall was well attended it provided little direct feedback. Individual meetings were then set up where the CEO and CFO were available to the staff in each of their buildings for comment on a bi-weekly basis, these were only marginally attended and little information gathered. This public, on the spot

style feedback session did little to provide information which identified key concerns of the staff or ideas for future direction.

**Staff Town Hall:** Town Hall meetings have been held with the staff at different times. The Town Halls that have been the most important have been attended during times of change. The most critical being the Town Hall held in 2017, post the news that the agency was going to experience a 40% cut in the newly establish Central Receiving System which ultimately led to the closing of the ARF. This Town Hall provided staff with an opportunity to meet with the President and CEO of the agency to ask questions and voice their concerns with regard to the Direction of the Agency. Themes raised during the 2017 Town Hall were as follows:

| Benefits   | Layoffs  | Revenue  |
|--|--|--|
| <ul style="list-style-type: none"><li>• Retirement Fund Supported by agency</li><li>• Loss of Sick Time</li><li>• Health Insurance Concerns</li><li>• Salary Increases</li></ul> | <ul style="list-style-type: none"><li>• Budget stability</li><li>• Was the workforce reduction enough</li><li>• Increase communication about changes</li></ul> | <ul style="list-style-type: none"><li>• What can we do to increase revenue?</li><li>• What can we do to limit no shows and continue to improve access?</li><li>• What can we do to increase marketing?</li></ul> |

**Management**

Management utilized a mandatory customer service training to identify concerns and direction of the agency. The training sessions were created so that staff were separated, as much as possible from others that they knew in the agency, and from those on their own team. The day long training began with team building exercises, an overview of the FISH philosophy for customer service, some action planning tools. Staff were provided an opportunity to work both individually and in groups to identify key strengths and weaknesses in our current care and customer service. They were then asked to work together as a group to craft solutions.

| Staff Experience   | Client Experience   |
|--|---|
| <ul style="list-style-type: none"> <li>• Staff appreciation and celebration should be increased</li> <li>• Cross train staff in each department to improve interdepartmental team work and the client experience.</li> <li>• Improve understanding across the agency</li> <li>• Improve top down communication</li> <li>• Provide more opportunities for staff at all levels to participate in decision making and planning</li> </ul> | <ul style="list-style-type: none"> <li>• Improve response time                             <ul style="list-style-type: none"> <li>• Decrease wait time</li> <li>• Answer phones and return messages quickly</li> </ul> </li> <li>• Improve client problem solving by staff</li> <li>• Provide a safe, secure and aesthetically pleasing environment</li> <li>• Improve their service experience</li> <li>• improved food service for those inpatient</li> <li>• Improve waiting areas for outpatient</li> </ul> |

The management retreat provided managers an opportunity to identify key areas for concern and growth as well.

| Staff   | Community  | Client  |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Continued customer Service Training and Evaluation</li> <li>• Increase global scores for customer service, decreasing complaints</li> <li>• Improve overall agency morale</li> <li>• Increase feelings of safety and security of the staff.</li> </ul> | <ul style="list-style-type: none"> <li>• Implement a health home model for care for our clients</li> <li>• Improve community outreach</li> <li>• Market PPBH to community, social service and health care agencies</li> <li>• Develop increased community partnerships and collaborations</li> <li>• Build jail diversion</li> </ul> | <ul style="list-style-type: none"> <li>• Provide same day access to care</li> <li>• Improve staff ability to meet customer needs and to offer improved access to care</li> <li>• Improve consumer follow up</li> <li>• Provide initial appointment within 72 hours in Access Outpatient and 7 days in other areas.</li> </ul> |

### **Consumer Advisory Committee**

Park Place cares about the voice of the clients. The advisory board is made up of members of Psych-Social Rehabilitation, Adult Residential Level 2 Program, Adult Substance Abuse Residential Level 4 and Intensive Outpatient Program, and Outpatient. The clients who are on the committee have experience with Outpatient Medical, Crisis Stabilization, Detox/Withdrawal Management, and Residential Level 1 for substance abuse services. The three areas that current clients have prioritized are: safety and security, access to care for those uninsured or underinsured, and additional treatment options. The agency clinical directors are responsible for the coordination of the committee along with the clients, and the director of quality improvement attends with regularity in order to ensure the voices of the clients are brought to the larger QI committee.

#### *External Information*

The following outside agencies, coalitions and individuals provided feedback, insight or information which was considered during the strategic planning process.

- Central Florida Cares Health System
- Community Vision
- City of Kissimmee
- City of St. Cloud
- Department of Children and Families
- East Health Council of Central Florida
- Federally Qualified Health Service Providers –Osceola Community Health Services, Orange Blossom Trail Family Practice
- Florida Behavioral Health Association
- Florida Hospital Kissimmee
- Homeless Services Network and the Homeless Coalition Kissimmee
- Kissimmee and St. Cloud Police Departments
- Kissimmee Chamber of Commerce
- Mental Health Association of Central Florida
- Ninth Circuit Court , especially Mental Health Court, Drug Court, Dependency Court, Probate.

- Osceola County Board of County Commissioners
- Osceola County Children’s Cabinet
- Osceola County Human Services
- Osceola County Round Table
- Osceola County School District
- Osceola County Health Department
- Osceola County Sherriff Department
- Poinciana Chamber of Commerce
- Public Health and Safety Committee
- Public Safety Coordinating Council
- St. Cloud Chamber of Commerce

Surveys sent to local stakeholders to assess community awareness of our services, perception of our agency and reputation in the community are completed every two years. Most agencies who deal regularly with Park Place are very aware of our services and provided positive feedback with regard to reputation. Individuals, with whom we have less interaction, are surprised to find out that we do more than Baker Act Crisis Stabilization, and that we are able to serve individuals with insurance or self-pay abilities. This information is helpful when choosing marketing messages and strategies.

***STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS***  
***SWOT Analysis***

Strengths

- ~~Acquisition of Accurate Clinical Trials~~
- Adaptable/Flexible staff
- Advocate on behalf of clients
- Building better relationships with stakeholders
- CARF Accreditation
- Change oriented
- Dedication to clients
- Diversity of programs offered

- Renovated Crisis Services
- Financial position
- High level of client satisfaction
- Improved Communication
- Improved productivity of staff
- Improved reputation
- ~~Increased Employee Satisfaction~~
- Integrity
- Involvement in the community, viewed as leaders and a valuable resource.
- New/renovated facilities and satellite locations
- Quality of Service provision
- Understanding external requirements
- Transportation Waiver
- Central Receiving System Designation and funds
- Addiction Receiving Facility opening Program Closed July 1, 2017
- Vivitrol Program expansion and funding
- Lobbyist to support the program at the state level

Weaknesses

- Decreasing employee satisfaction – loss of benefits
- Lean organization
- Administrative overhead is increasing as programs have closed
- Bureaucracy (reporting requirements, external audits)
- Difficulty recruiting and keeping licensed staff.
- Lack of a strong marketing presence
- ~~Lack of growth in Substance Abuse Services~~ Loss of growth in Substance Use Disorder Services.
- Legislative changes and funding support
- Loss of funding for detox.
- Physical Environment



- Poverty/ high level of uninsured and underinsured clients.
- Reliance on County or Grant funding for the viability of some programs
- Staff morale in some areas
- Transportation cuts
- Under-served community mental health area/Recruitment
- Wait time for some programs high
- Benefit offerings are limited
- Website outdated and inactive

Opportunities

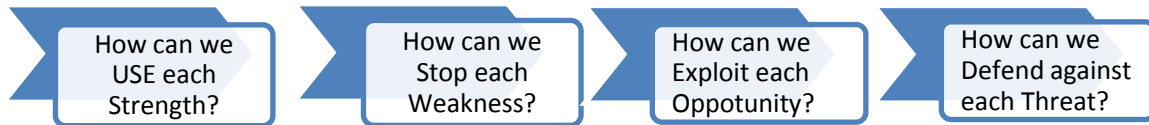
- Continue expansion of services, integration in Department of Health
- Diversify funding streams
- Employee engagement
- Expand network of providers
- Federal Healthcare Reform
- Improve employee satisfaction
- Improve relationships with community resources (schools, etc.)
- Improve use of information systems to support the electronic health record and Performance Improvement
- Improvement in Financial position
- Improvement in Service delivery
- Increase in Equity Funding may come down from the managing entity.
- Leadership Development
- Marketing opportunities
- Opioid Crisis Dollars
- Osceola County is growing rapidly
- FQHC relationship

Threats

- Changes in Bed Utilization
- Changes in Local Political Environment
- Economy

- Federal Healthcare Reform
- Increasing competition for limited dollars, and limited paying clients.
- Managing Entity/Network Development
- Medicaid Reform
- Osceola Regional Hospital Behavioral Health Expansion to include Baker Act Receiving and Crisis Unit.
- Regulatory environment
- State budget concerns
- Planned opening of Ogelthorp Crisis Units at our old Sunnyside location
- Psychiatric practice across the parking lot from 200
- Competition for staff with higher paying for profit practices.
- Psychiatry shortage nationwide
- Loss of general revenue to the Opioid Crisis
- Accountable Care Organizations and other changes in reimbursement strategies.

Questions to consider for program development and ongoing planning are as follows:



Our SWOT analysis reminds us that the behavioral health field is growing more complicated and competitive with each passing year. At the same time, the cost of providing the necessary services has increased significantly and a number of our traditional funding sources have leveled off or reduced their contribution. Considering these changes to the ever-evolving behavioral healthcare landscape; now is not the time to plan for five years and stop, but rather a time to take stock of where we are, where we believe we want to go and aggressively working to get there while monitoring the horizon. We must harness the talent of our Board of Directors, leadership, managers, and staff, to complete our goals and objectives to continue to provide quality behavioral health services, while crafting a changing course for the future.

**Agency Goals and Action Plans:**

Our Goals and Action plan is scheduled through 2018. This plan must be reviewed and changed regularly in order to ensure that Park Place does not fall behind during this time of rapid change. Strategic planning for fiscal years 2018-2023 has already begun and will be completed in March 2018. This plan includes global agency plans along with individual plan items for each department.

2017-18 Goals while addressing the global areas listed will emphasize the following four strategies:

1. Strengthen core services to ensure viability
2. Increase revenue by ensuring Medicaid and commercial insurance market share.
3. Streamline services, increasing efficiency while focusing on outcomes across the agency.
4. Ensure staff morale is attended to at all levels.



**1** • Management of Human Resources

|                           | <b>ACTION STEPS</b>   | <b>PERSON(S) RESPONSIBLE:</b>   | <b>TARGET COMPLETION DATE:</b>                     | <b>COMMENTS/CONSIDERATIONS</b>   | <b>DATE COMPLETED:</b>  |
|---------------------------|---|---|--|--|---|
| Monitor Staff Morale      | Town/Hall Communication from management downward and upward to executive team. Provide incentives and positive feedback | All staff – management, executive team, Human Resources                                     | Ongoing. Monthly reporting of concerns and issues. | At this time, during budget cuts and financial issues, important to continue open communication with staff.  | July Town Halls held. Letter sent to all staff following initial staff reduction. |
| Maintaining current staff | Review current health insurance and benefits<br>Flexibility   | Human Resources, Executive Management   | Annually in August/September                       | Current health insurance has high premiums and low staff satisfaction. Review plans for possible updates. Monitor financial stability to determine ability to provide staff increases. | Annually  |
| Ensure Staff Appreciation | Ongoing communication and staff appreciation and awards.<br>Recognition   | HR, Management/Administration Directors, Managers and Supervisors<br>CEO/CFO Executive team | Ongoing  | Ensure staff is regularly encouraged to discuss issues and concerns. Ensure competitive salary and benefits as able. Communication with regard to agency salary increases              | Ongoing. July 2017  |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|   | <b>ACTION STEPS</b>   | <b>PERSON(S) RESPONSIBLE:</b>                | <b>TARGET COMPLETION DATE:</b> | <b>COMMENTS/CONSIDERATIONS</b>  | <b>DATE COMPLETED:</b>                |
|---|---|--|--------------------------------|---|---------------------------------------|
| Attracting Qualified Staff              | Use of Zip recruiter<br>Membership organizations                  | HR Director                                  | Ongoing as needed              | Monitor local salary scales to ensure competitive salary provided for the not-for-profit sector. Ensure staff are qualified for their positions and that they meet the culture, languages, and needs of the clients we serve. Regular position posting on the WEB, Use of Zip recruiter for difficult to fill positions. Job fairs with Florida Career Source for general agency positions. | Ongoing.                              |
| Meaningful staff evaluation process     | Identify core competencies for all staff                          | Program Managers/Dir.<br>HR director         | 2016-2017                      | Competencies must be added to each job description.   | May 2017<br>Ongoing for new positions |
| Improved staff training and orientation | CLAS standard additions, Drug Free workplace Profiler proficiency | HR Director<br>SUD Director<br>Profiler team | Fiscal 2016-17 and ongoing     | CLAS standards addressed across the board, Policies and procedures crafted, orientation program developed. Board standards.   | Ongoing                               |

2 • Management of Fiscal Resources & Responsibility

|   | <b>ACTION STEPS</b>  | <b>PERSON(S) RESPONSIBLE:</b>  | <b>TARGET COMPLETION DATE:</b>   | <b>COMMENTS/CONSIDERATIONS</b>  | <b>DATE COMPLETED:</b>   |
|---|--|--|--|---|--|
| Increase revenue by ensuring Medicaid and commercial insurance market share | <ul style="list-style-type: none"> <li>Meeting with Insurance Company representatives to ensure aware of services.</li> <li>Improve outcomes and participate in pilot programs.</li> <li>Use outcome based assessments &amp; EBP's</li> <li>Identify local primary care programs serving high numbers of Medicaid clients –</li> </ul> | Kim Walko<br>Contract Manager<br>Natalie Mullett<br>Business Dev.-<br>Performance Improvement<br>Kevin Gowder –<br>Quality Improvement<br>Kirsten Forde -<br>Marketing | Fall 2017<br><br>Ongoing.<br><br>CCP review of assessments (ie PHQ9, ASI, etc). – Summer and Fall 2017<br><br>Ongoing – Push during Summer and Fall 2017 | Ensuring access to care appointments are available prior to a push for commercial insurance in outpatient medical or therapy.<br>Increased push for Medicaid clients.<br>Increase push for commercially insured clients to PHP and IOP.<br>Review of satisfaction by insurance vendors in our work. | Wellcare – 2016<br>Magellan – July 2017<br>New Directions- Quarterly 2015-2016-2107.<br><br>Expected completion January 2018<br><br>July 2017 – large pain clinic. |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|  | <b>ACTION STEPS</b>  | <b>PERSON(S) RESPONSIBLE:</b>  | <b>TARGET COMPLETION DATE:</b>                    | <b>COMMENTS/CONSIDERATIONS</b>   | <b>DATE COMPLETED:</b>   |
|--|--|--|---|--|--|
| Revenue maximization <ul style="list-style-type: none"> <li>Utilization review</li> <li>Service documentation to enhance billing and collections</li> </ul>  | Data collection on write offs and denials<br>Maximization of billing – documentation<br>UR   | Business office<br>UR<br>Clinical staff  | Monthly review of UR<br>Regular review of Denials | Maintain feedback on authorized services in care coordination and reimbursement monthly. Ensure all denials are appealed and when continued to be denied corrections occur.  | Quarterly UR meetings.<br>Begun during 2016 and continuing.  |
| Funding maximization <ul style="list-style-type: none"> <li>Apply for county, state, national funds when applicable</li> <li>Work to identify needs within the CFCHS funding availability</li> </ul> | Continued RFA, foundation Search<br>Performa on all applications prior to submission<br>MAPP and gap in services<br>Update profile in Central Florida Foundation | Director Business Development<br><br>Community Vision, East Health Council and Executive Team – MAPP<br>Natalie Mullett Dir. Bus. Development/Kelly Velasco controller | Weekly  | Monitor all RFA announcements and respond to those within the scope of practice of the agency. Annually adjust the MAPP which is done every few years by Community Vision Health Subcommittee.<br>Fall 2017 Profile update – Budget history for update | Primary care integration – April 2015 –Jan 2017<br>Central Receiving System Sept 2015<br>Drug Court 2015<br>Florida Hospital CHIC – April 2015<br>City of St. Cloud Sept 2014,2015<br>City of Kissimmee – July 2014-15-16-17 |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|  | <b>ACTION STEPS</b>  | <b>PERSON(S) RESPONSIBLE:</b>                                      | <b>TARGET COMPLETION DATE:</b>  | <b>COMMENTS/CONSIDERATIONS</b>   | <b>DATE COMPLETED:</b> |
|--|--|--|---|--|------------------------|
| Increase Political Involvement at the State Level                                    | Hire a lobbyist to represent interests in Tallahassee<br>Participate in Florida Council<br>Increase Board Member engagement in issues at the County and State level within their spheres of influence. | CEO/CFO<br>Board of Directors<br>Director for Business Development | Lobbyist utilized for CRS 2015-16.<br>Maintain membership in politically active groups such as the Florida Council, FADAA | Continued lobby for Children’s Action Teams and OPIOD funding waiver.<br>Florida Council membership meeting attendance regular | 2015 ongoing           |
| Pay for performance<br>• Staff – pay for performance<br>• Agency pay for performance | Identify payment and bonus structures for staff.<br>Positions eligible.<br>Outcome based care.   | HR, Executive Team, Outpatient Medical staff                       | January 2015  | New Payment Structure in outpatient Medical includes base salary and bonus for staff.  | 2016                   |
| Evaluate viability of maintaining St. Cloud  | CLOSED   |  |   | Program closed.  | 2015                   |



3 • Management of Service Delivery

|  | ACTION STEPS  | PERSON(S) RESPONSIBLE:                      | TARGET COMPLETION DATE:   | COMMENTS/CONSIDERATIONS  | DATE COMPLETED:  |
|--|---|---|---|--|--|
| Centralized Admissions Call Center                         | 800 number<br>Centralize call center<br>Appointment scheduling/confirm  | Business Development program<br>Call Center | May 15, 2016<br>Jan 2017  | Year 1 - 60, 497 calls answered.   | May 16, 2017.<br>January 2017  |
| Increase growth in Substance Use Disorders                 | Vivitrol Program development<br>ARF development<br>Outpatient services<br>PHP/IOP<br>Expand Res 4<br>Expand Res 1 | Director<br>Substance Use Services          | Vivitrol Jail program – June 2017<br>ARF October 2016<br>June 2017<br>December 2016<br>May 2017 |  | July 2017 – Limiting Res 1, closing ARF, Limiting Res 4.<br>Res 1 expanded – Feb 2017<br>ARF complete October 2016<br>Res 4 expanded Dec. 2016 |
| Increase capacity in Outpatient Medical Outpatient Therapy | Realign management<br>Access to care improvements.<br>Bonus payment structure                                     | Executive team – OP Medical                 | Fall 2017 New Model for accessing care 2016   | New management system for OP Medical. Committee formed to improve access to care. Focus on New Clients.<br>No shows and staff rescheduling of clients are key issues.<br>Bonus for staff with base salary implemented. | July 2017 – Vickie Program Director with Dr. Alcober as Clinical Supervisor.<br>2016 Bonus structure and management                            |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|   | <b>ACTION STEPS</b>  | <b>PERSON(S) RESPONSIBLE:</b>  | <b>TARGET COMPLETION DATE:</b>   | <b>COMMENTS/CONSIDERATIONS</b>   | <b>DATE COMPLETED:</b>                                       |
|---|--|--|--|--|--|
| Integration of Primary Care – Health Home   | Began October 2016.<br>By 2017-2018 increase to operation of a primary care clinic 5 days per week. Begin discussion for acquisition/relationship by 2020                              | Director Business Dev.<br>Dr. Alcober<br>Team approach<br>FQHC           | Client services to begin February 1, 2017.<br>Executive meeting quarterly<br>Treatment team and Implementation team meetings bi-monthly. | SAMHSA grant meetings and outcomes reporting as required. Timeline to follow as per grant description. March 30, 2017 first NOMS and client in clinic. Referrals began December 2016. Year 2 grant continuation submitted January 2017.<br>2020 Fully integrated with the FQHC           | Ongoing  |
| Improve Efficiencies, Access to Care, EBP's | Identify baseline operations for identified programs.<br><br>Begin performance enhancement, model identification, change implementation, evaluation feedback loops on process changes. | Directors of Quality and Performance<br>Department management and staff. | ACCESS Inpatient 2016 Spring 2017 Ongoing.<br>Outpatient ACCESS October 2017<br>Outpatient Medical October 2017                          | Initial programs for review are focused on ACCESS to care and revenue maximization. Inpatient ACCESS and insurance referrals, and CRS operations were reviewed and staffing changed based on findings. Outpatient ACCESS and Inpatient Medical are under review for 2017-18 fiscal year. | ACCESS inpatient 2016-17<br><br>Ongoing in other departments |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|                      | <b>ACTION STEPS</b>   | <b>PERSON(S) RESPONSIBLE:</b>  | <b>TARGET COMPLETION DATE:</b>  | <b>COMMENTS/CONSIDERATIONS</b>   | <b>DATE COMPLETED:</b>   |
|----------------------|---|--|---|--|--|
| Coordination of Care | Identify high risk, high recidivism for management<br><br>Coordinate care across the agency<br><br>Internal referral services | Clinical Directors for ACCESS/CSU and Outpatient Therapy, Manager for Case Management. | CRS care coordination<br>July 1, 2017<br>Fall 2015 to spring 2016 pilot | Initial pilot was very successful with positive outcomes. Expanding to fiscal 2016-17. | <b>Ongoing</b><br>July 1, 2017 CRS care coordination Service provision began under pilot 2015-16 |

**4** • Public Relations Activities

|                    | <b>ACTION STEPS</b>   | <b>PERSON(S) RESPONSIBLE:</b> | <b>TARGET COMPLETION DATE:</b> | <b>COMMENTS/CONSIDERATIONS</b>  | <b>DATE COMPLETED:</b>   |
|--------------------|---|-------------------------------|--------------------------------|---|--|
| Marketing Campaign | Virtual Presence audit<br><br>Marketing SWOT analysis<br><br>Budgeting and action plans | Marketing.                    | October 2015                   | Poor results. Begin Facebook, Twitter, and Social Media accounts.<br>Weekly updates of accounts | Facebook page completed 2015<br><b>Ongoing upkeep of all social media.</b> |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|  | <b>ACTION STEPS</b>   | <b>PERSON(S) RESPONSIBLE:</b>                             | <b>TARGET COMPLETION DATE:</b>                                | <b>COMMENTS/CONSIDERATIONS</b>   | <b>DATE COMPLETED:</b>                            |
|--|---|---|---|--|---|
| Re-Brand Agency (movement from Community Mental Health labels) | Review brochure design – colors   | Marketing   | January 2016  | All new colors and rebranding completed – including building paint schemes.  | July 2016<br>All materials continue to be updated |
| Web Based Presence   | <ul style="list-style-type: none"> <li>• Web site review and update</li> <li>• Social Media presence</li> <li>• Blogging begins</li> <li>• Live chat</li> </ul> |   | August 2017<br>Social media blogs, and live chat January 2018 | Website delay due to ownership of site. New website address acquired January 2016 Parkplacebehavioral.org. Building of site delayed. |   |
| Physician office partnerships, relationships, collaboration    | MOU development<br>X3 offices<br>Identify Physicians with high Medicaid client counts to target.  | Marketing,<br>Integrated Primary Care<br>Project Director | October 2017  | SAMHSA grant relationships being built. MOU's by year 2.   |   |

5 • Standards Compliance

|   | ACTION STEPS   | PERSON(S) RESPONSIBLE:   | TARGET COMPLETION DATE: | COMMENTS/CONSIDERATIONS  | DATE COMPLETED: |
|---|--|--|-------------------------|--|-----------------|
| CARF Accreditation                            | Maintain standards<br>New employee training, peer review and supervision, QI and performance to ensure ongoing quality.      | All Staff  | Ongoing                 | Ensure ongoing compliance with current and new standards if released. Ensure high quality care through program evaluation, quality improvement, peer review and internal monitoring and supervision. | Ongoing         |
| Department of Children and Families Licensure | Ensure all licensing standards are understood by all levels of staff.  | All licensed program staff   | Ongoing                 | Ensure ongoing compliance with current and new standards if released. Ensure high quality care through program evaluation, quality improvement, peer review and internal monitoring and supervision. | Ongoing         |
| Contract compliance                           | Ensure all contract outcomes are documented, managed and reported. All payer contracts are met. Grant requirements reported. | Grants Management<br>Contract Manager<br>Data Reporting<br>Medical Records | Ongoing as required     | Ensure all contracts are reported on as needed. Director for Business Development and Contract Manager aid in maintaining schedule of measures due   | Ongoing         |

6 • Department Goals

| DEPARTMENT                 | ACTION STEPS  | PERSON(S) RESPONSIBLE:                     | TARGET COMPLETION DATE: | COMMENTS/CONSIDERATIONS   | DATE COMPLETED: |
|----------------------------|---|--|-------------------------|---|-----------------|
| Crisis Stabilization Units | Increase therapeutic engagement.<br>1. Train staff on group dynamics and therapeutic approaches.<br>2. Provide additional therapeutic activities for clients. | Lynela Casing and Dr. Griffin              | September, 2017         | We have been using Pre-doctoral and Resident Psychology students to aid in the training, but we have large numbers of staff turnover that require ongoing training. | Ongoing         |
| Crisis Stabilization Units | Increase therapeutic engagement.<br>1. Train staff on group dynamics and therapeutic approaches.<br>2. Provide additional therapeutic activities for clients. | Lynela Casing and Dr. Griffin              | January 1, 2017         | Consider using Pre-doctoral and Resident Psychology students to aid in the training. This is particularly helpful with the children who become bored very easily.   | January 2017    |
| Crisis Stabilization Units | Improve patient environment and create additional capacity.<br>1. Complete building.<br>Expanded Crisis unit to consist of 30 beds.                           | Executive and leadership teams-Dr. Griffin | October 1, 2015         | Plan for delays in construction and in hiring/attracting new staff.   | Feb 1, 2016     |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|                          |   |   |                 |  |   |
|--------------------------|---|---|-----------------|--|---|
|                          | <p>2. Ensure space is designed to meet all standards for care.</p> <p>3. Apply for expanded licenses for CSU and CCSU.</p> <p>4. Market to stakeholders.</p> <p>5. Locate and hire additional staff.</p>  |   |                 |  |   |
| Crisis Assessment Center | <p>Decrease wait-times for clients awaiting transfer from hospitals and admission into programs.</p> <ul style="list-style-type: none"> <li>• Nursing coverage expansion in Access.</li> <li>• Support staff at night shift to assist with reviews from hospitals and moving clients to units.</li> </ul> | Roberto Rivera, Lynela Casing, Suzanne Kane, Kevin Gowder and Dr. Griffin | October, 2017   | We had added nursing coverage and support staff that improved drop off times for law enforcement and moving clients to the unit. However, we need to continue lowering times to move clients to substance units and the time it takes to accept client transfers from hospitals. | September 1, 2017   |
| Crisis Assessment Center | <p>Decrease wait-times for law enforcement at drop off and for clients awaiting admission into programs.</p> <p>1. Hire and train additional staff to handle the increased volume we</p>  | Roberto Rivera, Lynela Casing, Suzanne Kane, Kevin Gowder and Dr. Griffin | January 1, 2017 | New electronic health recording software should be able to assist in tracking. We have had difficulty at times moving clients to other programs leading to frustration and decreased consumer satisfaction.  | January 2017 and <span style="color: red;">ongoing</span> |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|                          |   |   |                  |  |   |
|--------------------------|---|---|------------------|--|---|
|                          | <p>have seen since opening the CRS.</p> <p>2. Implement tracking system that alerts when client has passed a certain time before moving to the unit.</p> <p>3. Change assessment procedure to have the nursing assessment done prior to comprehensive evaluation.</p> |   |                  |  |   |
| Crisis Assessment Center | <p>Become Central Receiving System.</p> <p>1. Obtain transportation waiver.</p> <p>2. Apply for state funding for CRS.</p>  | Executive and leadership teams- Natalie Mullett | December 1, 2015 | Delays in grant approval and legal proceedings caused the approval for CRS grant to delay money until July 1, 2016.  | Partially met with approval of Transportation Waiver which took effect in Feb. 2016             |
| Care Coordination        | Create a new department for Care Coordination   | Executive and leadership teams-Dr. Griffin      | October 1, 2016  | Reorganized agency with Crisis Assessment Center, Crisis Social Workers/Discharge Planners, Utilization and Review and new support staff to create Care Coordination department and renovated the new space for them to be collocated for increased communication. | October 1, 2015, created department, renovations continued for co-locating until March 1, 2016. |



**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

| <b>DEPARTMENT</b>        | <b>ACTION STEPS</b>  | <b>PERSON(S) RESPONSIBLE:</b> | <b>TARGET COMPLETION DATE:</b>                                    | <b>COMMENTS/CONSIDERATIONS</b>   | <b>DATE COMPLETED:</b>  |
|--------------------------|--|-------------------------------|---|--|---|
| Outpatient Child Therapy | Expand therapy services to more schools in Osceola County.<br>Hire additional contracted therapists to add more schools and expand geographical area covered.  | Dr. Griffin                   | August 10, 2017   | 2 additional contracted therapists are needed to cover the additional schools that have requested services. This would expand the geographical coverage offered to all areas in the county.  | Ongoing   |
| Outpatient Child Therapy | Expand group therapy options and begin providing Youth Mental Health First Aid classes.<br>1. Change therapist schedules to include group hours.<br>2. Solicit feedback from clients regarding topics they prefer for groups.<br>3. Send staff to be trained in YMHFA. | Dr. Griffin                   | January 1, 2016 for therapy groups.<br><br>June 1, 2016 for YMHFA | Pre-doctoral interns and several Full time staff began offering additional groups for anger management, trauma, social skills at various points throughout the year beginning in November 2015.<br><br>2 staff members completed training in MHFA one for Adult and one for Youth. They began offering classes in conjunction with the school district and local law enforcement partners in the Fall of 2015. Classes are ongoing at this time. | November 1, 2015<br><br><br><br><br><br><br><br><br><br><br>Fall 2015 And ongoing |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|                          |  |                                      |               |  |         |
|--------------------------|--|--------------------------------------|---------------|--|---------|
|                          | 4. Offer YMHFA to staff and community.   |                                      |               |  |         |
| Outpatient Child Therapy | Expand community based services.<br>1. Hire and train additional staff to go into the homes of clients and into more schools.<br>2. Explore the potential for beginning to offer services in Polk County.<br>3. Apply for CAT team funding from DCF. | Dr. Griffin and Executive Leadership | March 1, 2017 | Increasing competition in the community is driving business more and more toward community based services. | Ongoing |

| DEPARTMENT               | ACTION STEPS   | PERSON(S) RESPONSIBLE:                                     | TARGET COMPLETION DATE: | COMMENTS/CONSIDERATIONS   | DATE COMPLETED: |
|--------------------------|--|--|-------------------------|---|-----------------|
| Outpatient Therapy       | Increase practicum - Master and Doctoral level students to replace lost internship program | Susanne Parlade<br>Garrett Griffin<br>Michael Harris<br>HR | Fall 2017               | Increase contracts with local university and colleges. Increase communication about post-doctoral opportunities and practicum opportunities |                 |
| Outpatient Therapy Adult | Increase ACCESS to outpatient services.<br>Outpatient ACCESS                               | Susanne Parlade<br>Performance Enhancement                 | Fall 2017               | Consider requirements for in-depth assessment, assessment and screening.  |                 |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|                    |  |                          |         |  |  |
|--------------------|--|--------------------------|---------|--|--|
|                    | consider open ACCESS.<br>Improve efficiencies.   |                          |         |  |  |
| Outpatient Therapy | Increase access to care by commercially insured clients – Increase number of Licensed Therapists | HR<br>Clinical Directors | Ongoing | Attract bi-lingual licensed staff. Identify staff with clinical experience to improve quality and reduce turnover. Contract and full time Monitor and respond to demand and requirements of current insurance – ACA environment. |  |

| DEPARTMENT      | ACTION STEPS  | PERSON(S) RESPONSIBLE:                                | TARGET COMPLETION DATE:  | COMMENTS/CONSIDERATIONS   | DATE COMPLETED:  |
|-----------------|---|---|--------------------------|---|--|
| Peer Specialist | Identify clients for this position. Sending clients for training to be certified. Form Consumer Advisory Board  | Dr. Susanne Parlade, Cheryl Clarke<br>Natalie Mullett | June 2014<br>August 2017 | Peers must be able to pass certification exam, meet requirements of ACHA background. 2 clients were trained, (1 is now deceased, 1 did not pass background. ) Additional certified staff did not pass background. & others have been trained. | First peer hired July 2, 2017. Additional peers volunteers and those getting certified in process. |
| PSR             | Increase number of practicum students to run groups, decrease the financial burden on the agency of the program | Dr. Susanne Parlade<br>HR<br>Cheryl Clarke            |                          |   |  |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|                    |  |  |                                      |   |  |
|--------------------|--|--|--------------------------------------|---|--|
| Case Management    | Increase revenue in the program by moving full time staff to contract.     | Cheryl Clarke<br>Susanne Parlade<br>HR   | July 2017                            | Provide support for movement to contract by individuals for 60 days. Ensure those who need full time are provided opportunities within the agency prior to determining status.                      | July 2017                                |
| Outpatient Medical | Add psychiatric medical services in Polk County                            | James Shanks<br>Richard Barlow<br>Dr. Susanne Parlade  | January 2014<br>July 2015<br>ON HOLD | Acquire an appropriate location in Polk County  | ON HOLD                                  |
| Outpatient Medical | Provide Telemedicine in remote areas                                       | Vickie Rennick<br>Kevin Gowder<br>Kim Walko<br>James Shanks<br>Richard Barlow<br>Natalie Mullett | July 2016<br>Now: January 2018       | Identify contracts that will support telepsych. Purchase equipment and identify program policies. Partner with FQHC to offer through their locations.   | Purchased equipment for telepsych. 2016. |
| Outpatient Medical | Create model of open access to Increase productivity<br>New Patient Access | Manager,<br>Kevin Gowder<br>Natalie Mullett<br>Richard Barlow<br>Jim Shanks<br>HR                | September 2017                       | Scheduling needs to be controlled<br>Stand by and open access models identified<br>Staff need to be kept in the conversation to ensure buy in<br>Staffing must be maintained at a reasonable level. |  |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

| <b>DEPARTMENT</b>                   | <b>ACTION STEPS</b>  | <b>PERSON(S) RESPONSIBLE:</b>           | <b>TARGET COMPLETION DATE:</b> | <b>COMMENTS/CONSIDERATIONS</b>  | <b>DATE COMPLETED:</b> |
|-------------------------------------|--|---|--------------------------------|---|------------------------|
| All Substance/Residential Programs  | Continue to maximize efficiency, services delivery, and care coordination within the PPBH system of care and the community.                                    | Director/Assistant Director             | June 2017                      | Advanced the knowledge of Substance Abuse services by creating a collaborative, team oriented workplace which supports a co-occurring treatment model.  | ON-going               |
| Outpatient Substance Abuse          | Expand the substance abuse OP department through the collaboration and cooperation with DOC to integrate Vivitrol Medication-Assisted Treatment (MAT) program. | Director/Nursing/Outpatient Counselor/s | December 2017                  | Develop a multidisciplinary team to effectively launch and maintain the Vivitrol Program within the DOC (Jail and County probation)<br><br>Achieve an additional 250,000.00 in revenue with the addition of DOC vivitrol program. | ON-Going               |
| Residential and Outpatient Programs | Increase the practice and performance of all Residential and Outpatient  | All Residential and Outpatient staff    | July 2017                      | Re-establish and foster PHP and IOP growth and development within the PPBH system of care and community.  | On-Going               |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|                                    |  |                       |           |  |           |
|------------------------------------|--|-----------------------|-----------|--|-----------|
|                                    | Substance Abuse programs.  |                       |           |  |           |
| Residential                        | Utilize all SA TANF funding as well as establish co-occurring TANF funding.  | All Residential Staff | July 2017 | <p>Increase awareness and knowledge of TANF funding and its services within the facility.</p> <p>Effectively identify and engage clients in TANF opportunities as they apply to substance abuse programs.</p> <p>Maintain open communication with the ME regarding TANF funding opportunities.</p> <p>Secure additional TANF funding if available.</p> | ON-Going  |
| Residential IV                     | Increase Residential IV opportunities.   | Admin/Residential IV  | July 2017 | Increase residential IV service delivery by assigning a master level clinician as program lead.  | July 2017 |
| All Substance/Residential Programs | Integrate the substance abuse department within the organization to maximize efficiency, services delivery, and care coordination. | Director              | June 2016 | Advanced the knowledge of Substance Abuse services by creating a collaborative, team oriented workplace which supports a co-occurring treatment model.   | ON-going  |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

|                                     |  |   |              |   |          |
|-------------------------------------|--|---|--------------|---|----------|
| Outpatient Substance Abuse          | Expand the substance abuse department by incorporating the Vivitrol Medication-Assisted Treatment (MAT) program. | Director/Nursing/Outpatient Counselor/s | January 2017 | Engage in the FADAA Vivitrol Grant Program.<br><br>Develop a multidisciplinary team to effectively launch and maintain the program.<br><br>Achieve 250,000.00 in revenue with the first year of operating.      | ON-Going |
| Residential and Outpatient Programs | Increase the practice and performance of all Residential and Outpatient Substance Abuse programs.                | All Residential and Outpatient staff    | June 2016    | Secure and maintain SAMH funding for the development of an Intensive Outpatient Program (IOP).<br><br>Re-establish a presence at the Poinciana Satellite Office by means of launching a Spanish speaking group. | On-Going |
| Residential                         | Utilize all TANF funding   | All Residential Staff                   | June 2016    | Increase awareness and knowledge of TANF funding and its services within the facility.<br><br>Effectively identify and engage clients in TANF opportunities as they apply to substance abuse programs.          | On-Going |

**PARK PLACE BEHAVIORAL HEALTH CARE COMPREHENSIVE STRATEGIC PLAN**

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|                |  |                      |           |  |            |
|----------------|--|----------------------|-----------|--|------------|
|                |  |                      |           | <p>Maintain open communication with the ME regarding TANF funding opportunities.</p> <p>Secure additional TANF funding if available.</p> |            |
| Residential IV | Increase Residential IV opportunities. | Admin/Residential IV | June 2016 | Increase the residential IV capacity/beds from 10-12.  | June 2016  |
| Detox          | Re-open the Detoxification unit        | Detox/Admin          | June 2016 | <p>Secure SAMH funding for detox beds.</p> <p>increase awareness among the</p>   | April 2016 |



