

## 2020 - 2021 Annual Report of Performance

**Business Functions:** Lifeline Connections (LLC) has expanded our services to include new locations in Vancouver and Bellingham, as well as initiating telehealth services. Additionally, the following pilots are underway: Appointment Reminders, XPIO dashboards & Centralized Scheduling in effort to reach more persons served and provide quality care.

Program	Service Delivery Goals	Outcomes and Extenuating or Influencing Factors	Goal Met Yes or No	Actions Taken or Changes Made to Improve Performance	Areas Needing Improvement and Related Action Plans
<b>Withdrawal Management</b>	Decrease patients leaving ASA by 10%	<u>For all Programs</u> , the pandemic decreased our services across the agency by approximately 30%. In addition, WA. state has been & currently is facing a significant shortage in healthcare workers.	No	<u>For all Programs</u> , we review goals every December & every July and make adjustments as needed.	<u>For all Programs</u> , There isn't an action plan; Directors make new goals the following year – at times they may carry over a goal.
	Annual Patient Satisfaction Survey return results will reach 51%		Yes		
	Implement C-SSRS (short) at time of admit.		Yes		
	Implement mgmt. of AWS via CIWA in conjunction w/BAL.		Yes		
	Implement 24/7 admit availability to patients walking in.		Yes		
<b>Men's Residential</b>	Increase average length of stay by 5% starting OCT 2020. (currently 18.39 days)	Program Director left LLC.	No	Average length of stay increased to 18.79 days. A 5% increase would have been 19.3 days.	
	Complete at minimum 35 Tx. Interval Surveys per mo. starting OCT. 2020. Respond to concerns to gather baseline data for “during services” and “discharge” satisfaction.		Yes		
	Identify and implement a SUD centric standardized tool.		Yes		
	70% of patients will be provided a referral for myStrength beginning OCT. 2020.		Yes		
	Ensure charts are reviewed and returned to admissions w/in 48 hrs. of receipt on Men's		Yes		

	Residential.				
<b>Women's Residential</b>	Ensure charts are reviewed and returned to admissions within 48 business hours of receipt starting 1/15/21.	Program Director left LLC	<b>Yes</b>		
	Increase Annual Patient Satisfaction Survey rate by 3% by facility updates & increased scheduled activities.		<b>Yes</b>		
	All patients with a C-SSRS score of "moderate" or "high" will have a safety plan in place.		<b>No</b>		
	75% of completions will be registered in myStrenth by adding to tx. plans and ongoing education of staff.		<b>No</b>		
	25% of all Clark Co. residents, who complete tx., will have a confirmed MH evaluation appt. or be assessed while in services.		<b>No</b>		
<b>Pregnant &amp; Parenting Women</b>	Maintain an ave. census of 9 starting 2/2021.	Program Director left LLC – note, this is the same Program Director as Women's Residential	<b>Yes</b>		
	Increase Annual Patient Satisfaction Survey rate by 3% by facility updates & increased scheduled activities.		<b>No</b>		
	All patients screened by GAIN-ss as having a quadrant placement will receive or be offered a MH assessment.		<b>No</b>		
	75% of all patients who complete services will be registered in myStrength.		<b>No</b>		
	Start a monthly father's group by DEC. 2020 with the Family Therapist or Peer Support Staff.		<b>No</b>		

<p><b>SUD Outpatient – Clark Co.</b></p>	<p>Increase and maintain staff productivity at 55%.</p> <p>50% of patients receiving Peer Support Services will report an improvement in their recovery support system thru the course of tx.</p> <p>Identify and implement a SUD centric standardized tool.</p> <p>Identify and implement specific DUI group &amp; curriculum.</p> <p>Reduce discharge type for “no contact” after residential referral to OP services by 40%.</p>		<p><b>No</b></p> <p><b>No</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>No</b></p>	<p>Ended the period at 47.8% productivity.</p>	
<p><b>Therapeutic Specialty Courts</b></p>	<p>Increase Staff Productivity to 55% ave.</p> <p>Increase Annual Patient Satisfaction Survey responses by 30%.</p> <p>Identify &amp; implement a SUD centric standardized tool.</p> <p>Start and maintain a gender specific “Seeking Safety” weekly group (for a min. of 5 mo.).</p> <p>IOP/OP intakes will be scheduled within 5 working days (7 days) from release from jail or initial assessment.</p>	<p>Program Director Retired.</p>	<p><b>No</b></p> <p><b>No</b></p> <p><b>No</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		
<p><b>Mental Health Outpatient – VANC.</b></p>	<p>Program will generate + income on ave. for the period of OCT 2020 to May 2021.</p> <p>Using the Annual Patient Satisfaction Survey, at least 90% of clients will report satisfaction with services and staff.</p>		<p><b>No</b></p> <p><b>Yes</b></p>		

	<p>Increase + outcomes AEB a decrease by 3 points on the GAD or PHQ-9. Screening intervals to be completed at 30, 60,90 and every 3 mo. after.</p> <p>Program will demonstrate increased utilization of Peer Support services as demonstrated by at least 65% of tx plans include a referral to Peer Support Specialist.</p> <p>Program will increase access to services by implementing telehealth services program for out of county patients.</p>		<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		
<b>COMET Assertive Community Treatment</b>	<p>Maintain a caseload of 55 clients for a consistent 3 mo. period.</p> <p>COMET will have a 50% response rate on Annual Patient Satisfaction Survey.</p> <p>80% of new clients will have the PHQ-9 screening administrated by second engagement.</p> <p>New clients will be offered resources for phone access within 30 days of services.</p> <p>85% of COMET referrals will be contacted/attempted within 3 business days.</p>		<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>No</b></p> <p><b>Yes</b></p>		
<b>Mental Health – Orchards</b>	<p>Program clinical staff and peers will maintain a productivity ave. of at least 50% for the time period OCT 2020 – May 2021.</p> <p>Using the Annual Patient Satisfaction Survey, at least 90% of clients will report satisfaction with services and staff with at least a 50% response rate.</p>		<p><b>No</b></p> <p><b>Yes</b></p>		

	<p>Increase positive outcomes AEB a decrease by 3 points on the GAD or PHQ9. Screening intervals to be completed at 30, 60, 90 and every 3 mo. after.</p> <p>Program will demonstrate increased utilization of Peer Support Services as demonstrated by at least 65% of treatment plans including a referral to a peer.</p> <p>Program will increase access to services by implementing telehealth services program for out of county clients.</p>		<p><b>Yes</b></p> <p><b>No</b></p> <p><b>Yes</b></p>		
<b>Crisis Triage Stabilization</b>	<p>Open CTS program and grow census to 80% occupancy</p> <p>Implement satisfaction survey at time of discharge to track patient satisfaction.</p> <p>Implement basis-24 standardized tool to measure program effectiveness.</p> <p>Track status for planned, unplanned/AMA, and WSA discharges.</p> <p>Implement live line answering for urgent/emergent intakes.</p>		<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		
<b>Aberdeen</b>	<p>Productivity will average 50% beginning OCT. 2020</p> <p>Initiate MH groups and take a patient survey at 1 month and 3 months to meet a 95% satisfaction of the new service. Make changes if not meeting 95% rate and re-survey.</p>		<p><b>No</b></p> <p><b>No</b></p>		

	Offer 90% of mental health patients a medication evaluation.		Yes		
	Identify and implement a screening tool and create a system for monitoring outcomes.		Yes		
	Provide open access for both SUD and MH assessments at least 3 days per week.		Yes		
Deputy Chief Officer	Develop seclusion and restraint policy and training plan for staff.		Yes		
	Identify and implement one idea to increase patient satisfaction for CTS and OCRP.		Yes		
	Implement Care Cards/Caring Messages.		Yes		
	Implement new safety plan for CTS and oversee training as needed.		Yes		
	Implement OCRP program and develop program outcomes.		Yes		
ECS	Patient visit numbers will increase by an average of 15%.		Yes		
	Patient response rate to the Annual Patient Satisfaction Survey will increase to 75%.		No		
	PHQ-9 administered during the review period.		No		
	Implement the SBS notebook system created by HCS/ECS for 6 adult family homes with SBS clients.		Yes		
	Develop and implement hospital admission packets for coordination of care and safe discharge that include: MAR, behavior support plan, safety plan, pharmacy,		Yes		

	provider, and ROI for 20 adult family homes.				
<b>Health Homes</b>	70% of appointments will be billed at Tier 1 or Tier 2.	Program Supervisor left LLC.	<b>Yes</b>		
	Attain a 50% response rate on the Annual Patient Satisfaction Survey.		<b>No</b>		
	75% of patients will have an increased score on the Patient Activation Measure.		<b>No</b>		
	90% of patients will have an established PCP within 60 days of program start date in EHR.		<b>No</b>		
	80% of transitions of care will have an in-hospital or telehealth visit (where required) and post-d/c contact completed.		<b>No</b>		
<b>Housing</b>	The supportive housing program will break even financially.		<b>Yes</b>		
	Increase response rate for patient satisfaction survey to 50%.		<b>No</b>		
	50% of patients active in housing program for 60 days or more will be housed.		<b>Yes</b>		
	A supportive housing specialist will become RentWell certified and start a RentWell class for current patients.		<b>No</b>		
	The housing programs will open for general/community referrals.		<b>Yes</b>		
<b>Employment</b>	Each Employment Specialist will have 1 new job start per quarter.		<b>Yes</b>		
	85% of supported employment patients will		<b>No</b>		

	<p>have a referral to DVR as an additional resource.</p> <p>Outreach will occur between 3-5 business days from date of referral.</p>		<b>No</b>		
<b>OCRP</b>	<p>90% of patients will have at least 10 service hours a week.</p> <p>The Annual Patient Satisfaction Survey will have a 50% response rate.</p> <p>80% of patients will be referred for re-evaluation.</p> <p>Implement completion of the C-SSRS at intake.</p> <p>90% of patients will have an intake appointment scheduled within 3 days of referral received.</p>		<p><b>No</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>No</b></p>		
<b>UA</b>	<p>Reduce OT by 5%</p> <p>Develop a patient satisfaction survey and achieve a satisfaction rate of 75% or above.</p> <p>Submit orders bi-weekly and keep supply stock info sheet.</p> <p>Create UA information criteria/info sheet and complete educational meeting with 5 VA campus programs to help them understand the UA process.</p> <p>All UA staff to complete MI and customer service training.</p>		<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>No</b></p> <p><b>Yes</b></p>		



<p><b>School Based MH</b></p>	<p>Clinical staff will maintain a productivity average of 43% during the school year.</p> <p>Using the Annual Patient Satisfaction Survey, at least 94% of clients will report satisfaction with services and staff.</p> <p>Demonstrate overall reduction in PHQ-9 Scores over the course of the school year (given at least once every 60 days).</p> <p>Implement use of PHQ-9 Youth Survey to track outcomes including adding youth version to CareLogic.</p> <p>Virtual support group for students which addresses COVID-19 anxiety. Run group at least 1x/month from OCT to April.</p>		<p><b>No</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		
<p><b>Camp Mariposa</b></p>	<p>CM will operate within the approved budget for the year.</p> <p>Demonstrate an 85% retention rate among campers meaning that 85% of campers attend 2/3<sup>rd</sup> of camps held.</p> <p>Will provide 1 EBP training, “Zones of Regulation” by Zoom for campers.</p> <p>Hold at least 3 mentor trainings throughout the year to increase mentor retention and support mentors as they support our campers.</p> <p>Start Jr. Counselor Program in order to increase capacity of program. We will train two current campers as Jr. Counselors.</p>		<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		

MAR – Clark County	<p>Maintain a census of 400 patients in MAR.</p> <p>Implement an EHR needs assessment to assist in tracking patient needs and to ensure follow up for patient satisfaction.</p> <p>Retain 20 patients for the OTN contract time period.</p> <p>Implement hep C and HIV testing and Treatment/Referral process.</p> <p>Implement primary care clinic and serve 20 patients.</p>		<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>		
Sobering	<p>Decrease use of professional services by 10%.</p> <p>Increase Annual Patient Satisfaction Survey return rates to 51%.</p> <p>Implementation of C-SSRS (short) on admit.</p> <p>Increase myStrength referral rate by 10%.</p> <p>90% of staff (outside of their 90 day probationary period) will have shadowed MAT team.</p>	Program Director left LLC.	<p>No</p> <p>No</p> <p>Yes</p> <p>Yes</p> <p>No</p>		
Bellingham/ Mt. Vernon OP	<p>Implement and establish an in-person &amp; Telehealth mental health program (Adult).</p> <p>Engage 65% of SUD OP patients for 90 days or longer.</p> <p>To train and implement C-SSRS &amp; PHQ9 and monitor scores by documenting in ISP reviews.</p> <p>Maintain 55% program productivity (SUD</p>		<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>		

	services)  Schedule an intake for patients recommended for services within 5 business days of an assessment.		Yes		
<b>Men's Low Intensity Recovery Program</b>	Finalize the Recovery House Program Manual and Resident Orientation Handbook no later than 5/30/20.		Yes		
	Create a "How can we assist in meeting your needs?" document to be given to residents during the intake process prior to opening but no later than 5/30/2020.		Yes		
	Create a weekly "check in "document for residents to complete that identifies what the individual will be working on specifically for the week that aligns with their individual treatment plan. This document will be reviewed weekly during the individual's weekly session with their SUDP/T prior to opening but no later than 5/30/20.		Yes		
	Create an intake and orientation process to be completed with residents of the Recovery House prior to opening but no later than 5/30/2020.		Yes		
	Create a referral form/process that includes program eligibility to distribute to community providers prior to opening but no later than 5/30/2020.		Yes		
<b>MAR - Bellingham/ Mt Vernon</b>	Increase MAT Clinic hours in Oak Harbor from 3hrs. per wk. to 6hrs. per wk.		Yes		
	Implement a form to obtain patient preference, satisfaction with services and referral requests - meet at least a 90%		Yes		

	<p>satisfaction rate.</p> <p>Increase from 40% to 60% of new patients who complete 3 month GPRA survey.</p> <p>To increase from 30% to 50% MAT Team productivity.</p> <p>Implement MAT telehealth at Oak Harbor.</p>		<p><b>Yes</b></p> <p><b>No</b></p> <p><b>Yes</b></p>		
<b>QA</b>	<p>Create a CARF "Show Proof" electronic folder for QA; then present to CARF committee in preparation for 2022 Survey. For example, the QA "Show Proof" electronic folder would include (but not limited to) Section 1M Performance Measurement and Management, Section 1N Performance Improvement and section 2H Quality Records Management and the folders would contain the "proof" of how we meet or exceed the standard description.</p> <p>Create a plan to administer Treatment Interval Surveys and Annual Patient Satisfaction Surveys electronically. Create a plan to administer Post Discharge Surveys, Treatment Interval Surveys and Annual Patient Satisfaction Surveys multi-linguistically (Spanish, Russian &amp; Ukrainian) using the Survey Monkey link. (Surveys could be administered via Kiosk, laptop, text (paper), email, zoom etc.)</p> <p>Design a plan/system to monitor the treatment completion rates of all in-patient programs.</p> <p>Create an implementation plan for the CLAS standards using the Logic Model of CLAS standards within the behavioral health</p>		<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		

	<p>setting. With specific assignments provided to the following committees: Diversity &amp; Inclusion, Trauma Informed Response Advocates (TIRA), Quality Assurance &amp; Improvement, Training &amp; Curriculum and CARF.</p> <p>Create a referral tracking system by either utilizing or modifying the existing "Treatment Feedback Form" in Carelogic to provide feedback to our referents, and improve referral rates over time.</p>		<p><b>Yes</b></p>		
<p><b>EHR</b></p>	<p>Identify top Help-Desk tickets. Determine which type of staff and which topics are most common and create and provide training around it.</p> <p>Create and implement New User Manual.</p> <p>Investigate and develop a plan for electronically integrating the UA system with Carelogic. Submit report to executive team on the cost and timeframe for integrating these 2 systems.</p> <p>Identify 2 ways to improve Carelogic. Use Qualifacts community to find ways to improve current work flows. Present them to Chief Quality Officer and Chief Clinical Officer. Implement the improvements.</p> <p>eMAR - Map and test in Cert for implementation of Crisis Wellness Center launch. Work with Director and RN Supervisor to develop eMAR mapping, workflows and descriptor lists.</p>		<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>No</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		

<b>Records</b>	Transfer DataSafe bar codes with location of Lifeline files for all boxes stored at Datasafe Storage to a folder on the Company "O" drive as 'read only' with limited access to staff.		<b>Yes</b>		
	Update "Documentation of copies of records Released Form" to reflect the many changes to additional programs for the last three years.		<b>Yes</b>		
	Training with Claudine Blake scanning documents from Men's Resi., WRC, Sobering, W/M. Training will be weekly 2-3hrs for approx. 44 weeks. Training consists of breaking down files, separating paperwork in to separate files & uploading into Carelogic.		<b>Yes</b>		
	Prepare a bulletin for All Staff listing changes to 42 CFR PART 2.		<b>Yes</b>		
	Create an electronic "Records Specialist Instructional Guide" that will provide step-by-step instructions for any person filling in the Records Specialist job. The Instruction Guide will have a table of contents with hyperlinks to be stored in a new folder on the Company (O) drive "Records".		<b>Yes</b>		
<b>Fund Development</b>	Increase number of individual donors: Increase number of individual/household donors by 10% (does not include corporate, government or foundation donors).		<b>Yes</b>		
	Write grant/contract proposals: complete a minimum of forty grant applications and/or government contract proposals, with at least six for each region where Lifeline Connections has a presence (three regions).		<b>Yes</b>		

	<p>Increase in-kind donations: increase in-kind goods donations by 10% (does not include volunteer hours).</p> <p>Hold friend-raising or cultivation events: hold four donor cultivation/engagement events (minimum one for each region where Lifeline Connections has a presence); secure corporate sponsorships to ensure combined events result in net profit.</p> <p>Improve quality of donor communications: capture, write and market a minimum of twelve client, two donor/volunteer and two staff/board stories about how Lifeline Connections impacted recovery.</p>		<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		
<p><b>Human Resources</b></p>	<p>Make the recruiting and onboarding process fully electronic, finalizing the ADP onboarding process.</p> <p>Build and implement a process to transition current employee files into ADP for electronic records, and upload a minimum of 50% of current employee records into the system.</p> <p>Utilize ADP's recruitment tracking system so that it replaces the need for the recruitment spreadsheets.</p> <p>Grow the HR 1300 series of the Master Manual to hold Full HR policies referenced in the EE' handbook and reduce the size of the employee handbook.</p> <p>Research and form partnerships with a minimum of 8 new culturally specific recruiting avenues to work towards</p>		<p><b>Yes</b></p> <p><b>No</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		

	diversifying the agency's employee base.				
Marketing	The Marketing Department will increase the quantity of Google reviews. Based on the 2020 LLC Patient Survey of overall patient satisfaction rating of 94% we believe that if we work to increase the quantity of reviews the overall review rating will increase. Total number of reviews across the agency will increase from 59 to 80 or 34%. The review rating will be averaged across all LLC facilities (Vancouver Campus, Orchards, Aberdeen, Mt. Vernon, Bellingham, WRC, RRC, Crisis.)		Yes		
	The Marketing Department will work with Admissions Department to develop and conduct a staff in-service training focused on patient services and how to access them.		Yes		
	The Marketing Department will work with the Admissions and Front Desk Staff Supervisors to move the telehealth paper process to the LLC website. Documentation posted on the website will include the Outpatient Handbook, Telehealth Packet, and a zoom tutorial.		Yes		
	The team members of the Marketing Department will each complete a 40 hour Google Digital Marketing Certification Program. ( <a href="https://learndigital.withgoogle.com/digitalmarketing/course/digital-marketing">https://learndigital.withgoogle.com/digitalmarketing/course/digital-marketing</a> )		Yes		
	The Marketing Department will work with		Yes		



	Lifeline Staff to standardize email signatures throughout the agency with 60% compliance by May 31 (based on the current employee list of 312). In addition, a process will be developed to ensure all new hires are informed and assisted in setting up their signature in the standard format.				
<b>Kitchen</b>	Achieve 90% patient satisfaction as measured by independent survey conducted by Kitchen Staff		<b>Yes</b>		
	Develop staff calendar for timely completion of all agency trainings; at least half of trainings will be complete by 03/31/2021		<b>Yes</b>		
	Implement and use remotely monitored Swift sensor temperature monitors at all locations		<b>Yes</b>		
	Develop and implement plan to reduce trash output in the kitchen (e.g. recycle more, compost, reduce waste, etc.)		<b>Yes</b>		
	Reduce O/T by 10% year-over-year.		<b>Yes</b>		
<b>Business Ventures</b>	Write and implement cleaning schedules for café.		<b>Yes</b>		
	Write Business Plan for Connections Laundry and present by 10/1/20.		<b>Yes</b>		
	Implement Food safety Program.		<b>Yes</b>		
	Resume Café function to the public for at least a limited lunch by 5/31/2021.		<b>Yes</b>		
	Reduce food cost by 10%.		<b>Yes</b>		

<p><b>Front Desk</b></p>	<p>Work with the UA department to establish a quicker check -in process to reduce patient wait times and increase customer service.</p> <p>Train as back-up for Centralized Scheduling team.</p> <p>Support patients with Medicaid enrollment. Assist with enrolling at least 12 patients during the measurement period.</p> <p>Work with Admissions and Marketing to move the telehealth paper process to the LLC website. Documentation posted on the website will include the Outpatient Handbook, Telehealth Packet and Zoom tutorial.</p> <p>Cross train with Medical Records in document uploading; be able to support the department with document uploads; help to establish a quick guide on document uploads.</p>		<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		
<p><b>Payroll</b></p>	<p>Attend 5 trainings specific to Payroll Processing, Employee management and other PR related topics.</p> <p>Send out quarterly informational All Staff email regarding Payroll “how-to’s” and updates.</p> <p>Research and have implementation plan for earned wages access to employees (preloaded card prior to Payday).</p> <p>Work towards/accomplish becoming ADP certified as a Payroll team.</p> <p>Monthly trainings for new supervisors &amp; refresher courses on ADP supervisory duties.</p>		<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		

<b>Admissions</b>	<p>5% or less of residential or withdrawal management claims will deny due to authorization issues.</p> <p>The Admissions team will work with the Marketing Department to develop and conduct a staff-in service focused on patient services and how to access them.</p> <p>The Admissions team will work with the Marketing Department and Front Desk Staff and Supervisor to move the Telehealth paper process to the LLC website. Documentation posted on the website will include the Outpatient Handbook, Telehealth Packet and a Zoom tutorial</p> <p>Increase the average daily count for men's and women's residential census combined (does not include PPW census numbers) 15% over last year. Will re-evaluate mid-year if COVID-19 impacts this goal.</p>		<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		
<b>Facilities</b>	<p>Research, plan and possibly implement the installation of Solar Energy panels at the following LLC site: WRC, Men's Residence, and Women's Residence.</p> <p>Transform, revise and update the Facilities Supervisor Manual. The new manual will have work instructions for all task performed by the Facilities Department, including, but not exclusive to, tracking of PPE inventory, response to emergencies (i.e. COVID-19), maintaining vehicles, etc.</p> <p>Plan, analyze and (if found feasible) bring Handyman services in house instead of contracting it out.</p>		<p><b>Yes</b></p> <p><b>Yes</b></p> <p><b>Yes</b></p>		

	Install a POS and Inventory system that is a web based for the Facilities Department to assist in the ordering process and to track the volume of inventory and to report on the movement of supplies from one LLC location to another.		Yes		
IT	Roll out e-faxing across the organization. Train staff and develop workflows around e-faxing.		Yes		
	Replace our 2 primary domain controllers and migrate the LC.LOCAL domain to the current Microsoft domain functional level.		Yes		
	Fully implement a mobile device management tool that allows for broadcast notifications.		Yes		
	Maintain helpdesk ticket response time for all IT tickets to an average of 8 business hours.		Yes		
	Migrate all staff to Office 365.		Yes		
Bookkeeper	Bring all regular monthly invoicing of Housing Programs into the Bookkeeping function, including fund utilization tracking.		No		
	Fully implement a data load from ADP to Acumatica that takes into account staff location, departments, and fund codes.		Yes		
	Provide instructions/manual for Directors on using the Acumatica system to manage orders and access reports.		No		
	Create and implement a month-end close checklist to be signed off by Bookkeeper and		Yes		

	<p>CFO monthly, including items like depreciation, taxes, liability insurance, major account reconciliations, and allocations.</p> <p>Implement the Expense Management module of Acumatica, improving efficiency of the check request and employee reimbursement processes.</p>		Yes		
<b>Revenue Cycle MGMT</b>	<p>Reduce Payer credits to 2% or less of payer aging. As of 5/28/2020, per an all claim by payer, payer only claims report, less than 0, we have \$137,335.27 in credit claims. Per Aging by payer report, total aging is \$3,497,546.27. 4% of payer aging is credits. I propose we work to reduce this credit balance to 2% or less of payer aging.</p>		Yes		
	<p>Limit Bad Debt write-off to 3% of EHR revenue by ensuring claims receive authorization as needed and are billed in a timely manner, and followed up on in a timely manner.</p> <p>Complete new billing audit process for at least 100 services in at least 4 programs.</p> <p>Implement 3 more revenue cycle management recommendations from the ECG audit done in August 2019.</p> <p>Maximum of 29% of Carelogic payer AR (excluding self-pay/private pay and Third Party Collections) will be over 90 days.</p>		Yes  Yes  Yes  Yes		
<b>Executive Assistant</b>	<p>Obtain more skills as an EA by taking 1 training on effective business writing (with an emphasis on meeting minutes if available).</p>		Yes		

	<p>Identify a class, certification or degree that will advance her future career goals and take one concrete step towards enrollment.</p>		<p><b>Yes</b></p>		
	<p>Provide Board of Directors and Advisory Board meeting materials to the members 3 business days before each meeting.</p>		<p><b>Yes</b></p>		
	<p>Compile list of potential dashboard data points from various agency reports and sources and assist in the design of new agency dashboard.</p>		<p><b>Yes</b></p>		
	<p>Complete all meeting minutes within 72 hours of meeting, save and distribute (if necessary).</p>		<p><b>Yes</b></p>		