

# **STRATEGIC BUSINESS PLAN**

**For**



**July 2014 to June 2016**

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## **1. Introduction**

This strategic plan has been developed by Anazao Community Partners for the purpose of providing a disciplined approach to the governance and leadership of the agency over the next 24 month period.

For any questions regarding the content of this plan, please contact Ken Ward, Executive Director, Anazao Community Partners at 330-264-9597 or [wardk@anazao.co](mailto:wardk@anazao.co).

## **2. Background/History**

Established in 1972 as the “Wayne County Council on Drug Abuse,” the agency was formed to provide treatment services for substance use disorders to the citizens of Wayne County. In 1975, the agency was renamed “The Human Services Center.” In 1985 the agency once again was renamed becoming “The Human Resource Center of Wayne and Holmes Counties” to better reflect the broader scope of services being provided through the agency. In 1998, the agency filed an amendment to its articles of incorporation and became known as “Your Human Resource Center.” Finally, in 2013, the Board of Directors, leadership team and staff of the agency undertook a rebranding effort to establish an identity for the agency which better reflected the services and values of the organization resulting in the current agency name – “Anazao Community Partners.”

Anazao Community Partners is a nonprofit corporation [501(C)(3)] within the state of Ohio to provide behavioral health services to the citizens of Wayne and Holmes Counties. These services include diagnostic assessment, mental health counseling, substance use disorder counseling, prevention services, intervention services, case management, care coordination, drug screening and psychological testing.

As a private nonprofit corporation, Anazao Community Partners is governed by a Board of Directors as established in the corporate bylaws.

Funding for the agency comes from a variety of sources including contracts with the Mental Health and Recovery Board of Wayne and Holmes Counties, Job and Family Services, Children’s Services Board, Orrville Area United Way, Juvenile Court, Court of Common Pleas, Federal and State grants, private insurance and private pay. Specific funding details may be found in the annual independent audit, available upon request.

The rapidly changing landscape of behavioral healthcare services within the state of Ohio has, and continues, to pose unique challenges to the field. Over the last 6 years, community behavioral health centers in the state have absorbed nearly 15% decreases in funding while demand continues to soar. Agencies, including Anazao, have responded by reducing services and staff and must now reposition to increase services in response to the Medicaid Extension and the potential increase in insured individuals under the Affordable Care Act.

### **3. Governance Board and Staff**

Anazao Community Partners is governed by a volunteer eight member board of directors. For the current list of directors, see appendix A. The primary responsibilities of the Board of Directors is to 1) provide for the leadership of the agency through the hiring of a qualified Executive Director, and 2) to provide fiduciary oversight of the agency.

The staff of Anazao is made up of a broad and diverse group of credentialed staff aggregately possessing in excess of a hundred years of experience in the behavioral health field. For the current Table of Organization, see appendix B.

### **4. Organization Tenets**

#### **4.1 Mission Statement**

Our mission is to meet the behavioral health needs of our community in a timely fashion.

#### **4.2 Our Values**

We believe that:

- Treatment is effective; people recover.
- Every person has a right to care, support, respect and protection fundamental to their evolving potential in life.
- The therapeutic relationship between a staff member and each client is the primary vehicle for behavioral change.
- Anazao Community Partners should continuously try to improve its treatment programs by rigorously assessing their relevance to the future outcomes of its clients.
- Anazao Community Partners' staff and consultants should continuously search for and utilize state-of-the-art methods and therapies in treating adults and children.
- Anazao Community Partners' staff must be sensitive and vigilant in observing and understanding the unique cultural and ethnic diversity of each client when developing and executing individual therapeutic programs.
- Effective behavioral health practices require coordinated interactions with all available family support systems.

## 5. SWOT Analysis

### 5.1 Strengths & Weakness

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Longevity of Staff</li> <li>• Flexibility/Responsiveness</li> <li>• Leadership (Board &amp; Executive Director)</li> <li>• Reputation/History of Agency</li> <li>• Rapid Access</li> <li>• Multiple Revenue Sources</li> <li>• Service Array – Programming</li> <li>• Grant writing</li> <li>• Entrepreneurship</li> </ul>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Funding sources</li> <li>• Name recognition</li> <li>• Size</li> <li>• Service gaps</li> <li>• Institutional lethargy</li> <li>• Lack of “deep pockets”</li> <li>• Too rapid change(s)</li> <li>• Too slow change(s)</li> <li>• Location/Transportation</li> </ul>

### 5.2 Opportunities & Threats

Opportunities	Threats
<ul style="list-style-type: none"> <li>• Specialization in multiple markets</li> <li>• Utilization of technology</li> <li>• Child &amp; Adolescent services</li> <li>• Partnering with referral sources</li> <li>• SBIRT development</li> <li>• Vocational services</li> <li>• Medication assisted tx</li> <li>• Funding shifts</li> <li>• Continuum of care recovery services</li> </ul>	<ul style="list-style-type: none"> <li>• Lawsuits</li> <li>• Staff turnover</li> <li>• Competition</li> <li>• Managed care</li> <li>• Local politics affecting referrals</li> <li>• Governmental funding</li> <li>• Growing too quickly</li> <li>• Workforce development</li> <li>• Systemic issues</li> </ul>

## 6. Major Goals

- 1) To sustain and expand existing program initiatives
- 2) To develop new service lines resulting in sustained agency growth in revenue and service units provided.
- 3) To develop a two month operating reserve.

### 6.1 Specific Objectives

- a) ***To increase general counseling services delivered by 10% per year.***
  - 1) Based upon assessed community need and availability of funding, develop specific marketing strategy within referral sources to increase “front-door” foot traffic.
- b) ***To offer same day access for all services 90% of the time.***
  - 1) Continue with implementation strategy moving toward same day access for all services.
- c) ***To develop and implement a vocational training and placement program for “returning citizens” following incarceration.***
  - 1) Investigate best practices for vocational training and placement for re-entry population.
  - 2) Develop business plan for community based funding
  - 3) Seek grant funding to supplement collaborative with business community.
- d) ***To develop and implement a child and adolescent counseling program.***
  - 1) Hire child and adolescent therapist.
  - 2) Develop contract with child and adolescent psychiatrist.
  - 3) Develop marketing strategy for services.
- e) ***To develop a strategy to integrate behavioral and primary health care in Wayne and Holmes Counties.***
  - 1) Continue rapid cycle access for Viola Startzman Clinic (VSC) referrals.
  - 2) Develop protocols for imbedded clinician at VSC.
  - 3) Collaborate with Holmes County Health Department to pursue development of FQHC, FQHC Look-alike, or Rural Health Clinic.
- f) ***Implement planned giving strategy to develop endowment for operating reserve.***

- 1) Pursue implementation of planned giving program such as “Benevon Strategy: Creating Sustainable Funding for Nonprofits.”

## **7. Evaluation**

### **7.1 Formative Evaluation**

Quarterly benchmarks for all major goals and objectives will be established and evaluated on a quarterly basis by the Program Committee. Based upon ongoing evaluations, major goals and objectives will be moved forward or discontinued.

### **7.2 Summative Evaluation**

A summative evaluation (year-end) will be developed and presented to full board based upon the quarterly evaluations developed by the Program Committee.