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**Strategic Plan 2019**

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Executive Summary

2018 Highlights

The First Step House Strategic Plan is a living, dynamic document used to determine whether are on track to achieve objectives that we have set out for ourselves, and the organization, in our work to help people build lives of meaning, purpose and recovery. The Executive Management Team returns to it each month to evaluate outcomes, examine variances that may exist, and determine whether programmatic changes should be implemented. Essentially, the strategic plan is our roadmap, guiding us towards the goals we have established to ensure we are truly meeting the needs of our patients, family members, funders, and the community.

In December of 2017 First Step House was awarded $1.2 million in State and Federal Tax Credits to develop 75 units of permanent supportive housing for people with histories of homelessness and severe mental illness. This project was the result of a partnership with Salt Lake County Behavioral Health, Optum Healthcare, Housing Authority of the County of Salt Lake, and BlueLine Development. Together we worked to design the apartments, clinic space, and supportive services necessary to respond to a critical need on our community – housing and wrap around services for some of the most vulnerable people in our community.

Another major 2018 highlight is the successful completion of the REACH pilot phase and full implementation of the REACH recidivism reduction program. REACH, which stands for Recovery, Engagement, Assessment, Career development, and Housing, is a Pay for Success projected aimed at reducing criminal recidivism for high-risk, high-need individuals who are frequent utilizers of the Salt Lake County jail. Although we have just completed our first year of operations, we have achieved or exceeded most interim performance metrics. In feedback sessions, REACH participants report high levels of program engagement and deep insight derived from clinical interventions targeting criminogenic factors. Participants also spoke about the importance of their relationships with clinical staff and peer support specialists and the role these relationships have played in their ability to stay engaged in treatment. We are grateful for all the work being done by REACH staff members. We are also honored to be able to help people address the factors contributing to both substance use and criminal behavior so that they can create new lives of meaning and purpose in our community.

Fiscal Year 2018 also saw the implementation of Utah’s Targeted Adult Medicaid Expansion (TAM). This new source of funding has enabled more than 100 of our patients to receive insurance coverage that essentially pays for the cost of their substance use disorder treatment. Before the implementation of TAM, over 90% of our patients were uninsured. Although this insurance is limited with specific income and homelessness eligibility criteria, it has created a funding source and increased access to treatment for people who previously had little to no treatment options. Through TAM, we are able to expand our ability to serve the most vulnerable people with high quality, effective, and affordable treatment services.

Over the course of 60 years, First Step House has transitioned from being a true half-way house to a licensed, credentialed and soon to be accredited, behavioral health treatment provider. We are now able to deliver effective residential substance use disorder treatment, outpatient treatment, robust case management services, medical care coordination, recovery residence housing and, in 2019, permanent supportive housing. Ultimately, all of our growth and achievements bring us closer to our mission, the core of who we are, the ability to help people build lives of meaning, purpose, and recovery.

The Organization

Our Mission

We help people build lives of meaning, purpose, and recovery.

This statement underlies all we do at First Step House (FSH). We believe that an essential element in the recovery process is to help people find, or rediscover, a deep sense of meaning and purpose in their lives. This begins by showing compassion and respect for every patient we serve. During the recovery process we work to provide the scaffolding our patients need to thrive. Examples of this include increasing people’s connection to support groups, providing individual and group therapy, helping patients find affordable housing, assisting with employment needs, addressing health concerns, and helping people who are involved in the criminal justice system. As the people we serve stabilize in their recovery, we encourage them to give back to the community. We work hard to provide recovery services for those with the greatest need and find a deep sense of purpose in this work.

Our Vision

Our goal is to serve 5,000 people per year by 2028 using the highest-quality, evidence-based, recovery-oriented services possible.

Our vision has always been guided by principles centered around meeting the needs of our patients. This drives us to deliver patient-centered care, utilize evidence-base interventions, develop housing capacity, deliver robust case management services, and provide long-term recovery care. We have evolved with the substance use disorder and behavioral health treatment fields, acquiring new knowledge and gaining a deeper understanding of effective strategies and models proven to help people address their addiction and become stable in their recovery. In recent years, these changes have driven us to implement a recovery-oriented system of care that spans the continuum of care through pre-treatment, treatment entry, recovery initiation, housing, and long-term recovery management. This continuum is solidly anchored in a chronic disease management approach. Because patient care is so important to us, our vision is to touch as many lives as possible in our community using the highest quality services available. That is why we have set the goal of serving 5,000 people per year, in 10 years, with a range of primary health, behavioral health, employment, and housing services.

Our Values

The following core values are critical to the success of our organization and the accomplishment of our mission. These values are central to all that we do, regardless of any changes in what we do, or how we operate. These values create a culture that we can remain committed to and serve as guideposts that help us make decisions in an ever-changing world.

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| --- | --- |
| Integrity | We are committed to acting with honesty and integrity in all that we do and will apply the highest ethical standards to all our practices, even if the consequences are undesirable or unprofitable. We recognize that integrity is the foundation upon which transformative relationships are built. For us, integrity includes acting in ways that are consistent with our principles, keeping our promises, and being trustworthy. Integrity also involves being straightforward, sincere, and willing to face the facts of reality. Our interactions with all segments of society must reflect the high standards we profess. Our patients are encouraged to develop personal integrity as a guide for building meaningful lives. |
| Transparency | We will act in a transparent manner whenever possible, as long as necessary confidentiality and privacy concerns are maintained. Transparency is a complementary value to integrity and includes being open with our practices, goals, and decisions. We actualize this value by having supervisors and leaders report to employees as much, if not more than, employees report to their supervisors. This is important in stimulating open dialogue and eliciting feedback at all levels of our organization, allowing for continual growth and improvement. We further practice this value by being open with our patients, their families, community partners, and other stakeholders. Transparency builds trust, allows for verification by all, and communicates our purpose with clarity. Transparency breaks down silos and creates space for an open exchange of ideas, which increases collaboration, cooperation, and problem solving. |
| Positive Proactivity | Positive proactivity is defined as self-initiated, action-oriented behavior that anticipates events and the needs of others in a positive, solution-focused manner. We seek to work with enthusiasm and positivity, always being mindful of the impact we are having on those around us. Positive proactivity includes working as teams to find solutions in anticipation of problems rather than merely reacting to problems after the fact. Being positive does not mean that we ignore difficult truths. It is important that we are willing to face the facts of reality, point out issues and concerns, and bring ideas to the table with passion. However, we do not remain fixated on problems. It is critical that we face our problems from a proactive, solution-oriented mindset rather than a negative, pessimistic mindset that keeps people stuck. We want to work with people who are primarily concerned with accomplishing our mission rather than worrying about receiving accolades. |
| Humility | Humility is essential to maintaining a culture that is flexible and responsive, allowing for continual growth, adaptation, and improvement. Remaining teachable is an aspect of humility that is necessary to accomplish our mission. We strive to constantly learn from others and from our own mistakes. Humility helps us see the impact we are having on others, look inside, and take responsibility for our wrongs, rather than blaming others or being hypersensitive to criticism. When we are humble, we have an accurate sense of both our strengths and weaknesses and are able to see things in context of the larger whole. For us, humility is not weakness but true strength, allowing us to do what is right with quiet resolve. It allows us to have a clear understanding of our achievements and abilities rather than an overinflated sense of our importance. When we are humble we are willing to take credit, but we do not need to take credit from others. Humility allows us to see the dignity and inherent worth in all people, rather than evaluating others as being above or below ourselves. |
| Accountability | We accept responsibility on both an individual and an organizational level for our decisions, policies, practices, and performance. We do this by being accountable for the impact we have on our team members, our patients, and our community partners. It is important that we develop consistent habits with rigorous discipline, so we can meet expectations and accomplish our mission. We hold ourselves accountable by having a vision and strategy that are clear and well communicated. We set well defined goals, track progress, and work to solve variances during regular management and team meetings. We maintain a culture of accountability by following a disciplined process to hire for competence and cultural fit. Accountability includes awareness, facing the truth, admitting faults, and holding each other accountable so that growth can occur. We encourage accountability by creating an environment where mistakes can be admitted and analyzed in an open and safe manner. |
| Altruism | Altruism involves acting with unselfish regard toward others and promoting the welfare of others even when doing so poses a risk or cost to the self. Our mission is best served by those who hold the value of altruism. We desire to work for a cause that is greater than ourselves and help relieve suffering in the world. We place our unitive purpose above the individual desire for power, control, or self-aggrandizement. Altruism involves being alive to the needs and humanity in others, having genuine concern for others, having a heart for service, and being happy when others thrive. |
| Compassion | Compassion involves a deep awareness and concern for the suffering and distress of others accompanied by a desire to help alleviate that suffering. This value motivates us to help people build lives of meaning, purpose, and recovery. It further aids in our drive to recognize the impact we have on those around us. Compassion allows us to see others as people rather than objects and to respond to the needs, struggles, and challenges that others face. Compassion is related to caring, kindness, interdependence, and recognizing the intrinsic value in others. A compassionate attitude can greatly reduce the distress people feel in difficult situations, aids in creating interpersonal connections, and helps create a culture built upon service. |

Organizational Description

First Step House was founded in 1958 by members of Alcoholic Anonymous. The people served at that time were characterized by a historical document as men “brought to their knees” by alcoholism. We are an organization that is proud of our history and legacy of working to meet the healthcare needs of vulnerable people in our community. We are honored to still continue to focus on helping people who experience serious behavioral health conditions.

Today, FSH is a dual diagnosis capable, behavioral health treatment provider. We specialize in delivering evidence-based interventions known to effectively address and mitigate the consequences of moderate- to high-severity substance use disorders. We have a long history of working with people who have co-occurring mental health conditions, unstable housing, criminal justice involvement, and primary health concerns. We also specialize in treating criminogenic factors in people involved with the criminal justice system who have a high recidivism risk. We recognize that untreated, or undertreated, substance use problems among this population contributes significantly to high reincarceration rates among this group. The services that we offer include substance use disorder and mental health assessments, residential substance use disorder treatment, outpatient treatment, recovery residence services, housing, case management, medical services, employment support, peer support services, and long-term recovery management.



*First Step House residential facility located at 411 North Grant Street*

Services

Case Management

Our comprehensive case management program works in collaboration with our clinical programs to help increase our capacity to address our patients’ diverse needs. Our case managers administer needs assessments to our patients and develop targeted, goal-driven case management plans. Our case managers are expertly trained to connect people with a wide range of resources. These include housing, financial resources, education services, career development, legal services, vocational training, employment, medical services, dental services, community support, and health insurance.

**Community and Stakeholder Services**

We constantly strive to be engaged with the communities in which we provide services and with those who have a stake in our mission. We understand that we are part of a larger recovery community and that working with community partners is vital to helping those we serve. This work takes many forms, including grant collaboration, serving on boards, service collaboration, serving on political and civic committees, and educating community member about the needs of the people we serve.

Donor Services

First Step House works with donors who wish to support our mission to help people build lives of meaning, purpose, and recovery. We do this by conducting outreach to the philanthropic community and seeking partnerships with individuals, organizations, businesses, and foundations with common interests, values, and missions. We work to communicate clearly about our programs, goals, and outcomes with all donors and we continually strive to be wise stewards of the resources we are provided to deliver services and achieve our mission. We also seek to support our donors’ missions in whatever way we can through collaboration, data collection and reporting, presentations, tours, and community engagement.

Employment Preparation and Placement (EPP) Program

The EPP program is a comprehensive employment program designed to provide a continuum of employment-related services based on the individual needs of the person being served. This continuum includes (1) a volunteer program designed to help those who have little to no work history or for those who are not ready for employment, (2) supportive employment services designed using the evidence-based Individual Placement Services (IPS) model, and (3) general career development and job placement services for participants who have stable work histories and have less need for employment support.

Family and Fatherhood Program

The First Step House Family and Fatherhood Program helps stabilize families by providing a range of treatment services to parents and spouses who are affected by substance use disorders. This program also supports fathers involved with the legal system and helps those seeking to reunite with their children become responsible, engaged parents. Participants in the program are offered substance use disorder treatment, individual counseling, group therapy, couples’ therapy, parenting classes, housing case management, medication management, and employment services.

**Long Term Recovery Management (LTRM)**

Our LTRM program addresses the reality that addiction tends to be chronic in nature, similar to diabetes, HIV, or heart disease. This program provides services that match people’s needs over the course of the recovery process, including weekly, monthly, quarterly, or yearly wellness checkups; clinical outreach programs; and assertive early intervention for criminal or substance-related relapses. We use assertive outreach protocols, recovery support groups, and individual case management services within LTRM programming.

Mental Health Court Housing at FSHR House

Our mental health housing program helps people in mental health court by providing stable housing that supports recovery. Through this program, we also provide general case management services, including medication distribution and monitoring, drug testing, housing oversight, and coordination of care with mental health court.

**Outpatient Treatment**

Our outpatient program allows us to serve those with substance use disorders who have completed residential treatment, or people whose substance use disorders are stable enough that outpatient services are clinically warranted. For people entering our outpatient program, we do a thorough assessment to determine if an outpatient level of care is best suited for their needs. Patients who receive services in our outpatient program typically receive between 5 to 20 hours of treatment per week. Outpatient services include a combination of group therapy, psychoeducation groups, individual therapy, and case management services.

**Peer Support Services Program**

The Peer Support Services Program provides peer-based supportive services, delivered by certified Peer Support Specialists, to reduce barriers to substance use disorder recovery and increase recovery stability. Services include assisting patients with creating and implementing a Wellness and Recovery Action Plan (WRAP), life skills and community resource classes, housing support, employment support, recovery coaching, and assertive linkage with community-based recovery resources. Program services result in the development of pro-social relationships and activities, housing stability, increased access to community resources, enhanced life skills, improved employment, reduced drug and alcohol use, positive behavior changes, increased knowledge of and access to resources and benefits, and improved health and wellness.

**Rapid Rehousing Program**

The First Step House Rapid Rehousing Program provides housing support for homeless individuals and families who may have been previously on the street or residing in a homeless shelter. Through this program, patients gain access to housing, supportive services, case management, substance use disorder treatment, and mental health services with the aim of helping them gain housing stability, obtain permanent housing, and ensure that they do not become chronically or persistently homeless. Many of the people we serve are homeless due to a crisis that resulted in the loss of housing. Helping people resolve these crises and addressing barriers to housing can lead to successful housing independence for many people.

**Recovery Residence**

First Step House provides affordable housing for patients who need a sober living environment that will support their recovery. We continually work to improve our facilities and develop new housing options. Housing is a critical component of long-term recovery and our data show that stable housing is related to successful treatment completion. The goal of our housing program is to help patients develop independent living skills and transition to permanent housing.

**The REACH Program**

The First Step House REACH program is defined by the acronym REACH, which stands for Recovery, Engagement, Assessment, Career Development, and Housing. This Pay for Success program was launched in July of 2017 and serves adult males coming out of jail who are high-risk, high-need offenders diagnosed with substance use disorders. The REACH program utilizes the best available evidence for what works to reduce recidivism. Our program builds upon the risk-need-responsivity framework by addressing the major criminogenic needs that have the greatest impact on reducing recidivism.

Residential Treatment at 411 North Grant Stree**t**

Our Grant street facility is a residential treatment program located in a renovated church in Salt Lake City, Utah. At this location we serve adult men, ages 18 years and older, who are diagnosed with substance use disorders. We specialize in helping people with co-occurring mental health disorders, those involved in the criminal justice system, people with low to no income, and those who have unstable or no housing. Our goal is to create a community that allows people to engage in treatment on multiple levels using individualized treatment planning and evidence-based therapy. Residential services include a combination of group therapy, psychoeducation groups, individual therapy, medication management, peer support, primary health, and case management services.

**Residential Treatment at 440 South 500 East**

Our facility at 440 South includes a 34-bed residential treatment center that specializes in serving Veterans. At this location, our patients are offered Veteran-specific treatment services for those with substance use disorders. We have a long history of helping Veterans recover from the negative effects of substance abuse. As with all of our clinical services, our treatment for Veterans begins with a comprehensive assessment that is used to determine the best course of treatment for each person. Our staff have experience working with Veterans and understand their unique needs. Residential services include a combination of group therapy, psychoeducation groups, individual therapy, medication management, peer support, primary health, and case management services.

**Veterans** **Critical Time Intervention Program**

First Step House provides services to Veterans who have substance use and/or mental health disorders in an 18-unit transitional housing facility. This program provides housing, case management services, clinical services, medication distribution and monitoring, transportation, drug testing and monitoring, housing oversight, recovery-supportive recreational activities, and coordination with the Veterans Administration. Veterans in this program are supported with Grant and Per Diem (GPD) funding from the Department of Veterans Affairs.

Operating Plan 2019

Executive Team Projects

Executive Team

* Continue to integrate Arbinger principles by training all new hires on Arbinger principles, sending additional staff members to become Arbinger trainers, sending managers to the Outward Mindset Skills for Leaders training, and refining the Arbinger implementation strategy
* Develop a formal sustainability plan that is aligned with our core values
* Continue to hold meetings of the counsel to develop a 10-year strategic plan and evaluate the feasibility of our current vision statement
* Create and implement a diversity and inclusion plan

Executive Director

* Lead the permanent supportive housing project at 426 South 500 East by submitting a Low-Income Housing Tax Credit (LIHTC) application
* Implement the current 5th East Apartments permanent supportive housing project
* Solidify corporate board of director positions and cultivate potential board members with strong clinical backgrounds
* Work on finding new transitional housing properties, residential treatment properties, new funding streams, and funding subsidies used for acquisition
* Continue advocacy work for our population at various housing organizations

Associate Director

* Manage the implementation of the 5th East Apartments permanent supportive housing project
* Assist with the submission of the 426 South 500 East permanent supportive housing application
* Lead the Joint Commission accreditation project
* Locate, analyze, and purchase new properties to increase capacity

Clinical Director

* Complete both the implementation plan and the policy and procedure manual for the 5th East Apartments permanent supportive housing project
* Develop programming for a new residential facility
* Lead the implementation of an intensive outpatient program that can serve an ASAM 2.5 level of care
* Create general and specific program rules that include contingency management principles

Clinical Operations Director

* Finalize the structure and policies for the REACH program
* Implement a more comprehensive quality assurance program that focuses on audits, training, and clinical quality improvement
* Complete an updated feasibility and cost-benefit analysis for a new electronic health record
* Implement a supportive employment program that is tailored to the individual needs of FSH patients
* Manage the implementation of the medical integration and coordination initiative

Development Director

* Fundraise for the 5th East Apartments permanent supportive housing project funding gaps
* Assist with the submission of the 426 South 500 East permanent supportive housing application
* Finalize a comprehensive endowment plan with the development committee and begin executing the plan

Human Resources Director

* Finalize a comprehensive interviewing policy and procedure and create scorecard system
* Train managers across the organization on interviewing principles and processes
* Research, develop, and implement an employee retention plan

Medical Director

* Lead the implementation of the medical integration and coordination initiative
* Develop an internal Medication Assisted Treatment program
* Complete lab director training

Operations Director

* Complete FSHR house fire alarm installation and general upgrades
* Create a written, standardized training program for the client advocate staff
* Finalize the client advocate policy and procedure manual
* Implement a client advocate auditing system

Organizational Outcomes

* Outcomes
  + Achieve a 50% or higher successful completion rate
  + Maintain a drop-out rate of 24% or less
  + Increase abstinence by 100% or more
  + Increase stable housing by 10% or more
  + Increase employment by 50% or more

Service Lines – Projects and Outcomes

Our programs and departments are divided into service lines and function lines. A service line is a distinct program that provides services to a specific group of customers, including patients, donors, or community partners. Each service line is assigned a leader who is responsible for managing the service line’s budget, projects, and goals. Below is a list of each service line in our organization and the respective major projects and outcomes that will be achieved in the following year.

Case Management Services

* Projects
  + Create housing case management protocols for voucher programs
  + Implement a supportive employment program that is tailored to the individual needs of FSH patients
  + Create a standardized protocol for case management sessions
  + Perform quality assurance and alliance checks on case managers
  + Develop and implement post-treatment transition plans for case managed clients
* Outcomes
  + Provide case management services to 70% of all patients
  + Achieve a 40% or higher productivity rate
  + Increase stable housing by more than 15%
  + Increase employment by more than 150%

Community and Stakeholder Services

* Projects
  + Create a targeted list of individuals and organizations to invite for tours and presentations
  + Identify four priority stakeholders, assess their goals and needs, and report this to the executive team
  + Analyze behavioral health providers in the community
* Outcomes
  + Conduct 18 onsite presentations and/or tours of the organization
  + Conduct 18 offsite presentations to community partners

Donor Services

* Projects
  + Increase the development committee to 15 members
  + Create a two-year fundraising plan for major gift donors and foundations
  + Develop and write a donor engagement and major gift fundraising plan
  + Complete the 2018 annual report
  + Continue to hold and improve the annual fundraising breakfast
* Outcomes
  + Raise $600,000 in grant revenue
  + Raise $100,000 in non-grant donations
  + Increase major gift donors, those who donate $500 or more, to 50 donors
  + Enroll 15 people in monthly giving plans
  + Submit 60 grant proposals

Employment Preparation and Placement (EPP) Program

* Projects
  + Implement the EPP program as written in the grant documents
* Outcomes
  + TBD

Family and Fatherhood Program

* Projects
  + Create an operating plan for a comprehensive family and fatherhood program
  + Update existing fatherhood services

Long Term Recovery Management Program (LTRM)

* Projects
  + Continue to develop the volunteer program and committee with the new employment specialists
  + Start a peer mentorship program
  + Complete the LTRM operating plan
  + Start LTRM support groups at each facility
  + Teach Arbinger principles to LTRM participants
  + Implement Ikigai principles into LTRM programming to enhance meaning and purpose
* Outcomes
  + Keep 65% or more participants engaged with FSH through assessments, telephone check-ins, or surveys for one year
  + Help participants honor 75% of the contracts made with LTRM staff
  + Help an average of five LTRM clients participate in the monthly community service project
  + On 55% of assessments, clients will report abstinence of 90 days or more
  + On 65% of assessments, clients will report attending one or more community-based support groups weekly
  + On 60% of assessments, clients will report being employed since the last assessment
  + On 60% of assessments, clients will report being stably housed since the last assessment
  + On 65% of assessment, clients will report no new legal charges since the last assessment (excluding minor traffic violations)
  + Of the total drug tests administered to LTRM participants, 65% will be negative

Mental Health Court Housing at FSHR House

* Projects
  + Perform a FSHR house gap analysis
* Outcomes
  + Achieve an average daily census of 95% or more

Outpatient Treatment Program

* Projects
  + Take part in the evidence-based social impact program by ensuring that (1) staff are trained in relevant modalities; (2) quality checks are completed for therapeutic alliance, groups, and individual sessions; and (3) therapists receive regular feedback and coaching
  + Develop distinct sets of curricula, one for patients who enter outpatient services directly and one for patients who are transferring from a residential level of care
  + Increase external support systems by inviting each patient’s support person(s), to a couples or family session prior to discharge
  + Implement an intensive outpatient program that can serve an ASAM 2.5 level of care
* Outcomes
  + Increase capacity to serve 150 unique patients per month
  + Achieve an average daily census above 100 patients
  + Achieve 97% or more of the total productivity goal (i.e., percent time in direct, billable services)
  + Achieve a 73% or higher successful completion rate (i.e., treatment completions plus transfers to residential)
  + Maintain a drop-out rate of 20% or less
  + Maintain an average monthly positive drug test rate of 15% or less
  + Maintain an average monthly no-show rate for drug tests of 20% or less
  + Help 70% of Moral Reconation Therapy (MRT) participants who stay engaged in treatment for a minimum of two weeks successfully complete MRT

Peer Support Services

* Projects
  + Implement a peer support specialist program at the 440 residential facility
  + Ensure grant requirements and goals are met
* Outcomes
  + Complete a Wellness Recovery Action Plan (WRAP) with 60% or more 411 patients
  + Help 70% or more patients report an improvement in health and wellness
  + Help 60% or more patients who were homeless prior to treatment exit treatment into stable housing
  + Help maintain the dropout rate at 411 N Grant Street to 15% or lower
  + Help 27% or more patients increase employment status (part-time or full-time)
  + Transport patients to 4 community-based recovery meetings per week
  + Help 60% or more patients complete at least one community service project

REACH Program

* Projects
  + Take part in the evidence-based social impact program by ensuring that (1) staff are trained in relevant modalities; (2) quality checks are completed for therapeutic alliance, groups, and individual sessions; and (3) therapists receive regular feedback and coaching
  + Develop and implement a REACH policy and procedure manual
  + Implement all deficient items from the Correctional Program Checklist evaluation
  + Have all peer support staff achieve certification or commensurate training
* Outcomes
  + Achieve an average daily census of 95% or more in residential treatment
  + Achieve 97% or more of the total productivity goal (i.e., percent time in direct, billable services)
  + Provide 200 or more hours of treatment that targets criminogenic risk factors to at least 90% of clients in the program within six months of services
  + Adhere to the other REACH metrics as defined in the REACH contract

Recovery Residence Program

* Projects
  + Collaborate with the case management team regarding residents transitioning to permanent housing
  + Create a program that offers regularly scheduled opportunities to connect with recovery support, recovery activities, volunteer opportunities, and family activities both inside and outside of First Step House
* Outcomes
  + Maintain an average daily census of 95% or more
  + Achieve an 80% or higher lease compliance rate
  + Maintain an eviction rate of 12% or less
  + Transfer 75% or more patients to permanent housing

Residential Treatment Program at 411 North Grant Street

* Projects
  + Take part in the evidence-based social impact program by ensuring that (1) staff are trained in relevant modalities; (2) quality checks are completed for therapeutic alliance, groups, and individual sessions; and (3) therapists receive regular feedback and coaching
  + Improve communication with all departments by
    - Holding regular meetings with the department managers who engage with 411 to ensure a united working environment
    - Implementing referral protocols for the clinical team to ensure that clinicians stay focused upon clinical work and communicate with relevant departments regarding non-clinical needs
  + Develop assessment-informed and risk-need-responsivity based treatment planning to ensure that individual and group therapy are fully utilized in targeting core treatment objectives
* Outcomes
  + Achieve an average daily census of 95% or more
  + Achieve 97% or more of the total productivity goal (i.e., percent time in direct, billable services)
  + Achieve a 66% or higher successful completion rate (i.e., treatment completions plus transfers to outpatient)
  + Maintain a drop-out rate of 20% or less
  + Maintain an average monthly positive drug test rate of 5% or less
  + Maintain an average monthly no-show rate for drug tests of 15% or less

Residential Treatment Program at 440 South 500 East

* Projects
  + Take part in the evidence-based social impact program by ensuring that (1) staff are trained in relevant modalities; (2) quality checks are completed for therapeutic alliance, groups, and individual sessions; and (3) therapists receive regular feedback and coaching
  + Integrate fatherhood and couples programming into the Veterans program
  + Implement a peer support specialist program for Veterans
  + Meet regularly with the department managers who engage with 440 to ensure a united work environment
  + Create a contingency-management program for the Veterans program that includes specific rules, rewards, and consequences
* Outcomes
  + Achieve an average daily census of 95% or more
  + Achieve 97% or more of the total productivity goal (i.e., percent time in direct, billable services)
  + Achieve a 70% or higher successful completion rate (i.e., treatment completions plus transfers to outpatient)
  + Maintain a drop-out rate of 15% or less
  + Maintain an average monthly positive drug test rate of 5% or less
  + Maintain an average monthly no-show rate for drug tests of 10% or less

Veterans Critical Time Intervention (CTI) Program

* Projects
  + Implement Motivational Interviewing (MI) as a primary modality used during case management sessions
  + Perform MI fidelity checks using the Motivational Interviewing Treatment Integrity (MITI) coding tool
  + Improve the structure of the multidisciplinary team by including case managers, medical staff, and other relevant team members in team meetings
  + Have case managers attend and report at quarterly gap analysis meetings
  + Build structure around the CTI case management process by clarifying roles and responsibilities in writing
* Outcomes
  + Achieve an average daily census of 95% or more
  + Ensure that 65% or more Veterans discharge to permanent housing
  + Maintain a negative exit rate of 23% or less
  + Help 50% or more Veterans discharge the program employed

Function Lines - Projects

Our programs and departments are divided into service lines and function lines. Function lines consist of specific departments that support the service line teams in accomplishing their objectives. Function line leaders are responsible for managing the function line’s budget, projects, and goals. Below is a list of each function line in our organization and the respective projects that will be achieved and outcomes that will be measured in the following year.

Accounting Department

* Projects
  + Complete the accounting policy and procedure manual
  + Reduce paper use by 50%
  + Enhance integration, education, and communication with other department managers
  + Investigate investment strategies
* Outcomes
  + Distribute reports by the 21st of each month

Admissions Department

* Projects
  + Create a quality improvement plan for the admissions department that involves (1) completing a training plan that includes motivational interviewing, criminogenic risk assessment, and de-escalation techniques and (2) developing a standardized audit and feedback plan for each departmental position
  + Complete the admissions policy and procedure manual
  + Evaluate the assessment and admissions processes to find ways to improve quality, enhance communication with the clinical teams, and streamline processes
* Outcomes
  + Report results of admissions satisfaction surveys
  + Report on wait list information including total wait list number, time on wait list, and attrition between referral and enrollment
  + Report on intake no-show rate and reasons

Billing Department

* Projects
  + Complete all past billing
  + Complete the billing policy and procedure manual
  + Complete billing reconciliation processes for all funding sources
* Outcomes
  + Complete Salt Lake County and Veterans Administration billing by the 10th of each month
  + Complete billing for all other payors by the 20th of every month

Client Advocate Department at 440 South 500 East

* Projects
  + Create and implement a client advocate training plan that includes new hire training to be completed prior to working a shift alone
  + Implement a client advocate fidelity program that includes regular monitoring and coaching
* Outcomes
  + Report monthly staff meeting attendance percentage
  + Report on the number of days it takes new client advocates to complete the training checklist
  + Maintain a drop-out rate of 25% or less

Client Advocate Department at 411 North Grant Street

* Projects
  + Create and implement a client advocate training plan that includes new hire training to be completed prior to working a shift alone
  + Implement a client advocate fidelity program that includes regular monitoring and coaching
* Outcomes
  + Report monthly staff meeting attendance percentage
  + Report on the number of days it takes new client advocates to complete the training checklist
  + Maintain a drop-out rate of 25% or less

Data Management Department

* Projects
  + Complete an updated feasibility and cost-benefit analysis for implementing a new electronic health record
  + Implement reporting processes for all strategic plan metrics
  + Review and document operational definitions for all data systems
  + Complete the data reporting calendar and structure
  + Create an organizational data analysis plan that includes predictive modeling
* Outcomes
  + Complete and distribute reports by the 20th of every month

Food Services Department

* Projects
  + Implement a process for separating compostable items
  + Complete nutrition training and/or certification for kitchen staff
  + Create standardized recipes for reoccurring menu items
  + Complete the food services policy and procedure manual
* Outcomes
  + Report on customer satisfaction scores

Human Resources Department

* Projects
  + Develop department specific onboarding plans
  + Develop and implement a paid internship program
* Outcome
  + Report on employee satisfaction results
  + Report on the number of hires, interviews, terminations, and average tenure
  + Report on the percentage of vacant positions in the organization

IT Committee

* Projects
  + Re-evaluate the organization’s computer upgrade needs for both desktops and servers
  + Evaluate IT capacity needs
  + Perform an organization-wide gap analysis regarding monitoring systems
* Outcomes
  + Report on server downtime

Maintenance Department

* Projects
  + Investigate electronic maintenance ticketing systems
  + Upgrade 411 North Grant Street, including painting, updating the client advocate office, updating the chapel floor, and updating the camera system
  + Redesign landscapes and watering systems with a focus on xeriscaping
* Outcomes
  + Report on outcomes from the electronic maintenance ticketing system

Medical Department

* Projects
  + Create policies to enhance collaboration with both internal and external partners to enhance patient care
  + Decrease the number of medication errors
  + Create shared plans of care
  + Reconfigure medical staffing and responsibilities
  + Complete all policy and procedure documentation
* Outcomes
  + Report on audit results
  + Report on medication training attendance and completion

Quality Assurance Department

* Projects
  + Complete Joint Commission accreditation
  + Develop and implement a standardized training and coaching program for new clinicians
  + Continue to develop the clinical quality improvement program
  + Assist in implementing a utilization management program
* Outcomes
  + Report on the number, type, and score of completed internal audits
  + Report on the number of trainings completed

Transportation Department

* Projects
  + Complete ride pilot implementation
  + Always meet admission needs
* Outcomes
  + Report on the price per mile driven

Urinalysis Department

* Projects
  + Investigate and implement a new analyzer machine
  + Obtain CLIA certification
* Outcomes
  + Report on the number of trainings completed
  + Report on UA reporting errors

Reporting Structure

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Board of Directors** | | | | | | | | |
| **Chanin Christensen** |  | **Joe Culbertson** |  | **Brandy Farmer** |  | **Annette Fleckenstein** |  | **Jacob Smith** |
| Chairperson |  | Vice Chairperson |  | Secretary |  | Board Member |  | Finance Committee |
|  |  |  |  |  |  |  |  |  |
| **Pam Gold** |  | **Kerry Bate** |  | **Charles Talcott** |  |  |  |  |
| Development Committee |  | Board Member |  | Board Member |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  | **Community & Stakeholders** | |  | |  | |  |  | |
| |  | | --- | |  | |  |  | |  | **Shawn McMillen** | |  | |  | |  |  | |
|  |  |  | |  | Executive Director | |  | |  | |  |  | |
|  |  |  | |  | |  | | --- | |  | | |  | |  | |  |  | |
|  |  |  | |  |  | |  | |  | |  |  | |
|  |  |  | |  | **Austin Davis** | | |  | | --- | |  | | |  | |  |  | |
|  |  |  | |  | Associate Director | |  | |  | |  |  | |
|  |  |  | |  | |  | | --- | |  | | |  | |  | |  |  | |
| **Donor Services** |  |  | |  |  | |  | |  | |  | **Human Resources** | |
| **Sarah Bauman** |  | **Jared Ferguson** | |  | **Mathew Warthen** | |  | | **Rodney Symes** | |  | **Jazz Hamilton** | |
| Development Director |  | Clinical Director | |  | Clinical Operations Director | |  | | Operations Director | |  | Human Resources Director | |
| **Kendall Banks** |  | |  |  | | --- | --- | |  |  | | |  | Continued | |  | | |  | | --- | |  | | |  | **Brittney Stockholm** | |
| Development Associate |  | Continued | |  |  | | Continued | |  | Human Resources Generalist | |
|  |  |  | |  |  | |  | |  | |  | **Marissa Mendoza** | |
|  |  |  | |  |  | |  | |  | |  | Human Resources Recruiter | |
|  |  |  | |  |  | |  | |  | |  | **Accounting** | |
|  |  |  | |  |  | |  | |  | |  | **Heidi Spence** | |
|  |  |  | |  |  | |  | |  | |  | Accounting Manager | |
|  |  |  | |  |  | |  | |  | |  | **Holly Brogdon** | |
|  |  |  | |  |  | |  | |  | |  | Accounting Clerk | |
|  |  |  | |  |  | |  | |  | |  |  | |
|  |  |  | |  |  | |  | |  | |  |  | |
|  |  |  | |  |  | |  | |  | |  | **Recovery Residence** | |
|  |  |  | |  |  | |  | |  | |  | **Bailey Peterson** | |
|  |  |  | |  |  | |  | |  | |  | Recovery Residence Manager | |
|  | | | **Jared Ferguson**  Clinical Director | |  | **Mathew Warthen**  Clinical Operations Director | |  | |  | |  | **Rodney Symes**  Operations Director | |
|  |  | |  | |  |
| |  | | --- | |  | | |  | |  | | --- | |  | | |  | | |  | | --- | |  | | |  |  | |
| **Residential Treatment - 440** |  | | **Clinical Supervision** | |  | **Admissions** | |  | | **Data Management** | |  | **Client Advocate - 440** | |
| **Cheryl Graves** |  | | **Joellyn Manville** | |  | **Raye Silvers** | |  | | **TBD** | |  | **David Monson** | |
| Program Manager |  | | Clinical Training Supervisor | |  | Admissions Manager | |  | | Data Manager | |  | Residential House Manager | |
| **Matt Crooks** |  | | **Jessica Meekins** | |  | **Sam Farris** | |  | | **Medication** | |  | **Kevin Brown** | |
| Therapist |  | | Clinical Training Supervisor | |  | Assessment Specialist | |  | | **Jeannett Madsen** | |  | Client Advocate | |
| **Jose Lopez** |  | | **Fatherhood Program** | |  | **Chandreyee Johnson** | |  | | Nurse | |  | **Parker Garrett** | |
| Therapist |  | | **Steve Titensor** | |  | Client Service Coordinator | |  | | **Marcelle Nomo** | |  | Client Advocate | |
| **Nan Michaelis** |  | | Fatherhood Initiative Program Manager | |  | **Sally Domitrovich** | |  | | Medication Technician | |  | **Will Mollison** | |
| Therapist |  | | **IT Committee** | |  | Intake Specialist | |  | | **Cole Wilson** | |  | Client Advocate | |
| **Residential Treatment - Grant** |  | | **IT Now** | |  | **Kate Tozzi** | |  | | Medication Technician | |  | **TBD** | |
| **Nicole Nelson** |  | | Systems Administrator | |  | Assessment Specialist | |  | | **REACH Program** | |  | Client Advocate | |
| Residential Program Manager |  | | **Long-Term Recovery Management** | |  | **Case Management** | |  | | **Kevin Mossel** | |  | **Client Advocate - Grant** | |
| **Jackie Briggs** |  | | **Kurt Landenberger** | |  | **Karen Cluff** | |  | | REACH Program Manager | |  | **Joe Cinella** | |
| Therapist |  | | Long-Term Recovery Management Manager | |  | Case Manager Supervisor | |  | | **Retta Erwin** | |  | Residential House Manager | |
| **Jarrod Call** |  | | **Outpatient Treatment** | |  | **Jeanine Kunshek** | |  | | REACH Therapist | |  | **Drex Finlinson** | |
| Therapist |  | | **Heatherlee Benson** | |  | Case Manager | |  | | **Lindsey Painter** | |  | Client Advocate | |
| **Jodi Ericson** |  | | Outpatient Program Manager | |  | **Megan Rabuck** | |  | | REACH Therapist | |  | **Nathan Moffett** | |
| Therapist |  | | **Andrew Alder** | |  | Housing Case Manager | |  | | **Lee Smitherman** | |  | Client Advocate | |
| **Aarati Ghimire** |  | | Therapist | |  | **George Rivera** | |  | | REACH Therapist | |  | **Brian Moyer** | |
| Therapist |  | | **Amanda Costa** | |  | Court Liaison/Case Manager | |  | | **Edwin "Ted" Winkworth** | |  | Client Advocate | |
| **Janie Hansen** |  | | Therapist | |  | **Alex Stephens** | |  | | REACH Therapist | |  | **TBD** | |
| Therapist |  | | **Justin Gough** | |  | Housing Case Manager | |  | | **Jesse "Calvin" Nunley** | |  | Client Advocate | |
| **Erica Lessing** |  | | Therapist | |  | **Amber Hansen** | |  | | REACH Peer Support Supervisor | |  | **Michael Sistrunk** | |
| Therapist |  | | **Cait Kartchner** | |  | Gateway to Housing Case Manager | |  | | **Bret Bye** | |  | Client Advocate | |
| **Jared Powell** |  | | Therapist | |  | **Jenny Springman** | |  | | REACH Peer Support Specialist | |  | **Allan "Aldo" Wangsgard** | |
| Therapist |  | | **Kim Millikan** | |  | Employment Specialist Lead | |  | | **Brock Robinson** | |  | Client Advocate | |
| **TBD** |  | | Therapist | |  | **Patrice Dozier** | |  | | REACH Peer Support Specialist | |  | **Derrein Wynn** | |
| Therapist |  | | **Peer Support** | |  | Employment Specialist | |  | | **Kingzlee Tabile** | |  | Client Advocate | |
| **Veterans Critical Time Intervention Program** |  | | **Evan Mullaly** | |  | **Clinical Administration** | |  | | REACH Peer Support Specialist | |  | **TBD** | |
| **John Ellis** |  | | Peer Support Specialist | |  | **Lauren Potter** | |  | | **Kelsey Tyson** | |  | Client Advocate | |
| CTI Clinical Supervisor |  | |  | |  | Billing Manager | |  | | REACH Peer Support Specialist | |  | **Food Services** | |
| **Cameron Ashdown** |  | |  | |  | **April Tribble** | |  | | **Heather Williams** | |  | **Gary Wanless** | |
| CTI Case Manager Supervisor |  | |  | |  | Billing Specialist | |  | | REACH Case Manager Supervisor | |  | Food Services Manager | |
| **Kellie Bonner** |  | |  | |  | **April Tribble** | |  | | **Leighann Marsh** | |  | **Alex Ander** | |
| CTI Case Manager |  | |  | |  | Billing Specialist | |  | | REACH Case Manager | |  | Line Cook | |
| **Nathan Tingey** |  | |  | |  |  | |  | | **Lisa Croudy** | |  | **Memet Kurt** | |
| CTI Case Manager |  | |  | |  |  | |  | | REACH Assessment Specialist | |  | Line Cook | |
|  |  | |  | |  |  | |  | | **Quality Assurance and Contract Compliance** | |  | **Anthony Roylance** | |
|  |  | |  | |  |  | |  | | **Amy Relf** | |  | Line Cook | |
|  |  | |  | |  |  | |  | | Quality Assurance Manager | |  | **Brian SantaCruz** | |
|  |  | |  | |  |  | |  | |  | |  | Line Cook | |
|  |  | |  | |  |  | |  | |  | |  | **Maintenance** | |
|  |  | |  | |  |  | |  | |  | |  | **Rex Atkinson** | |
|  |  | |  | |  |  | |  | |  | |  | Maintenance Manager | |
|  |  | |  | |  |  | |  | |  | |  | **Dave Cooper** | |
|  |  | |  | |  |  | |  | |  | |  | Maintenance | |
|  |  | |  | |  |  | |  | |  | |  | **Harry Reed** | |
|  |  | |  | |  |  | |  | |  | |  | Maintenance | |
|  |  | |  | |  |  | |  | |  | |  | **Transportation** | |
|  |  | |  | |  |  | |  | |  | |  | **Allen Buckingham** | |
|  |  | |  | |  |  | |  | |  | |  | Driver | |
|  |  | |  | |  |  | |  | |  | |  | **Roy Hostetler** | |
|  |  | |  | |  |  | |  | |  | |  | Driver | |
|  |  | |  | |  |  | |  | |  | |  | **Larry Richardson** | |
|  |  | |  | |  |  | |  | |  | |  | Driver | |
|  |  | |  | |  |  | |  | |  | |  | **Urinalysis** | |
|  |  | |  | |  |  | |  | |  | |  | **Ray Dumas** | |
|  |  | |  | |  |  | |  | |  | |  | UA Manager | |
|  |  | |  | |  |  | |  | |  | |  | **Dan Banellis** | |
|  |  | |  | |  |  | |  | |  | |  | UA Tech | |

2019 Budget

### July 2018 through June 2019

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Income | | |  |  |
|  |  |  | Contributions and Support | | |  |
|  |  |  |  | Operations Contributions | | 396,500 |
|  |  |  |  | Capital Contributions | | 5,000 |
|  |  |  |  | In-Kind Contributions | | 157,200 |
|  |  |  | Total Contributions and Support | | | 558,700 |
|  |  |  | Treatment Revenue | | |  |
|  |  |  |  | Residential Treatment Revenue | |  |
|  |  |  |  |  | SLCo Block - Residential | 728,052 |
|  |  |  |  |  | SLCo - Special Project | 120,000 |
|  |  |  |  |  | SLCo DORA - Residential | 299,568 |
|  |  |  |  |  | SLCo Fund Codes - Residential | 0 |
|  |  |  |  |  | SLCo JRI - Residential | 132,000 |
|  |  |  |  |  | VA OSAT - Residential | 1,269,288 |
|  |  |  |  |  | Food Stamps - Residential | 114,240 |
|  |  |  |  |  | Self-Pay - Residential | 9,600 |
|  |  |  |  |  | Private Insurance - Residential | 0 |
|  |  |  |  | Total Residential Treatment Revenue | | 4,414,248 |
|  |  |  |  | Outpatient Treatment Revenue | |  |
|  |  |  |  |  | SLCo Block - Outpatient | 240,003 |
|  |  |  |  |  | SLCo – Special Project | 120,000 |
|  |  |  |  |  | SLCo DORA - Outpatient | 96,006 |
|  |  |  |  |  | SLCo Fund Codes - Outpatient | 0 |
|  |  |  |  |  | SLCo JRI - Outpatient | 60,000 |
|  |  |  |  |  | VA OSAT - Outpatient | 0 |
|  |  |  |  |  | Medicaid DOH - Outpatient | 180,000 |
|  |  |  |  |  | Medicaid (Optum) - Outpatient | 12,000 |
|  |  |  |  |  | Self-Pay - Outpatient | 4,680 |
|  |  |  |  |  | Co-Pay - Outpatient | 5,400 |
|  |  |  |  |  | Private Insurance - Outpatient | 0 |
|  |  |  |  | Total Outpatient Treatment Revenue | | 610,089 |
|  |  |  |  | CoC | | 215,347 |
|  |  |  |  | Salt Lake County Health Dept | | 30,360 |
|  |  |  |  | FLOSS | | 6,000 |
|  |  |  |  | Salt Lake City CDBG | | 30,000 |
|  |  |  |  | Salt Lake County CDBG | | 160,088 |
|  |  |  |  | REACH | | 1,112,183 |
|  |  |  |  | Unified Funding - Outpatient | | 103,634 |
|  |  |  |  | Veterans Special Needs (CTI) | | 285,537 |
|  |  |  |  | UTA | | 60,000 |
|  |  |  | Total Treatment Revenue | | | 7,086,298 |
|  |  |  | Housing Revenue | | |  |
|  |  |  |  | VA PD | | 255,708 |
|  |  |  |  | Housing Authority of SL County | | 67,968 |
|  |  |  |  | Transitional Housing Rent | | 54,540 |
|  |  |  | Total Housing Revenue | | | 378,216 |
|  |  |  | Revenue from Other Sources | | |  |
|  |  |  |  | Misc. Non-Contract Revenue | | 900 |
|  |  |  |  | Interest Income | | 411 |
|  |  |  | Total Revenue from Other Sources | | | 1,320 |
|  |  | Total Income | | | | 8,024,534 |
|  |  | **Expense** | | |  |  |
|  |  |  | Personnel Expenses | | |  |
|  |  |  |  | Regular Payroll Expenses | | 4,451,832 |
|  |  |  |  | Payroll PTO Expense | | 111,302 |
|  |  |  |  | Payroll Tax Expense | | 340,571 |
|  |  |  |  | Employee Benefits | | 457,213 |
|  |  |  |  | Workers Compensation Insurance | | 28,008 |
|  |  |  |  | Unemployment Insurance | | 13,365 |
|  |  |  |  | 401(k) | | 102,395 |
|  |  |  |  | Payroll Servicing Fees | | 11,400 |
|  |  |  |  | Misc. Employment Expenses | | 36,000 |
|  |  |  |  | Staff Development | | 80,686 |
|  |  |  |  | Uniforms | | 3,324 |
|  |  |  |  | Contractual Services | | 226,952 |
|  |  |  |  | Employee Incentives | | 15,600 |
|  |  |  | Total Personnel Expenses | | | 5,038,889 |
|  |  |  | Non-Personnel Expenses | | |  |
|  |  |  |  | Food Service Supplies | | 144,600 |
|  |  |  |  | House Supplies | | 37,724 |
|  |  |  |  | Office Supplies | | 32,796 |
|  |  |  |  | UA Supplies | | 56,400 |
|  |  |  |  | Recreation | | 35,640 |
|  |  |  |  | IT Supplies | | 4,848 |
|  |  |  |  | Donated Materials & Supplies | | 157,200 |
|  |  |  |  | Telephone & Telecommunications | | 75,516 |
|  |  |  |  | Software Expense | | 26,304 |
|  |  |  |  | Events | | 11,860 |
|  |  |  |  | Vehicle Expenses | | 46,856 |
|  |  |  |  | Client Assistance | | 187,800 |
|  |  |  |  | Client Incentives | | 23,500 |
|  |  |  |  | Curriculum | | 21,106 |
|  |  |  | Total Non-Personnel Expenses | | | 862,150 |
|  |  |  | Facilities & Equipment Expense | | |  |
|  |  |  |  | House Maintenance | | 93,780 |
|  |  |  |  | Occupancy Expense | | 141,982 |
|  |  |  |  | Utilities | | 100,092 |
|  |  |  |  | Mortgage Interest | | 128,460 |
|  |  |  |  | Depreciation & Amortization | | 495,115 |
|  |  |  | Total Facilities & Equipment Expense | | | 960,257 |
|  |  |  | General Administrative Expenses | | |  |
|  |  |  |  | Meeting Expenses | | 23,640 |
|  |  |  |  | Marketing & Advertising | | 12,000 |
|  |  |  |  | Bank Service Fees | | 8,640 |
|  |  |  |  | Insurance - Non-Employee | | 78,564 |
|  |  |  |  | Travel Expense | | 32,102 |
|  |  |  |  | Equipment Rental | | 32,352 |
|  |  |  |  | Licenses and Permits | | 17,765 |
|  |  |  |  | Misc. G & A | | 16,080 |
|  |  |  | Total General Administrative Expenses | | | 221,143 |
|  |  |  | Business Expenses | | |  |
|  |  |  |  | Bad Debt Expense | | 7,080 |
|  |  |  | Total Business Expenses | | | 7,080 |
|  |  | Total Expense | | | | 7,929,278 |
| Net Income | | | |  |  | 95,256 |

Implementation

Reporting Plan

The implementation plan at First Step House includes the following:

* Monthly Executive Team Strategic Meetings
* Monthly Supervisor Reports and Meetings
* Team Update Meetings
* Quarterly Board Reports