ICL Strategic Plan
January 01, 2021 – June 30, 2022
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Introduction

Since 1986, ICL has been providing care that is changing lives. And every year, people coming to ICL get better with us.

Regardless of where our clients start, we believe all people have the ability to change and grow to lead the most fulfilling and self-supporting lives possible. And we stand by each person every step of their journey, regardless of how difficult it may get.

Year after year, the results show that what we are doing is making a difference. Ninety-six percent of our behavioral health clients believe they have the power to make changes to improve their physical and mental health, and 97% say they feel better with us. And we’ve always known that housing is health care; since 2018 we have added over 100 supportive housing units to ensure that our clients have safe and secure places to live and grow.

In programs throughout the five boroughs – a range of housing, treatment, family and child, and developmental disabilities services – all people are treated as unique individuals, not by their diagnoses. They are supported to take charge of their lives, overcome serious challenges, secure employment and permanent housing, and – where possible – reunite with their families.

Our whole health, person-centered, trauma-informed and recovery-oriented approach to services leads to extraordinary outcomes, consistently reducing the need for hospitalizations and emergency room visits for mental health reasons and most important, we see people feeling better and doing better, and striving for the lives they dream of.

We begin the work wherever our clients are in their lives, in whatever neighborhood they have come from, and tackling whatever problems they have endured. Recognizing that health and well-being are largely determined by factors outside the direct provision of traditional health care, ICL’s services always take into account and address the social determinants of health. We break through traditional silos of services so that care is guided by social, economic and environmental factors aligning with personal choice, goals, skills and competencies.

This unique approach drives this strategic plan, which will guide and shape ICL’s work. This plan comes at a time when the agency has experienced significant growth in its programs, budget and staff. But it also comes in the midst of a highly complex and rapidly changing environment without historical precedent.

This document begins by taking stock of the current context – the health, financial and political backdrop against which our goals have been shaped – and then moves to the Operational Road Map that sets benchmarks for and monitors the day-to-day business of ICL, while seeking to minimize risk to the organization. The next section covers the high-level yet tightly focused aims, strategies and objectives that will shape ICL’s work and seek to maximize opportunities during the 18-month period of this plan.
Context

The Coronavirus pandemic has injected myriad uncertainties into the health care environment, and the next couple years will likely bring seismic and permanent shifts in health care and social service systems.

As publicly-funded systems are restructured and overhauled, there will be winners and losers, and reducing risk and maximizing opportunities will be key.

Meanwhile, stark disparities in health outcomes continue along socioeconomic and racial/ethnic lines. These disparities both reflect and perpetuate broader societal inequities, as has been underscored by the coronavirus pandemic. All these challenges highlight the crucial importance of ICL’s whole health approach, acknowledgment of the physical effects of emotional distress and trauma, and recognition that truly integrated care must address the social determinants of health at every step.

While there is no single or known version of what the future will look like, there are numerous high-level trends that are fairly certain to continue or accelerate. Ongoing economic uncertainty and significant strain on federal and state budgets will undoubtedly be felt by service providers that rely on these public dollars.

Substantial increases in Medicaid enrollment, coupled with increased need and demand for mental health and substance use disorder services, will provide challenges and opportunities as we adapt to meet those needs. There will be a strong and continued need for affordable/supportive housing alongside a highly volatile set of market forces and a growing recognition that housing is a critical part of the health care continuum.

Finally, the pandemic has fast-tracked many activities and trends already in motion in the technology space. Telehealth will have a lasting and significant role in service delivery. The demand for more accurate costing of services and articulating value will be stronger as the expansion of value-based models and payments escalates. Digital tools are on a sharp rise and clients’ preferences will carry more weight; organizations will have to adapt quickly without disrupting workflows or sacrificing quality.
Operational Road Map

The ICL motto “people get better with us” is a constant guide for everything we do.

We demonstrate this every day in hundreds of small, yet very important ways. We figure out what is most important and stay on track. And each priority has action steps that bring the people we serve closer to their goals and overall health and well-being.

In the same way, setting goals for the organization, divisions and programs steers us together to reach our full potential. This section sets out a path to respond to the needs of the communities we serve, while keeping ICL healthy and strong.

The operational goals that follow represent a four-pillar approach: ICL Clinical and Housing Service Delivery Structure, Financial Strength, Whole Person Health, and Staff Competence and Well-Being. All four are highly interdependent with clear purpose to deliver on our promise to individuals, families and communities.
Goal 1: ICL Clinical & Housing Service Delivery Structure

In response to the coronavirus pandemic and the resulting economic uncertainty, address the growing need for behavioral health services and housing by expanding and adapting ICL’s services and extending our community outreach.

Prioritize the expansion of the ICL whole health model to meet significant community needs for substance use treatment, children’s mental health services, and supportive housing, e.g., open a licensed substance use disorder outpatient program, achieve re-designation of Children’s Family Treatment Support Services, and increase supportive housing portfolio by 50 beds.

Review staffing patterns and identify opportunities to improve effectiveness and efficiency related to supervisory structure, productivity and client outcomes, e.g., determine optimal program configuration and consolidation, adjust program staffing patterns and assignments, and recruit more multilingual therapists.

In light of the rapid change to remote work coupled with computer-based meetings and ongoing social distancing measures, assess staff needs to support their job effectiveness and wellness by appropriately balancing team work, interpersonal connection and individual work time.

Strengthen interdepartmental workflows within and between administrative functions and client service delivery systems, e.g., train and develop an internal cadre of staff throughout all divisions in six sigma/plan-do-check-act techniques.
Goal 2: Financial Strength

Optimize the relationships between finance, other administrative functions, and operations to proactively address external budget cuts, continue agreement on current and short-term financial strategies, and support consensus-built budgets.

Reach for NYC area nonprofit high benchmarks on key financial indicators to ensure continued high-quality services to clients, e.g., update revenue cycle workflow with Core Cx360; use dashboards and other data sources to identify targets that meet/exceed budget projections and initiate immediate corrective actions; continue with supportive housing conversion of 1-bedroom apartments to 2-bedroom apartments and minimize rent arrears; and, report out on all capital project management milestones, closely coordinating with operations for start-up and implementation.
Goal 3: Whole Health

Promote and pursue excellence in the ICL Whole Health Care model and approach.

3a Connect key trends and recommendations from the KPIs, quality assurance, IRC, sentinels, clinical excellence projects, clinical supervision, grants and training to improve whole health outcomes, e.g., convene the clinical excellence committee twice per year with other key stakeholders for analysis and recommendations.

3b Expand integration efforts to more people served, e.g., shift the intake and admission process to an integrated, single intake approach that includes internal warm hand off; expand integrated care planning, case conferences and shared services to all people served; use the biannual ICL health outcomes survey results to develop interventions for at least one key indicator and report out on effectiveness; and, implement substance use screening and assessment in every program, prioritizing internal referral as appropriate.

3c Implement the new clinical supervision policy and practice based on whole health model and measure effectiveness for quality improvement and staff training and retention.

3d Document telehealth effectiveness and develop hybrid model recommendations for quality care, funding methodology and state policy.
Goal 4: Staff Competence and Well-Being

Advance staff knowledge, skills, competencies and well-being, as intentional investment in our most valuable resource.

4a Support implementation of Equity Steering Committee efforts within each division, e.g., use an equity lens to conduct review of clinical forms that are read and signed by clients to reflect updated language and practices.

4b Use trending data from quality formats to prioritize training, mentorship and other supports related to leadership, management and clinical training.

4c Implement an employee wellness campaign to actively support work-life balance, advance overall whole person health, and prevent burn-out.

4d Identify key drivers for employee retention by division and implement corrective actions.

4e Articulate our internal customer service standard, including approach and behaviors, and provide training and supervision.
Maximizing Opportunities: 2021-2022

The three overarching and interdependent aims – Innovation, Agility and Competitive Advantage – are deemed necessary to be ready and well prepared to stay ahead of the rapidly changing environment.

Aim 1: Innovation

Advance the ICL culture of innovation to accelerate process and outcome improvements that will enhance the care and health of our clients.

Innovation takes on many forms, and has multiple meanings and expected outcomes. In this time of unprecedented change, innovation is necessary to stay relevant and forward thinking. Innovation happens at all levels of the organization. ICL must assertively utilize its individual and joint creativity to propel clinical and administrative improvements in efficiency, effectiveness and meeting the needs of our clients.

ICL definition: Innovation is the act of identifying and solving organizational and programmatic service gaps and challenges, while constantly looking for opportunities. Innovation includes problem discovery and description. It uses a cycle of testing, learning, adapting and testing again. Our new ideas must improve organizational value – people getting better with us – while supporting staff engagement and satisfaction.
Establish an Innovation Lab responsible for generating ideas and infusing innovation into ICL’s culture — developing multiple channels for staff-driven innovation and recommendations, and publicly recognizing staff for their contributions.

- **Objective 1a.1:** Design and implement an Innovation Lab to foster creative collaboration and ideas for new processes, services and products. Ensure participation by diverse and rotating staff to encourage information sharing, actionable progress and buy-in.

- **Objective 1a.2:** Produce a guidance manual that describes the ICL Innovation Lab, including goals and how new ideas that require broader support and/or financial investment are pitched, reviewed and approved.

- **Objective 1a.3:** Incorporate curriculum on innovation into the learning management system and ongoing professional development.

- **Objective 1a.4:** Implement staff communication briefs to report on the Innovation Lab projects and actions, generate enthusiasm, and build culture of innovation.

- **Objective 1a.5:** Recognize staff contributions to innovation.

Create a profitable ICL Research and Training Center to advance the whole health model of care, contribute to the field, and spread brand recognition.

- **Objective 1b.1:** Establish a research advisory council consisting of academic research leaders and industry thought leaders.

- **Objective 1b.2:** Establish quarterly seminars on research and innovations for ICL, partners, community stakeholders and donors.

- **Objective 1b.3:** Raise start-up funds and apply for additional support grants for the research center.

- **Objective 1b.4:** Publish at least two peer-reviewed journal articles to enhance ICL reputation and prestige.

Upgrade, define and package the ICL Whole Health Model of Care to sustain our pioneering position that always responds to health care transformation, incorporates easy integrated access, and leverages technology and mobile care to improve customer service, client outcomes and clinical care delivery.

- **Objective 1c.1:** Conduct literature review of best practices, managed care and other payer trends, technology tools, and other innovations.

- **Objective 1c.2:** Produce an ICL Whole Health Model guidebook inclusive of philosophy, approach, implementation instructions, current and future technology tools (including telehealth), sustainability plan, and value proposition.

- **Objective 1c.3:** Align organizational mindset, behaviors and communication with the whole health model, continually challenging silos and externally imposed frameworks. (CONTINUED)
Objective 1c.4: Design the ICL Care Center, the new and improved version of Central Access, to create an integrated single point of care, risk stratification, and a matching of people with the services they need.

Objective 1c.5: Actively support staff to implement and carry out the whole health model through learning collaboratives and data-driven improvements.

Objective 1c.6: Review and update policies and procedures, job descriptions, training supports, and performance evaluations so they reflect ICL’s Whole Health Model and position ICL staff to ensure that our clients get better with us.

Accelerate digitization and automation of the electronic health record platform, the intranet and other key technology tools for integrated and coordinated clinical decision-making and outcome measurement.

Objective 1d.1: Include in the whole health client risk assessment an evidence-based scoring system that captures relevant data and stratifies low, medium and high risk levels to determine initial and subsequent care pathways.

Objective 1d.2: Utilize aggregated risk scores to design agreed upon care pathways that are routinely evaluated for outcomes and efficacy.

Continue with our commitment to diversity, equity and inclusion at all levels of the organization.

Objective 1e.1: Establish an annual “Advancing Equity” plan informed by the Equity Steering Committee and Equity Teams to promote progressive organizational development and personnel practices.

Objective 1e.2: Invest in ongoing program development, clinical supervision, staff responsiveness, clinical skills and competencies to provide resources for stress and trauma resulting from racism and other forms of discrimination and bias.

Objective 1e.3: In collaboration with existing Board members, reprioritize the need for diversity and develop a concrete recruitment plan.

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<thead>
<tr>
<th>Innovation Metrics</th>
<th>Date</th>
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<tbody>
<tr>
<td>Revenue generated by new programs/services out of Innovation Lab</td>
<td>06/30/22</td>
</tr>
<tr>
<td>Number of staff recognized for contributing to innovation activities</td>
<td>06/30/22</td>
</tr>
<tr>
<td>Programs obtaining Whole Health model fidelity minimal score</td>
<td>12/31/21</td>
</tr>
<tr>
<td>Improvement in clinical risk trends for ICL clients</td>
<td>12/31/21</td>
</tr>
<tr>
<td>Dollars raised for the research center</td>
<td>06/30/22</td>
</tr>
<tr>
<td>Number of policies and practices reviewed through equity lens</td>
<td>12/30/21</td>
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Aim 2: Agility

Fully engage our talented staff to maximize efficiency and flexibility, and prioritize data-driven decision-making.

Change and uncertainty are accelerating with ripple effects throughout the healthcare and housing fields. ICL has the talent and infrastructure to adapt quickly with clear purpose. Our deployment of telehealth in four days in response to the COVID-19 pandemic is one compelling example. ICL must balance operational stability with the simultaneous pursuit of highly flexible and lean processes, commit to learning fast for rapid improvements, and assertively seek and seize opportunities. Technology is and will continue to be a critical tool.

ICL definition: Agility is having stability along with high degree of activity and discipline to operate in rapid learning and decision cycles, enabled by technology, and guided by our mission of helping people get better with us.

Produce several financial plans to enable rapid response to various scenarios that could emerge from the turbulent external budget environment.

- **Objective 2a.1**: Review current personnel and OTPS expenses to identify and implement cost savings that are good business decisions with little organizational impact.

- **Objective 2a.2**: Identify staffing and OTPS expenses that adjust to variable state and federal budget cuts resulting in moderate impact and significant impact.

- **Objective 2a.3**: Design implementation and communication strategy to be used if necessary.
Strategies

2b

Leverage technology and other resources to reduce waste, standardize processes and focus on automating programmatic and administrative systems (financial, human resources, facilities).

- **Objective 2b.1:** The Executive Team will create and oversee an annual map of administrative and operational priorities for improving efficiency – ensuring alignment and communication between and among efforts and programs/divisions.

- **Objective 2b.2:** Create a user-friendly change management toolkit that will increase capacity for new opportunities, rapid program start-up, program closures, and ability to address external instabilities.

- **Objective 2b.3:** Upgrade ICL’s general ledger system to allow for fully automated business workflows, and full integration with other electronic systems/software.

- **Objective 2b.4:** Ensure easy access to the general ledger system for middle and senior management so they can make informed decisions and manage the budget on a real-time basis.

2c

Embed data-driven decision-making into all programs and administrative operations using ICL’s expanding dataset and key performance indicators (KPIs) to intentionally connect various outcome measures for innovation.

- **Objective 2c.1:** Build out the agency-wide KPI dashboard to represent indicators of overall organizational health and sustainability.

- **Objective 2c.2:** Produce trending reports to glean insights about how and why different groups of people become ill and get better.

- **Objective 2c.3:** Generate reports to develop value propositions for current and developing business opportunities that improve care and client experience at more effective cost.

<table>
<thead>
<tr>
<th>Agility Metrics</th>
<th>Date</th>
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<tbody>
<tr>
<td>Percent improvement in selected KPIs</td>
<td>12/31/21</td>
</tr>
<tr>
<td>Number of system improvements implemented due to KPI review</td>
<td>06/30/21</td>
</tr>
<tr>
<td>Cycle time from client initial inquiry to first appointment</td>
<td>12/31/21</td>
</tr>
<tr>
<td>Cycle time for general ledger improvements</td>
<td>06/30/22</td>
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Aim 3: Competitive Advantage

Pursue opportunities in integrated whole health, inclusive of behavioral and physical health care, affordable and secure housing, and other social determinants of health supports.

ICL’s competitive advantage is seen in our whole health, trauma-informed, person-centered and recovery-oriented care as a critical niche in the broad health and human services and housing systems. To ensure longevity and peak performance, ICL must maintain a competitive differential advantage in the health care and supportive housing markets. This is, in part, realized by an entrepreneurial mindset and desire to bring novel products and services to life. Our value proposition to the community and funders is grounded in measurable outcomes that verify that “people get better with us.”

**ICL definition:** Competitive advantage ensures that ICL meets the Institute for Healthcare Improvement’s Quadruple Aim for high quality, cost value, client experience and job satisfaction/wellness, and that those tenets are reflected in our branding, network positions and overall customer service.

### Strategies

**3a**

Increase unrestricted revenue through fundraising and diversifying sources of funding, including establishing an individual giving program and building novel relationships with private foundations, corporate partners and others.

- **Objective 3a.1:** Evaluate existing development efforts, develop strategy for building an individual giving program, and set targets for fundraising.
- **Objective 3a.2:** Recruit and select new Board members with a strong interest in and track record of fundraising.
- **Objective 3a.3:** Create and execute a government and community relations plan that builds measurable support for ICL programs, and promotes regulatory and legislative policies that advance ICL’s programmatic goals.
Identify all administrative and clinical activities to determine the accurate cost for each major program service. This will provide better ability to demonstrate value, support payer negotiations, and support new concepts and other projects.

- **Objective 3b.1**: Develop a framework and method to determine accurate cost for each major program service. Utilize the NYU Capstone team research and report.
- **Objective 3b.2**: Select priority programs, apply methodology and produce report and recommendations.
- **Objective 3b.3**: Publish a master list of true costs for alternative payment proposals and payer rate setting negotiations.

Invest in strengthening and building partnerships with selected hospitals, health systems and payers, real estate developers and others to leverage our core services to serve more people across a broader geographic area.

- **Objective 3c.1**: Produce at least three value propositions based on community health needs and ICL strengths to build partnerships with health plans and other sectors.
- **Objective 3c.2**: Building on the business partner relationship success with real estate developers, extend the relationship building effort to other public and private industries.
- **Objective 3c.3**: Invest in the CHN partnership (and possibly expand to other FQHCs) by expanding and replicating the Hub integrated model in other boroughs.
- **Objective 3c.4**: Develop a marketing and branding strategy, and produce a marketing package on ICL’s model, value and outcomes – in written and digital formats – for payers and other key stakeholders.

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<thead>
<tr>
<th>Competitive Advantage Metrics</th>
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<tr>
<td>Revenue raised from fundraising efforts</td>
<td>12/31/21</td>
</tr>
<tr>
<td>Revenue generated from VBPs and partnerships</td>
<td>06/30/22</td>
</tr>
<tr>
<td>Number of new housing units</td>
<td>06/30/22</td>
</tr>
<tr>
<td>Increase in market share (new clients)</td>
<td>12/31/21</td>
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<tr>
<td>Increase in positive media coverage and recognition</td>
<td>12/31/21</td>
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Conclusion

This Strategic Plan is ambitious and far-reaching; we recognize that the organization will not be able to move forward on all the priorities and strategies at the same pace. We also recognize that it is important to monitor our progress implementing the plan and achieving the goals and objectives outlined within.

The Executive Team will review this plan at the beginning of each quarter, assess what was achieved in implementation, identify internal and external factors that may have helped or hindered progress, and track the metrics laid out the Maximizing Opportunities section of this document.

In the end and above all, we strive to provide everyone who touches ICL with the support to be better, feel better and live better. Our commitment to the needs of our clients has remained steadfast during the unique challenges of 2020, and encompasses a firm belief in the dignity and worth of every individual who enters an ICL program.
ICL
Strategic Plan

January 01, 2021–June 30, 2022