

January 2021 Update

Due to Covid-19 beginning March of 2020 many action items have been slowed down.

A. Imperative

Increase revenue base to maximize capacity and achieve our mission fully

Tactics:

1. Build relationships with government/community leaders

Time Line: Ongoing

Action Plan: Advocacy Committee had a successful Legislative Brunch September 2019. Could not re-do September 2020 due to Covid. Meet with elected officials via zoom, shared outreach efforts, provided with updates regarding the WBI, engaged with letters of referral for grants.

2. Increase commercial insurance load w/ BCBSIL

Time Line: May 2020

Action Plan:

1. contact BC/BS representative
2. Measures implemented

Discussed current contract with BC/BS. Change in contract managers and due to Covid only had phone contact with contract manager. Renewed contract as state licenses expired. New license provided to BC/BS. CARF extension will be provided in September. New CARF update will be April/May 2022.

- b. Explore additional insurance carriers

Time Line: July 1, 2020

Action Plan:

1. explore all other insurance carriers,
2. review history with insurance
3. Explore potential revenue vs. cost

January 2021 Update

History with other insurance carriers was less than ideal. Unable to secure other companies to approve coverage at the WBI or to pay once coverage was approved. Less than 1% of persons who have insurance seeking treatment at the WBI have different insurance besides BC/BS. The WBI is just as successful receiving single case agreements for persons with different insurance.

Medicaid and other MCO's are another source of revenue. Medicaid/MCO's do not cover Extended Residential Care of Recovery Home, it is a billable service to SUPR. Medicaid will cover outpatient services. These services are available at many other agencies. The WBI utilizes referrals to outpatient facilities and focuses on the residential aspect of treatment.

As of September 1, 2020, the SUPR rate for ERC will increase to \$86 from the previous rate of \$70.

As a result of Covid-19, limited services to primary residential and Gambling Disorders outpatient. With Covid-19 limited staff, and reassigning of staff to be limited to specific locations, did not expand growing Medicaid outpatient program. Will evaluate post Covid need, and growth opportunity of Medicaid outpatient program.

3. Expand philanthropic support- groups/fundraisers

Time Line:

Action Plan:

1. Invest in a data base system
2. Train staff
3. Utilize for annual fundraiser
4. Expand donor list with the assistance of the board of directors

The Blackbaud system has been purchased, the staff have been trained. The data that we currently have as been imported into the system. We did utilize the system in order to print the invitations for the 2020 spring dinner. However, the dinner was postponed. With the completion of the booklet, the advocacy committee will begin working on strengthening and adding potential donors to the system.

January 2020- The annual dinner continues to be postpone. Fundraising was virtual using the complete booklet as well as a 4 part video generated. The #givingtuesday 2020 resulted in less than \$15,000 in funds then the previous dinner. The booklet was mailed and or emailed to all donors in the system. Board members engaged in successful spreading of the message and fundraising via booklet and videos on social media Facebook campaign. The

January 2021 Update

annual dinner is rescheduled to October 1, 2021 pending all rules and regulations surrounding social gatherings. A virtual option will be developed alongside a potential in person dinner.

B. Imperative

Increase awareness through greater government, community and employer partnerships

Tactics:

1. Create value story and marketing plan

Time Line: Marketing plan due by July 1, 2019

Action Plan:

1. Marketing ad hoc committee
 - a) Newsletter

The committee has completed the value story via booklet. The booklet is for review and will be printed post the August 2020 board of directors meeting. The booklet will be utilized in order to reach out to current donors, new donors, or those who have lapsed.

The booklet along with a 4 part video that was generated was used to raise awareness and re-engage donors.

C. Imperative

Enhance services/capabilities/provider partnerships to impact patient experience

Tactics:

Action Plan:

1. Expand employer partner network
 - a. Community partners and key stake holders

Time Line: July 1st, 2019

The partnership committee has established an ongoing relationship with ASG Staffing, Inc. Clients who come in with out a job or who are unable to secure a job will have the opportunity to reach out to ASG and begin working.

January 2021 Update

Due to Covid we have seen a higher number of clients become unemployed or not have the same opportunities as before with the limited need for a work force. Many clients did find employment at Costco.

As of January 2021 clients do not appear

2. Assess where patients are coming from and understand provider offerings
 - a. Analyze data

Time Line: May 2019

3. Partnership for detox
 - a. Data of Medical Stabilization programs
 - b. Data of where WBI clients are coming from
 - c. Conversations to establish a partnership

Data from analysis did not reveal any surprises. Clients coming to the WBI are primarily from the facilities that we work with, cross refer, and do outreach with. The facility that clients come from and can access in the event of a relapse, or if they are calling for treatment but need a higher level of care first is dependent on their insurance or ability to pay.

Covid-19 resulted in skewed data. Capacity was reduced due to restrictions. The WBI was at full capacity as of March 1, 2020. When shut down orders went into effect around March 13, 2020, WBI had no new admissions until July 1, 2020. At that point capacity was reduced to no more than 10 person per group or location.

Referrals appeared to be from the same sources as before covid. However, it has been difficult to engage outreach as everything is via zoom, and many persons are working from home. Community referrals such as township buildings, YMCA or outpatient settings did not have the walk ins or ability to engage with community. All community engagements such as direct outreach to residents of the community where canceled as well.

D. Imperative

Drive organizational excellence across: talent acquisition; Board & staff Development & Benefits

Tactics:

January 2021 Update

1. Create retention and succession plan for key employees
2. Board development (composition, governance)
 - 2b. Create advisory board
 - 2c. Expand intern/sabbatical relationship/colleges (e.g. consulting sabbatical)

Time Line:

Action Plan: Develop a succession plan

The executive committee through trainings with CMF and HCF has worked on developing a governance committee, strengthening procedures for new board members, and developing an advisory board. The advisory board will begin as of January 2021. The governance committee is adapted as of July 2020.

The WBI Executive team and committee have worked with CMF and HCF on training in having a financial resiliency plan. The plan is to educate, train, and involve all staff to understand budget and take personal responsibility in budget development.

Due to Covid internships beyond those of clinical interns have been grounded. Due to lack of space to effectively distance interns and staff we will wait until summer of 2021 to begin the internship process. Through succession planning one of the house techs has stepped up to grant writing, outreach and development. He under the supervision of the executive team could work with interns and supervise the interns beginning summer of 2021.

The WBI has updated technology as part of rapid response to Covid-19 with the help of grants from local foundations.