

## 2022 Strategic Plan

To expand the array of services offered and increase the quality of services provided.

Objectives:

Hire highly skilled, credentialed professionals for various disciplines including psychology, counseling and social work.

Develop coordination system between the program and other professionals for specialty services not offered by the program.

Further improve our quality management system by incorporating new methods and technology.

Continue commitment to train substance abuse counselor interns.

To promote continuing professional excellence and development among counseling staff.

Objectives:

Hold or host professional in-services and workshops.

Hold monthly Case Conferences

Hold monthly Group Supervision meetings.

Encourage all staff to obtain continuing education credits in their field.

Develop policies that strongly encourage the use of substance abuse treatment best practices.

To develop a service delivery system that is efficient and operationally and fiscally sound.

Objectives:

Continue to incorporate technology.

Improve the infrastructure through revision and updating program policies and procedures.

Continue to become greener and more paperless.

To increase financial stability and access to services for persons we serve:

Objectives:

Continue to develop and implement a comprehensive marketing plan in 2022.

Continue to work toward gaining more market share as reflected in our increasing the number of consumers served and the number and kinds of services provided.

Continue to work toward the goal of 100% capacity in 2022

Continue to Coordinate Care with local referral sources.

Continue to meet prospective referral partners.

Use information gathered in surveys and referent contact to guide decision making in the area of program growth

Use input from stakeholders to modify or increase program offerings with the stated goal of increasing market share in 2022

### **Q1 As supply chains update facility and conduct needed repairs**

During the previous year, we found it increasingly difficult to repair and maintain the facilities due to supply chain issues. We have found that these issues have at least partially resolved and the facilities we given upgrades and repairs

Goal:

Increase safety and comfort of our clients and staff by providing needed repairs and upgrades

Who is responsible: Sean Kelly

Steps taken:

Repair and replace broken furniture in the residential facilities. Completed 3/22

Remove remaining carpeting and replace with hard flooring. Carpeted stairs were upgraded. Completed 2/22

Upgrade kitchens in 2 locations. Broken stoves replaced, cabinets repaired and sinks repaired. Completed 2/22

## **Q2 Increase staff in needed positions**

Changes to the economy and COVID have resulted in difficulty finding qualified staff. In addition, we have lost staff due to voluntary termination. It has been reported that staff have left to seek employment in other, more lucrative fields.

### **Goal:**

Hire qualified staff for open positions. Retain current staff

### **Steps taken**

Company wide raises for line staff were processed. Completed 4/22

Increased advertising budget for open positions. Completed 4/22

All staff team building and recreation night. Staff was treated to a comedy club and dinner with management. In addition, a member of senior management was “roasted” on stage by comedian Jeff Ross. Completed 5/22

## **Q3 Increase financial stability in an uncertain economy**

As financial market instability increases, we have found that stakeholders may be unwilling to invest funds needed for treatment. The first month of q 3 saw a significant drop in census as a result.

### **Goal:**

Increase census to counteract decrease in revenue during the first month of Q1

Who is responsible: Executive team

### **Steps taken**

As travel has opened, we find that more facilities are willing to host us for business development meetings. PACE executive team members Lenny and Jordan visited 12 facilities nationwide in q 3 resulting in the facility being almost 100% full. Completed 8/22

Sober living operators were invited to present to PACE clients in an effort to provide wraparound services for clients transitioning to outpatient care. This has resulted in a 10% increase in clients transitioning to the PACE outpatient program during Q3. Completed 8/22

#### **Q4 Improve infrastructure**

The results of staff surveys, client feedback, collected comments, and client file audits show us that there are opportunities for improvement for PACE's infrastructure. The main opportunities for improvement lie in the areas of distributed workload, staff accountability, clarity in the staff disciplinary process and staff retention

##### **Goal:**

Improve facility infrastructure efficiency and accountability

##### **Steps Taken**

We have rolled out a comprehensive employee discipline policy that outlines the consequences for staff infractions and misconduct. This document specifically outlines a system of corrective plans, write ups and possible terminations for staff. This document was developed by the Administrator with input from Shahan and was implemented after discussion in an executive team meeting. Completed 10/22

The PACE training plan was updated with additional training in the area of ethics and compliance. Training assignments were given to all direct care staff. This plan was updated by the chief strategic officer and completed 10/22.

PACE Executive team initiated weekly visits to PACE locations to meet with line staff, listen to concerns and communicate PACE values and goals to staff. This was initiated by Executive Director Lenny and Strategic officer Shahan in 10/22

## Annual Summary

PACE Recovery met our strategic goals for the most part in 2022. We successfully rolled out infrastructure improvements, increased the workplace experience for staff through team building and staff activities, and are continuing to bridge the gap between management and line staff. The the efforts of the business development team, PACE has achieved success in keeping up revenue in a very challenging economy. PACE continues to face challenges in staff acquisition and retention. This will be a goal that will continue in 2023.

## ACCESSIBILITY PLAN

PACE RECOVERY CENTER requires an annual review of factors influencing architectural, attitudinal, and employment barriers. Information utilized in developing this plan is drawn from recommendations provided by external inspection entities, quality management data, administrative feedback, and personnel information. The following statement of conditions and plans for remediation to address these barriers are submitted to the Executive Committee for review and approval.

### ARCHITECTUAL / ENVIRONMENTAL BARRIER REMOVAL

PACE RECOVERY CENTER Administration building operates in owned office space. The building and parking lots were inspected by the building manager's external agencies for health and safety compliance and accessibility factors. Administrative staff assessed the site for the current level of adherence to the Americans with Disability Act during 2022. Review of this information and inspection services during the past year yielded the following actions:

In 2022 there are no issues to address in our buildings at this time.

As the COVID infection numbers improved, PACE began to allow visitors and tours to the facility in 2022. The number of visitors remains low compared to other years. All visitors were offered masks and sanitizer upon entry.

PACE RECOVERY CENTER residential programs operate in both leased and owned properties. The properties are all residential homes and are not required to be ADA compliant as California licensing regulations for Residential Treatment Centers do not require access. Any potential clients seeking admission to any PACE Programs are assessed at our ADA compliant Administration location.

Those potential Residential clients requiring disability accommodation are referred to ADA complaint Residential facilities

Transportation options have been increasing in 2022. As travel opens up, the increasing cost of flights has impacted families' ability to purchase transportation to the facility. In 2022, we will continue to offer pickup by private vehicle at no cost for clients located within 500 driving miles of the facility. This is offered both to help families defray costs as well as a safety precaution for persons who are immunocompromised. We also assist families in researching lower cost flights and have amended out admission time to allow those with less expensive late night or very early morning flights to admit.

### ATTITUDINAL / FINANCIAL/ COMMUNICATION /EMPLOYMENT BARRIER REMOVAL

PACE RECOVERY CENTER is committed to providing and maintaining an environment where diversity among staff and clients is embraced. Each individual who seeks services or employment with our organization is afforded the same quality of response without regard to factors of race, creed, gender, national origin, sexual preference, physical limitations, or mental disability. Every effort is extended to accommodate the needs of persons seeking service from our organization. If PACE RECOVERY CENTER cannot provide the necessary services, referral is facilitated to an appropriate entity. In the case of employment, personnel policies outline our goal of recruitment and retention of a diverse workforce.

To this end, the plan includes regular education of the staff regarding attitudes and behavior that may reflect bias or misunderstanding of diversity. Through training, in-service presentations, and inter-practice discussions, we will continue to create and sustain awareness and sensitivity in areas such as ageism, communication and language, conflict resolution, coping with change, and supporting an environment of cultural competency for the benefit of clients and staff.

#### **Q1: Decrease financial roadblocks to PACE admission**

Increasing costs for services as well as increased payroll have resulted in a higher overall cost for the PACE program.

Goal

PACE will decrease costs for PACE treatment

Who is responsible: Lenny Segal

Steps taken:

We have begun offering longer period payment programs for clients who request this. PACE will now accept payment over time. Completed 2/22

PACE has conducted several documentation training programs in conjunction with our billing department in order to increase insurance revenue and decrease client's financial responsibilities. Completed 1/22

## **Q2 Review transportation options for potential clients**

Goal:

As covid transmission rates decrease, PACE has been increasing use of air transportation for clients to intake at PACE. This, combined with the increasing cost of gas and airline transportation lead to initiate several travel options

Who is responsible: Jordan Spektor

Steps taken:

Clients who choose to use air transport are given increased intake times in order to utilize less expensive flight options. Completed 4/22

Clients requiring pickup within 500miles of PACE are offered private vehicle transport at no cost. Completed 4/22

## **Q3: Increase access to PACE information to those with disabilities**

PACE websites are difficult to navigate for those persons who have visual disabilities. New technology exists that can assist in achieving access to those persons

Goal:

Use new technology that will allow the PACE website to be used by persons with visual disabilities. This technology comes in the form of a plug in that works with our website. This plug in allows the user to choose to have the website verbally navigated and read.

Who is responsible: Shahan Suzmeyan

Steps taken:

PACE contracted with Webconsuls to complete research and development on this project. A web plugin was installed on the server hosting our website. This plug in allows access to a person with visual disabilities by reading and describing the website material verbally. Completed 7/22

#### **Q4: Increase scholarship opportunities for underserved populations**

PACE has always relied on a cash pay revenue model for services provision. This has had the consequence of lack of access to PACE based on finances.

Goal:

Increase access to PACE services to low income populations

Who is responsible: Lenny and Jordan

Steps Taken:

PACE has initiated a scholarship program for those individuals who are unable to pay for treatment and do not have insurance options that would impact the cost of PACE programs. Completed 10/22

PACE has admitted 2 clients into our residential program at no cost. Lenny is the responsible party. Completed 10/22

Summary

PACE made significant inroads to increasing accessibility to our programs in 2022. We used technology to increase access to those with visual impairments. We removed architectural barriers and provided scholarship opportunities.

**Technology Plan**



## **Purpose**

The purpose of this plan is to provide an outline of how technology and systems are integrated into business practices focused on upholding high service quality and delivery.

## **Current Technology and Systems Summary**

The program currently operates out of an administration building utilizing the following equipment:

16 laptop computer systems (CPU, Monitor, keyboard and mouse)

1 printer

One (1) fax machine (independent line)

One (1) phone (independent line)

Wireless Internet connection with router

PACE Recovery has changed to rely more on technology during the pandemic. As it stands virtually all of the client records are electronic. Signatures are gathered electronically and there is little contact with outside entities. We now encourage the use only of electronic fund transfer to fund treatment.

In addition most facility tours and outreach are now conducted electronically, although this is decreasing as COVID transmission rates fall. In 2022 there were 30 outreach and virtual visits to our facility for potential clients, their families, or referents.

At this time all PACE laptops have been upgraded to current operating systems and all have virus protection on board. Line staff have all received training in the use of BestNotes EMR and there are 3 current BestNotes administrators on staff. BestNotes does tend to have breakdowns, but BestNotes support has always gotten us through and crashes within 2 hours at the most.

## **Technology and Systems Details**

As the computers were integrated individually over the course of several months each runs and different version of virus and firewall protection, but all computer systems are based on a Windows OS/platform; all are running Windows 10. Each

computer maintains a comprehensive virus protection and firewall software bundle.

Administrative and clinical staff password protects files and documents.

### **Q1 PACE would benefit from a secure internal communications system**

As PACE has grown, internal communications and emails are no longer a viable quick response system

Goal:

PACE will implement a more streamlined and efficient communications system

Who is responsible: Jordan Spektor

Steps taken:

PACE is now utilizing Slack, a secure encrypted texting system used for updates, crisis management and internal communications. Employees are placed in hierarchical groups and have the ability to contact others instantly within the organization on a secure platform. Completed 2/22

### **Q2- The use of paper check options from commercial insurance payers is unwieldy**

PACE has a history of primarily processing paper checks as payment for commercial insurance payers. As PACE has grown, this has proven to be costly, inaccurate and unwieldy for the organization.

Goal:

PACE will transition for paper checks to electronic funds transfer to process payments for insurance payors

Who is responsible: Shahan Suzmeyan

Steps taken:

PACE is now registered with most insurance payors for electronic funds transfers. Over 80% of payors now transfer funds electronically. Completed 6/22

### **Q:3 upgrades and safety measures for client payors**

The family of a PACE client was recently subject to a financial phishing attack. An unauthorized individual had gained access to this person's email and posed as a PACE employee to solicit funds for treatment that were ultimately paid directly to them.

Goal:

Increase safety and security of potential PACE financial transactions

Who is responsible: Shahan

Steps taken:

All PACE financial emails now contain prominent disclosures warning that we do not take Apple Pay or gift cards as payment opens. The proper PACE payment options are highlighted along with language that states that persons soliciting funds through Apple, gift cards or Paypal are fraudulent requests and should be immediately forwarded to management.

#### **Q4 Upgrades to Website**

The PACE website has been operating and loading in an increasingly slow manner. Inquiries to our web support organization, Webconsuls resulted in an analysis of our web presence. This analysis showed that the site used outdated technology that conflicted with current website technical standards

Goal:

Revamp PACE website to current standards to increase visibility and web ranking

Who is responsible: Shahan and Jordan

Steps taken:

PACE has updated our Legitscript account info. This allows PACE to advertise PPC ads on Google. This has increased visibility and public access to the PACE website. Completed 10/22

PACE is currently revamping the PACE website to current technological standards. This will be a complete revamp of both visuals and site infrastructure. Estimated completion 2/2023

Summary

In 2023 PACE dealt successfully with phishing attacks directed at clients, implemented new technology for billing and reimbursement and began a comprehensive revamp on our website. We have already seen an increase in inquiries directly attributable to our Legitscript update. In addition, we have increased accessibility to sight impaired clients by using a plug in which would read the website aloud for those persons who choose this.

## **Cultural Competence and Diversity Plan**

### **Purpose**

The purpose of this plan is to establish a consistent framework for assuring that staff and clients are treated with dignity and respect with the consideration of culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, language, race, creed, gender, sexual preference, gender presentation, marital status, national origin, disability, and occupational or economic status by assuring that education about diversity is provided and reinforced.

PACE RECOVERY CENTER will ensure that all diversity issues affecting staff, clients and their families will be considered when formulating and implementing treatment plans of service, providing education and training, and determining workplace protocol.

### **Diversity with Staff**

Due to COVID there have not been many opportunities to increase or change diversity among staff members, There were few hiring opportunities in 2022. The staff has remained at the same diversity level as 2021

### **Orientation**

New staff members are required to complete cultural competency and diversity training during their initial orientation. These trainings occur face to face and are

conducted by the clinical director throughout the year during treatment team meetings.

### **Training**

All staff members are required to participate in ongoing educational training related to the treatment needs of serving diverse populations.

### **Services**

In 2022 there was an increase in the number of persons admitted who identified as gender fluid as well as an increase in clients who identified as GLBT. Many of these clients were uncomfortable with documenting their identity or orientation as the shame and guilt they experienced surrounding these issues was a significant treatment issue. This has resulted in the need for sensitivity training and new protocols for clients in treatment. There have been several instances of intolerant language used by clients towards persons who identify themselves and gender fluid.

The need for specialized care or services related to diverse backgrounds will be identified during the initial screening & assessment processes and included in the treatment plan for service and quarterly reviews as needed, including any and all accommodations which need to be enacted to serve those individuals with limited English proficiency.

Clinical staff will assess the client's level of understanding of the proposed course of treatment, including accommodations for diversity and specific language issues, during treatment planning and throughout the course of treatment. Clinical staff will appropriately address and document related questions and/or concerns along with proposed remediation.

Efforts will be made to seek appropriate services for disadvantaged individuals as warranted by the treatment plan.

Efforts will be made to accommodate the diversity needs of clients and staff except when such accommodations interfere with the safety of the milieu.

In the event that an individual believes that their diversity needs are not being adequately met or addressed, clients and their family members will be encouraged to confer with the treatment team and/or the Clinical Director for resolution. In the

case of staff, the Clinical Director and the Executive Director are the appropriate contact persons.

### **Q1 Increase acceptance of non binary clients by binary clients**

There have been circumstances that staff have observed clients using intolerant language towards non binary clients with each other. These concerns were brought to management by both staff and clients

#### Goals

PACE aims to foster a climate of tolerance and acceptance by clients and staff within the provision of services

Who is responsible: Will Sanchez

#### Steps taken:

Cultural Competency training occurring in person during treatment team meetings throughout the year. Continuing

Clients who have exhibited intolerant behavior have been given sensitivity counseling. Completed 3/22

### **Q2 Increase knowledge of gender identifiers among staff**

As more persons are identifying with a greater number of gender pronouns, PACE staff would benefit from training in the use of identifiers

#### Goal:

There are an increasing number of clients who identify with new gender identifiers. Staff has not yet received training on this.

Who is responsible: Will Sanchez

Steps taken: A training was provided by the LA GLBT Center on gender identification, Completed 5/22

### **Q3: Increase diversity within staff**

PACE serves a multiethnic and multilingual population of clients. We seek to increase the diversity of our staff to more accurately reflect our client base. We also seek to increase the number of languages spoken by our staff to be able to serve an increasingly larger international client base.

Who is responsible: Will Sanchez, Shahan Suzmeyan

Steps taken:

A job search was initiated for a new therapist. One of the key hiring indicators for this position was diversity in background. We received approximately 12 resumes, from which resulted in one hire. Completed 7/22

We have discovered that there is a need for Armenian language telephone services. Staff member Shahan was assigned to handle all Armenian language calls and other needs. 7/22

#### **Q4 Increase opportunities to serve persons with various religious beliefs**

PACE strives to provide a welcoming environment to all who seek services here. We recognize that persons of varying faiths have needs around prayer and food preparation.

Goal:

Provide a welcoming atmosphere by accommodating persons of various faiths  
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Who is responsible: Bryan and Shahan

Steps taken:

PACE now has contacts with several organizations which are able to provide Kosher and Halal meals. In addition, meal preparation and storage areas can accommodate Kosher and Halal practices if needed. Completed 10/22

Summary:

2022 was the year of gender identity recognition and compliance. PACE is fielding and increasing number of inquires regarding non-binary individuals and is now well placed to accommodate those individuals. PACE has also grown to be able to accommodate persons of various faiths as well as respect and follow religious food requirements.

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## **Risk Management Plan**

### **Purpose**

Our risk management plan aims to:

- identify loss exposures
- evaluate and analyze loss exposures
- identify how to rectify identified exposures
- implement actions to reduce risk
- monitor actions to reduce risk
- report results of actions taken to reduce risk
- include risk reduction in performance improvement activities

The greatest risk factor of 2022 was the COVID pandemic. This put the financial viability of the facility at risk. This was due to decreased admissions numbers. The lack of air transportation was a significant factor in decreased admissions. There was also increased risk due to the possibility of disease transmission staff to staff or between clients and staff. A number of initiatives were taken in response to this primarily around cleaning and disease prevention. It became mandatory for staff to wear masks at all time. Clients were required to wear masks whenever they were not in the facility. The facility changed to a car transportation and quarantine system prior to admission. This further decreased the possibilities of disease transmission.

Due to the relative isolation of clients, there was an increase in depression and anxiety. Due to the increase in depressive symptoms being linked to an increase in suicidality, PACE initiated a depression group for those clients affected by isolation due to COVID.



The number of critical incidents in 2022 was XXXX and the risk rating of all incidents was LB2. The incidents were as follows.

During Q1, there were 14 incident reports including:

- 1 Med error
- 1 trespass
- 2 Medical emergency
- 1 Verbal altercation
- 1 Med refusal
- 1 Physical injury
- 6 AMA discharge

1 trespass: Former client entered the administration building and stated to staff that he had a large amount of unknown pills and that he was concerned that “I might take these pills” He gave the pills to a staff member who then placed them in the med destruction area and documented destructing. Former client then left AMA

- 1 med error in which a client took an evening med during the daytime
- 1 incident of self harm resulting in transport to hospital
- 1 verbal outburst to staff- staff helped client deescalate
- 1 suicidal ideation expressed by client resulting in hospitalization
- 1 accidental fall during outing- client taken to urgent care and release to program
- 1 psych emergency which resulted in PET team visit and transport to local psych unit
- 6 AMA discharge

Causes. It is becoming clear that the mental health acuity of client in the PACE program is changing. A review of diagnosis shows that more clients at PACE now have a primary or secondary mental health diagnosis than in previous years. This has led to a greater number of incidents involving trespass, med refusal and psychiatric emergencies

Trends. The trespass, outburst and psych emergency show trending towards higher mental health acuity

Areas needing improvement: There is a security concern with the trespass incident Actions to address the improvements needed. We conducted a review of facility camera footage to ascertain security lapses

Implementation of the actions. Facility is now locked to prevent trespass at 5 pm daily. Staff members are provided with keys for after hours access.

Whether the actions taken accomplished the intended results. There have been no further trespass incidents

Necessary education and training of personnel. Staff was informed of this policy during weekly meeting

Prevention of recurrence. Further trespass has not occurred

During q 2 There were 14 incident reports

1 refusal of TB test reading.. The client had taken a TB test 2 days prior to the incident. Client was transported to the urgent for reading of the results but refused to go into the facility to get the results read. After 30 minutes of conversation with staff, client entered and got his results read.

1 traffic ticket. Staff was transporting clients in company van, staff member received speeding ticket.

1 med refusal- client refused his medication. His physician was contacted and advised him to take his medication. Client did end up taking his meds with no further refusals

1 drug us. Client had obtained drugs while on outing. Client was observed acting strangely and was asked about drug use. Client admitted use and was transported to detox facility. Client was subsequently readmitted.

1 accident. While on outing, client was observed engaging in horseplay while walking on sidewalk. Client slipped and fell and was transported to ER. Client sustained broken and was given a cast. Client was then transported back to program

9 AMA discharges

Causes. There appears to be less emphasis on the assessment of the need for continuing care

Trends: There are a greater number of AMA discharges in Q2. The normal amount has trended to 6 MA discharges per quarter, this has increased to 9 discharges in Q2

Areas needing improvement. There appears to be less engagement between line staff and clients

Actions to address the improvements needed. The line staff has been instructed to increase engagement with clients on a daily basis. Increase the number of “fun” outings. Bring in aftercare providers to highlight the journey through the continuity of care

Implementation of the actions. Implementation was immediate, funding was approved by management for use by staff in outings

Whether the actions taken accomplished the intended results. Q 3 AMA levels appear to be dropping

Necessary education and training of personnel. This was addressed in the management team meeting and implemented by the Director of Operations

Prevention of recurrence. The Director of Operations will continue to monitor client engagement.

During q3 there were 17 incident reports

14 AMA discharges

1 relapse: Client tested positive for methamphetamine via urine analysis. Client was honest when confronted by staff. Client admitted to walking to the board walk and connecting with an individual who supplied him methamphetamine. Client used off property before returning back to residential property. Client was admitted to Fresh Start Recovery for detox and stabilization before returning to PACE residential program.

1 verbal altercation. Client seen intimidating, bullying and threatening a fellow peer.

1 injury during horseplay. Client was jokingly jumping around on Main St. in Huntington Beach during the deviation portion of the weekend programming. Ct fell and felt as if he broke his left arm. Ct was transported to Hospital for X-Ray. Client Fractured left arm and was given a sling for stabilization.

1 incident of bullying: Upon investigation of the bullying incident, the executive team decided that several missteps were made. This client, who had a previous history of bullying would have been better served by earlier discharge as this was not the first incident. The case manager in this case has received training on completion of incident reports to prevent this from occurring in the future.

Causes: It appears that line staff are doing less rounds, less engaged with clients. This allows clients to remain unfocused on recovery

Trends: The amount of AMA discharges has increased significantly

Areas needing improvement: Client engagement, staff responsibility

Actions to address the improvements needed: Increased supervision of line staff has been implemented. A new write up system has been implemented. Near the end of Q3 we are seeing a decrease in AMA's

Implementation of the actions: These changes were implemented by announcement and question and answer sessions in treatment team as well as policies emailed to staff and a link to the updated policy manual emailed to staff.

Whether the actions taken accomplished the intended results. It is not yet clear if this has had an effect, as the trending will occur over 6 months

Necessary education and training of personnel. Training was completed face to face with staff in treatment team. This was followed up with emails to staff.

Prevention of recurrence. PACE will continue to monitor and observe incidents for re-occurrence.

Year end analysis:

Causes.

Trends:

Areas needing improvement  
Actions to address the improvements needed.  
Implementation of the actions  
Whether the actions taken accomplished the intended results.  
Necessary education and training of personnel.  
Prevention of recurrence.

### **Outdated and broken furniture and appliances due to supply issues**

There have been difficulties obtaining and repairing broken furniture, appliances and fixtures due to supply chain problems connected with COVID. This has resulted in loss exposures and unsafe conditions for clients and staff

Goal:

Reduce risk by replacing broken and unsafe items in the facilities

Who is responsible: Sean Kelly

Steps taken:

Replaced or repaired broken stoves and microwaves in several PACE properties.  
Mitigated gas and electric risks. Completed 2/22

Repaired and replaced broken furniture rugs. Mitigated slip and fall risks and injuries due to exposed furniture edges 3/22

Recurring Client and staff safety training to address infection control. Ongoing

### **Management of Risk**

Our risk management utilizes a four step approach:

Step 1 – Identify risks

Step 2 – Analyze and evaluate risks

Step 3 – Developing strategies to address risks

## Step 4 – Regularly review risk assessment

### *Step 1 – Identify Risks*

The purpose of this step is to provide a detailed identification of risks that should be taken into account in managing the practice. The risks to the practice should be looked at from a top down as well as bottom up perspective. The source and impact of each identified risk shall be listed.

Some potential risks may include, but are not limited to:

- Malpractice
- Violation of laws, such as HIPAA
- Theft or Loss
- Availability of resources – people, skills, equipment
- Lack of definition of policy objectives

### *Step 2 – Analyze and Evaluate Risks*

The purpose of this step is to assess the likelihood of risk occurrence and the potential impact (consequence). This is undertaken for each risk identified and will provide the basis for evaluating those risks that will require further attention.

The following table provides guidance on analyzing risks, likelihood and consequence.

<b>Risk Level:</b>	E	Extreme risk	Detailed action/plan required
	H	High risk	Needs senior management attention (President, Clinical Director, and/or Board)
	M	Moderate risk	Specify management responsibility (Directors)
	L	Low risk	Managed by routine procedures
<b>Likelihood:</b>	A	Almost certain	Expected in most circumstances
	B	Likely	Will probably occur in most circumstances
	C	Possible	Could occur at some time

	D	Unlikely	Not expected to occur
	E	Rare	Exceptional circumstances only
<b>Consequence:</b>	5	Severe	Would stop achievement of functional goals / objectives
	4	Major	Would threaten or functional goals / objectives
	3	Moderate	Necessitating significant adjustment to overall function
	2	Minor	Would threaten an element of the function
	1	Insignificant	Lower consequence

For each risk factor, an analysis shall be conducted to assess how the practice would be affected should the risk situation actually occur. The analysis may result in an assessment of probability of occurrence (likelihood) of rare, unlikely, possible, likely or almost certain. The consequence of a risk occurring should be rated as insignificant, minor, moderate, major or severe. An analysis can be informed through a range of processes:

- interviews with key stakeholders
- brainstorming sessions with key stakeholders
- personal experience
- review of practice
- estimates of likelihood and consequence of each risk in the context of existing risk control measures. Also, the effectiveness of current risk controls or management strategies for each risk shall be conducted.

*Step 3 – Developing Strategies to Address Risks*

Once risks have been assessed and prioritized, a strategy for the mitigation of each risk shall be determined. In broad terms, a decision should be made either to:

- Avoid or reduce the risk through application of alternative approaches; or
- Transfer the risk through the use of contracts and internal agreements (to someone better able to manage it) noting that management of the risk remains the responsibility of the practice; or
- Accept the risk and develop contingency plans (as required) to minimize the impact should the risk eventuate – suitable for a low likelihood risk with a potentially catastrophic impact.

For high or extreme risk factors, immediate action to manage the risk will be required.

#### *Step 4 – Regularly Review Risk Assessment*

It is important to ensure any risk management plans remain current and relevant as possible to the implementation of the measures. Throughout the course of implementation, risk identification should continue to occur to take account of changing circumstances.

### **Business Recovery/Disaster Recovery**

A test of PACE business systems was conducted on June 9, 2022. The test consisted of an unannounced disconnection of PACE's wifi and internet connections. The internet was disconnected for approximately 30 minutes and involved staff as well as clients. The Chief Strategy officer went to various areas and offices on PACE properties to observe staff and client reactions to the loss of internet services. The observations were as follows:

- Multiple staff members called the Director of Operations to inform him of the loss of internet services.
- Staff members then switched to using notepads for documentation and phone calls for outside contacts

After a period of 30 minutes, the internet was reconnected, and staff members were solicited for Responses and feedback.

Responses/feedback as follows

“ I was angry at first but then I just dealt with it” “I still had calls to make so I just looked at my notes and did my calls”

Staff was informed of temporary business locations in case of disaster.



**2022**

## ***PACE Recovery Center Marketing Objectives and Activities***

### **Our main marketing objectives:**

- 1) Strengthen current strategic relationships and accounts.
- 2) Identify new relationships and accounts
- 3) Website redesign and new brochures
- 4) Identify untapped marketing avenues to get the word out (Tik Tok)

### **Current Strategic Partners**

- Site Visits (Traveling nationwide as much as 10 times a year)
- Marketing dinners and lunch (20 times per year)
- Continuing education opportunities (2 times per year)
- Progress reports every 2 weeks.
- Hosting strategic partners at PACE (5-15 times per year)

### **Developing new relationships and strategic partners:** Including: Educational Consultants, Other treatment centers, interventionists, therapists, psychiatrists, therapeutic consultants

- Site Visits (Traveling nationwide as much as 10 times a year)
- Industry conferences (5-10 conferences per year)
- Hosting visiting professional's weekends (2 times per year)
- Hosting marketing dinners (10-20 times per year)

**Website Redesign/marketing materials:** A main goal of PACE Recovery Center is to create easy, simple, and effective ways to reach families in need. New technology and platforms for website creation allows for us to have a website with easier navigation abilities, and clearer ways that families can reach out to us for support. A better website with clearer information saves us time in fielding phone calls with questions that families can find easily on the website. If customers find useful information on the website without having to call, it provides a better overall experience and hopefully ensures calls are more targeted. We also want the best possible online showcase of our brand. We are planning on taking some professional photos and videos to use on the website and in a new round of brochures we are creating. This is all in an effort to effectively educate perspective referents and families on PACE and our programming.

### **Identify untapped marketing avenues to get the word out: Tik Tok/Instagram**

TikTok has one billion active users worldwide. TikTok is the fastest growing online platform. 90% of all users access the app daily, and average 52 minutes per day on the app. Mental health influencers reach a wide variety of users daily, with many users reaching out to influencers for support. Many pre contemplative substance abusers turn to Tik Tok healthcare advice influencers to get support. We have gotten PACE admissions from a variety of MH/SUD recovery influencers who like our program. We are exploring opening a TikTok account to try and reach and help more people find support.

