

IN-PACT, Inc.
5 Year Strategic Plan

Outcome Statement	Objective	Responsible Party	Funding	Time Frame	Barrier	Report
In-Pact will develop a comprehensive information technology system.	1. Our IT Workgroup will continue to develop a comprehensive information technology plan.	Associate Executive Director and the IT Workgroup	DDRS Medicaid Medicaid Waiver Private Funding	July 2018 through June 2022	There should be no barriers to the development of an IT plan.	The IT Workgroup has been meeting bi-monthly to develop an IT plan and oversee its implementation.
	2. On a year-to-year basis we will implement the recommendations of the IT plan until it is completed.	Associate Executive Director and the Department Directors	DDRS Medicaid Medicaid Waiver Private Funding	July 2018 through June 2022	Lack of funding or lack of positive results in the budgeting process	A new password policy was implemented to greater protect our computers and servers where a user's password needs to be changed every 90 days.
In-Pact will develop a new activity or service in the upcoming months and years.	1. We will keep our minds open and eyes looking out for any new trends or ideas in the field that might benefit our individuals served or the community.	Executive Director, Associate Executive Director, Dept. Directors, Coordinators, Managers and Assistant Managers	DDRS Medicaid Medicaid Waiver Private Funding	July 2018 through June 2022	Limiting our scope and vision to narrow parameters or service definitions.	We have renovated and opened a 2-unit apartment building in an old house that is home for three individuals who are higher functioning than our previous clientele.
In-Pact will develop a more comprehensive and inclusive communications process.	1. We will continue to have an annual individual-staff forum where individuals and staff can meet with senior management staff to discuss their ideas and concerns.	Associate Executive Director and Department Directors	Agency Operating Funds	July 2018 through June 2022	Lack of interest and participation by individuals and staff.	We did not have a forum in 2018 for various reasons. We had our individual-staff forum in 2019 on Saturday November 2.

IN-PACT, Inc.
5 Year Strategic Plan

Outcome Statement	Objective	Responsible Party	Funding	Time Frame	Barrier	Report
	2. We will continue to have an annual staff management retreat where we take a day to meet and discuss different ideas and strategies.	Executive Director, Associate Executive Director, Dept. Directors, Coordinators, Managers and Assistant Managers	Agency Operating Funds	July 2018 through June 2022	Difficulty in coordinating time frames and schedules.	We had our staff management retreat for 2018 on January 24. 24 people were in attendance. The management retreat for 2019 was held on May 14. 29 people were in attendance.
	3. We will continue to have an annual board retreat where the board of directors gets together with our senior management staff to get an update on the status of programs and discuss plans for the upcoming year.	Executive Director, Associate Executive Director and Department Directors	Agency Operating Funds	July 2018 through June 2022	Finding a good time of the year to get everyone together for a retreat.	We held our board retreat on Saturday October 20, 2018. 10 people were in attendance.
In-Pact will continue to provide quality health care for its individuals served.	1. Our nursing staff will continue to provide quality care to our individuals in the group homes and in supported living in the form of Wellness Coordination.	Nursing Services Coordinator,	DDRS Medicaid Medicaid Waiver Private Funding	July 2018 through June 2022	Changes taking place all the time. Always updating staff retraining.	Nursing Services continues to provide all necessary medical monitoring and treatment as needed. Staff training is on-going based on individual needs.
In-Pact will continue to develop and expand our Behavior Services Department.	1. Increase service delivery by: <ul style="list-style-type: none"> a. Offering services paid through private pay. b. Maximizing FSW individuals needing BMAN. c. Outreach through brochures and other distribution of services description. 	Behavior Services Coordinator and Behavior Specialists	DDRS Medicaid Medicaid Waiver Private Funding	July 2018 through June 2022	None noted.	We provided private pay services to two children in FY19. We increased the number of FSW individuals by 10 or an 11% increase. We finalized a brochure and distributed it at two provider fairs in FY19.

IN-PACT, Inc.
5 Year Strategic Plan

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	2. Increase professional development by: <ol style="list-style-type: none"> a. Applying for IN-ABC registered Behavioral Consultant status. b. Providing monthly inter-dept. in-service on theory and application of theory. c. Providing weekly supervision towards licensure (LCSW). 	Behavior Services Coordinator and Behavior Specialists	DDRS Medicaid Medicaid Waiver Private Funding	July 2018 through June 2022	None Noted.	Two of our Behavior Specialists are now IN-ABC registered Behavioral Consultants. Bi-monthly meetings continue with minutes taken. Supervision is provided during the bi-monthly meetings.
	3. Increase program development by: <ol style="list-style-type: none"> a. Maintaining relationships with IUN, PUNW and other BSW and MSW programs. 	Behavior Services Coordinator and Behavior Specialists	DDRS Medicaid Medicaid Waiver Private Funding	July 2018 through June 2022	Interest in the internships by students may diminish over time.	MSW Behavior Specialist provided off-site supervision on an intern in FY19. We continue to have active placement agreements with IUN and PNW.
In-Pact will continue to provide training opportunities to our staff.	1. We will continue to increase our training opportunities using on-site training modules.	Staff Training Coordinator	DDRS Medicaid Medicaid Waiver Private Funding	July 2018 through June 2022	Not having sophisticated enough computer equipment at each of our sites.	Monthly training packets are issued to all locations. Each month covers a different topical area pertinent to the field. Staff must read packets and successfully complete test to receive credit.
In-Pact will balance its budget every year by having more revenues than expenses.	1. Monthly budget reports will be distributed to department directors and senior management on a timely basis.	Executive Director, Associate Executive Director and the Chief Financial Officer	DDRS, Medicaid, Medicaid Waiver	July 2018 through June 2022	Outside forces such as slow audit reports and delayed billings	Monthly budget reports have been disseminated to department directors on a 1-2-month lag time which allows the financial department time to gather and collate all the information that is needed.

IN-PACT, Inc.
5 Year Strategic Plan

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	2. Financial targets for each department will be developed by those departments to meet or exceed the financial goals of the agency.	Executive Director, Associate Executive Director and the Chief Financial Officer	DDRS, Medicaid, Medicaid Waiver	July 2018 through June 2022	Program staff not meeting up to expectations	Financial goals have been established for each department. In FY 18 and FY 19 those goals were not met.
	3. Revenues, as much as possible, will increase for each group home or individual and expenses will decrease for each group home or individual on a yearly basis.	Departmental Directors, Coordinators, Managers and Assistant Managers	DDRS, Medicaid, Medicaid Waiver	July 2018 through June 2022	Some staff not paying close enough attention to their budgets and monthly staff hours reports.	The revenues for FY19 were up from FY18 in three of the group homes and down in six of them. The expenses for each of the nine group homes were up in two of the nine and down in seven of the nine.
	4. Each group home will have a surplus of revenues over expenses or at least break even each fiscal year for the next five years.	Executive Director, Associate Executive Director and Group Home Services Director	DDRS, Medicaid, Private Funding	July 2018 through June 2022	Vacancies in group homes caused by lack of referrals from BDDS for qualified individuals.	In FY 18 three out of the nine group homes had a surplus of revenues over expenses. In FY 19 two out of nine had a surplus.
The Community Resources Program will increase health and safety protocols and awareness per federal, state and local guidelines.	1. Maintain a healthy and safe working environment for all individuals and staff.	Community Resources Staff and Management	Medicaid Waiver	July 2018 through June 2022	Lack of staff resources, training materials, governance, management and staff reductions.	Community Resources continues to follow governance by federal, state and local agencies while incorporating practical health and safety trainings, educational opportunities for staff, environmental changes toward a safer, healthier work environment.

IN-PACT, Inc.
5 Year Strategic Plan

Outcome Statement	Objective	Responsible Party	Funding	Time Frame	Barrier	Report
The Community Resources Program will achieve financial viability and stability.	1. Maintain good working relationships with funding sources such as Medicaid Waiver.	Community Resources Staff and Management	Medicaid Waiver	July 2018 through June 2022	Management and administrative staffing reductions.	Community Resources continues to work toward financial viability as we increase revenues, ensuring staff ratios are appropriate decrease overtime, decrease overhead and operating costs and facility spending. Community Resources also continues to maximize all authorized hours.
	2. Maintain proper individuals to staff ratios in day programs outlined in the approved NOA's.	Community Resources Staff and Management	Medicaid Waiver	July 2018 through June 2022	Individuals with high support needs and individuals with poor attendance records.	Community Resources (CR) continues to increase revenue by adding day program individuals and ensuring staffing ratios are accurate and appropriate per the NOA/CCB.
	3. Determine alternate funding sources/grants for classes and programs at the Clubhouse.	Community Resources Management and Senior Management	Internal Funding and Community Funding	July 2018 through June 2022	Administrative time involved.	Community Resources continues to research the community and other resources to determine if alternate funding sources are available and appropriate for the Clubhouse.
	4. New ideas for services and new ways of developing programs will be explored and evaluated for their internal possibilities, effectiveness and profitability.	Executive Director Associate Executive Director and the Director of Community Resources	DDRS, Medicaid, Medicaid Waiver and Private Funding	July 2018 through June 2022	Lack of commitment to new ideas or funding streams.	CR has initiated a men's social group for higher level of functioning individuals who can express and participate in their own choice of appropriate leisure activities with minimal staff supervision. Reintroduced yoga classes for individuals at the Clubhouse who choose to participate in physical and health wellness programs.

IN-PACT, Inc.
5 Year Strategic Plan

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The Community Resources program will maintain CARF accreditation.	1. Monitor and ensure implementation of all quality improvement plans.	Community Resources Director	Internal Funding	July 2018 through June 2022	Lack of administrative assistant. Increase in demands for administrative responsibilities.	CR continues to address CARF within the agendas for monthly staff meetings. Introducing and reintroducing the objectives of quality service delivery, quality improvement, education and training as well as standards to be met.
	2. Stay current with all changes and updates to CARF standards via the CARF website and INARF trainings.	Community Resources Director and Staff	Internal Funding	July 2018 through June 2022	Lack of administrative assistant.	CR continues to address CARF standards within the agendas for monthly staff meetings. CR also continues to participate in the monthly Program Status Reviews.
The Community Resources Department will expand educational opportunities.	1. Develop an adult education component.	Community Resources Director	Medicaid Waiver, Grants, Internal Funding	July 2018 through June 2022	Financial Lack of expertise Lack of Staff and resources.	CR continues to offer staff opportunities to participate in the INARF seminars and training as well as other educational management opportunities with local agencies.
	2. Ensure Community Resources Staff are aware of additional external educational opportunities.	Community Resources Director	Medicaid Waiver, Grants, Internal Funding	July 2018 through June 2022	Financial Lack of expertise Lack of Staff and resources.	CR continues to offer staff opportunities to participate in the INARF seminars and training as well as other educational management opportunities with local agencies.
	3. Ensure that Staff are current with all In-Pact in-services.	Community Resources Director	Medicaid Waiver, Grants, Internal Funding	July 2018 through June 2022	Financial Lack of expertise Lack of Staff and resources.	CR actively reviews staff training records monthly to determine when staff are due for recertification and takes the lead in ensuring staff are included in all in-services required.

IN-PACT, Inc.
5 Year Strategic Plan

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	4. Increase community and family involvement.	Community Resources Director	Medicaid Waiver, Grants, Internal Funding	July 2018 through June 2022	Lack of interest from family component.	CR continues to participate in volunteer programs within the community as well as encourage family involvement with the individuals.
	5. Increase FHIO and CHIO service participants.	Community Resources Director	Medicaid Waiver, Grants, Internal Funding	July 2018 through June 2022	Financial Lack of expertise Lack of Staff and resources.	CR has initiated a men's social group for higher level of functioning individuals who can express and participate in their own choice of appropriate leisure activities with minimal staff supervision.
The Community Resources Department will incorporate the use of current technology.	1. Go paperless by maintaining computer files	Community Resources Director	Internal Funding	July 2018 through June 2022	Outdated or inadequate technology to store data.	CR continues to address the technological aspects as we attempt to remain current with EVV, continuously updating our operating systems, working with IT specialists and participating in the In-Pact IT Workgroup meetings.
	2. Acquire updated and additional computer hardware and software.	Senior Management	Internal Funding	July 2018 through June 2022	Upfront costs	We continued to acquire new PC's each year. We converted everyone over to Windows 10 at the end of 2019.
	3. Update data collection and billing procedures.	Senior Management	Internal Funding	July 2018 through June 2022	Upfront costs	Community Resources continued to streamline and update their data collection and billing processes.

IN-PACT, Inc.
5 Year Strategic Plan

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<p>Supported Services will explore ways to retain higher quality employees for greater than two years.</p>	<p>1. Develop tangible non-payroll ways to inspire employees to want to be long-term employees.</p>	<p>Supported Services Director, Supported Services Coordinator and Supported Services Management Staff</p>	<p>Medicaid Waiver Funding</p>	<p>July 2018 through July 2019</p>	<p>Financial Budget</p>	<p>The Department is currently looking at different ways to bring staff into self-development of leadership roles. It is well know that if you help develop ownership of job tasks and help create and foster the ability to help employees learn leadership skills, they work inclusively with management to ensure services are provided in best possible manner.</p> <p><i>This objective remains an ongoing part of the strategy through the end of 2020 and into 2021</i></p>
	<p>2. Management will allow staff to have more flexibility in the schedules they work by allowing staff to work with their manager to create schedules that meet the needs of the individuals served and also be able to meet their personal needs.</p>	<p>Supported Services Director, Supported Services Coordinator and Supported Services Management Staff</p>	<p>No additional funding</p>	<p>July 2018 through July 2019</p>	<p>Scheduling system, unreasonable expectations that all staff may want to create their own schedules</p>	<p>We are working to help staff and managers communicate needs and necessity to help create more flexibility in our scheduling. It seems like one people are more willing to help and pick up an extra shift when they can satisfactorily mediate with their managers when they can and cannot work, instead of being told you have to work this shift and that shift when this may create a hardship.</p> <p><i>UPDATE: Staff have currently been working with managers to help maintain adequate staffing while working in home environments during COVID 19 Pandemic. Staff have worked with managers to determine how to meet the individual's needs as well as their own.</i></p>

IN-PACT, Inc.
5 Year Strategic Plan

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	3. Allow for a budget line-item that allows managers a discretionary dollar amount to create small bonuses for meeting all set goals and objectives.	Supported Services Director, Chief Financial Officer and Executive Director	Medicaid Waiver and internal funding	July 2018 through April-May 2019	Financial stability of In-Pact overall each fiscal year	This has not been accomplished as of this time due to budgetary constraints of the entire agency.
Develop a Management Mentoring Program which identifies, selects and begins to train Direct Support Professionals to be ready to move into management roles within the department.	1. Develop objectives for employees to be trained on prior to being considered for a management position. Identified employees will work closely with their manager in a mentor/assistant role for a period of six months to one year.	Supported Services Director, Supported Services Coordinator and Supported Services Management Staff	Medicaid Waiver Funding	July 2018 through September 2019	Not enough interest	2 of the 4 current managers in the department are individuals who were selected by their managers as people who could potentially move up. They were trained to take on more responsibility for their managers and were given the responsibility to fill in as acting managers when there were openings. By doing so. When an opening occurs, these individual employees are ready to take the next step and move into the role of manager because they have been mentored on the job for 6 months to 1 year.
	2. Develop a mentoring curriculum which will guide both the manager and the employee through the mentoring process.	Supported Services Director and Training Coordinator	Medicaid Waiver and internal funding	January 2020 through June 2022	No full-time management positions available once they have completed mentor training.	This is still in process. It has been started but not completed at this time.

IN-PACT, Inc.
5 Year Strategic Plan

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	3. Create hands-on and written evaluations for which the mentored staff must show proficiency and then allow them to work as acting manager in the absence of their mentor for vacations and leaves of absence.	Supported Services Director, Supported Services Coordinator and Training Coordinator	Medicaid Waiver and internal funding	January 2020 through June 2022	Willingness to pay these specially trained staff an acting manager differential when they acting as site manager	This has not been started yet. To be done by the end of 2020. UPDATE: This will be delayed by COVID-19 until the end of June 2021.
With an increasing aging population, it is incumbent on Supported Services to develop a set of strategies to identify when an individual needs to leave waiver services and move into another type of more-adequate care.	1. Develop a criterion using the Indiana Level of Care Assessments at least semi-annually to determine if Supported Services adequately meets the needs of the individual.	Supported Services Director, Supported Services Coordinator and Agency Nurse	Medicaid Waiver Funding	July 2019 and on-going	Lack of support from teams for leaving the Waiver	We have not yet created this specific list of criteria as of this point. It is in the process of being developed and should be completed in early 2021.
	2. Create a list of criteria by which the Level of Care triggers a team discussion about whether the individual's needs are best met in Supported Living or if their needs are best met in another setting.	Supported Services Director, Supported Services Coordinator and Agency Nurse	Medicaid Waiver and potentially Medicare or Medicaid Funding	September 2019 and on-going	Lack of agreement by parents or guardians or ID team	This criteria list has been started and is seen as an ever-changing document. We know that there are certain types of medical and aging issues that we can no longer provide proper care for. This has been the starting point for this list.

IN-PACT, Inc.
5 Year Strategic Plan

Outcome Statement	Objective	Responsible Party	Funding	Time Frame	Barrier	Report
	3. Develop relationships with area nursing homes and assisted living facilities so we might have increased options for ensuring an individual's needs are best met as they age.	Supported Services Coordinator and Supported Services Director	Medicaid Waiver and potentially Medicare or Medicaid Funding	December 2019 and on-going	Lack of open beds in the nursing care system in Lake and Porter Counties	The Supported Services Coordinator and Director have been working on this objective. We have identified at least 5 area nursing homes that are willing to take individuals with developmental disabilities to provide that extra level of medical care we are not able to provide.
The In-Pact group homes will attract potential individuals to serve to maintain full occupancy.	1. Group Home staff will market the group homes through participating in vendor fairs and talking with families to help them get services.	Group Home Management Staff	No extra funding needed	July 2018 to June 2022	Availability of fairs	We have attended several vendor fairs in the past two years but have had little success in drumming up business for our group homes (or other services).
	2. Maintain our six adult group homes as ICF-ID's.	Group Home Management Staff	Medicaid	July 2018 to June 2022	Approval through FSSA/BDDS offices statewide	We have expanded our total of adult group homes from six to seven this past year by converting one of our children's group homes to an adult one.
	3. Maintain our three children's group home as ICF-ID's.	Group Home Management Staff	Medicaid	July 2018 to June 2022	Approval through FSSA/BDDS offices statewide	Because of a lack of referrals from BDDS we have closed one children's group home and converted another to an adult group home leaving only one children's GH.

IN-PACT, Inc.
5 Year Strategic Plan

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The Group Home Department will continue to develop and maintain emergency preparedness.	1. Emergency preparedness policy will be developed, reviewed and revised as needed, but at least annually.	Group Home Management Staff	No extra funding needed	July 2018 to June 2022	None	This has been completed and ISDH has surveyed all group homes in FY18, FY19 and FY20. Will continue to run full scale table-top drills and training annually.
	2. Pursue and establish relationships with health care coalitions and local emergency/health personnel (EMS, EMA, etc.).	Group Home Management Staff	No extra funding needed	July 2018 to June 2022	We are small and do not have much to contribute to them if disaster strikes.	This continues to be an issue. Our district is behind the rest of the state. Director has attended meetings in Indianapolis and researched on the internet to establish at least a couple of contacts.
	3. Pursue and establish contracts with outside entities (i.e. hotels, ambulance, Salvation Army, Lowes, etc.).	Group Home Management Staff	No extra funding needed	July 2018 to June 2022	Purchasing authority	Will continue to pursue and establish working relationships with outside entities in case of emergencies.
The Financial Department will upgrade the Marshall Street desktop computers.	1. Upgrade 5 to 7 desktop computers each year.	CFO	Internal operating budget	July 2018 to June 2022	Financial constraints	We continue to purchase five to seven new PC's each year.
	2. Refurbish the desktop computers replaced and move them to our home sites.	CFO	Internal operating budget	July 2018 to June 2022	Financial constraints	Older PC's have been sent to Golden Tech to be refurbished and sent out to our group home sites.

IN-PACT, Inc.
5 Year Strategic Plan

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The Financial Department will upgrade the server.	1. In 3-4 years, the new server will be needed to be upgraded. Current server is 3 years old.	CFO	Internal operating budget	July 2021 to June 2022	Financial constraints	Current server is still being used and has provided adequate storage and speed for our purposes.
The Financial Department will develop an IT Disaster Recovery Plan.	1. Develop a disaster recovery plan with the IT consultants within the next 12 months.	CFO	Internal operating budget	October 2018 to October 2019	Potential delays in getting together with the consultants	The disaster recovery plan has been developed by Golden Tech and is in place to be used if necessary.
The entire agency will develop a network and applications password procedure.	1. We will work with the IT consultants to develop password parameters meeting best practices standards and get this implemented in the next twelve months.	CFO	Internal operating budget	October 2018 to October 2019	Potential delays in getting together with the consultants	Everyone in the office must now change their password every 90 days for their computer so they can log in and use it. The password must be a series of letters, numbers and symbols.