ISLAND
INTEGRATED
HEALTH
CREATING BETTER LIVES

Strategic Plan

For the Three-Year Period 2019 through 2021

Creating. Defining. Improving. Delivering

IIH

The Pan Am Building
1600 Kapiolani Boulevard, Suite 1311
Honolulu, Hawaii 96814
808.220.8185
islandhealth@icloud.com / islandintegratedhealth.com

MISSION: Our Reason for Being

Advancing recovery without compromise through:
Service
Scholarship
Science
Social Responsibility

VISION: Our Place in the World.

Working together, Island Integrated Health will be a State of Hawaii leader in substance abuse treatment, advancing the well-being of the people of Hawaii and beyond.

VALUES: The Ideals we Live by.

Integrity — Doing the right things at the right time and place. Focus on the best interests of clients. Be honest with clients, learners and each other.

Innovation — Finding new and better ways to enhance quality of care and all aspects of our work.

Compassion — Treat clients, families, learners and each other with kindness and empathy. Connect with clients and families individually and personally and engage them as partners in their care decisions.

Accountability — Be individually and collectively responsible for the work we do and for the outcomes and experience of every client, every learner, every day.

Respect — Honor clients' right to privacy and confidentiality. Value differences among individuals and groups. Actively listen, encourage feedback and choose the best way to deliver timely and meaningful information.

Excellence — Strive to be the best and work continuously to improve performance and exceed expectations.

Creating. Defining. Improving. Delivering

Island Integrated Health, LLC (Island Health, IIH) is a community based organization dedicated to filling gaps in services to Oahu's persons with substance abuse and dependence. Island Health has been serving people in Hawaii since 2013.

Island Health's Three-Year Strategic Plan, 2019-2021, represents a true milestone: The first time Island Health has created a single plan with a common mission, vision, values and strategic goals. Our intent is to engage in a strategic planning process every three years in which a variety of input and information is analyzed. This information comes from consumers of our services, referral sources, community groups, funders, and also aggregate demographic data. The process also includes an analysis of the organization's strengths, and weaknesses and emerging opportunities and potential threats. Out of this process a strategic plan is formulated and the "critical issues" for the agency are developed and measurable goals are developed to address them.

During this 2019-2021 period, we will also see significant changes in the substance abuse environment. National health care reform has become law and is being implemented. At the same time, changes in our local and regional markets have altered longstanding relationships and increased competition among health care organizations.

The Current Addiction Treatment Provider Environment

The following factors represent many of the environmental realities that influence Island Health's work by aiding our effectiveness, inhibiting our effectiveness, or both.

1. Addiction, also called Substance Use Disorder SUD, exists in the U.S. as a serious national social, economic, and public health crisis that is not adequately addressed in public policy or treatment delivery. Key data on addiction impact include:

    - Journal of the American Medical Association (JAMA), reports that alcohol use disorders (AUD) affect more people than any other substance or mental health disorder. (JAMA Psychiatry 2015). According to the same study, of the 32.6 million people with AUD, only 7.7% percent sought treatment. SAMHSA similarly reports that only 6.3% of individuals 12 and older with alcohol dependence or abuse received treatment the year prior to being surveyed. (SAMSHA, Center for Behavioral Health Statistics and Quality 2013).

    - Non-medical use of prescription drugs is growing, with an estimated 48 million people age 12 and older using prescription drugs for non-medical purposes; 20% of the US population, (NCAD 2015). The addictive qualities of many of these drugs are alarming, particularly opiates. Barbara Krantz, MD/FASAM/ABAM writes that, "One hundred people die every day in this country from accidental drug overdoses. Every year more than 16,500 people in the U.S. die, specifically, from prescription opiates. Every 19 minutes, a death occurs. These deaths exceed those from heroin and cocaine combined." The National Institute on Drug Addiction (NIDA) estimates 2.6 million Americans had an opioid addiction in 2012.

    - Addiction rates and deaths from illicit drugs have been rising steadily and are at alarming levels. According to the CDC, over 14,000 people died from illicit drug overdoses in 2013, and over 8000 of those were from heroin alone. 42,982 people died from some type of drug overdose in 2013 (Caron reporting from CDC). The CDC estimates that approximately 80,000 people die from alcohol related deaths each year.

    - Drug and alcohol related costs in the U.S. exceed $400 billion annually (USHHS, CDC, NDIC).

    - The majority of people who need addiction services do not receive them. Of those who receive some type of treatment, only 9% received non hospital residential addiction care, according to SAMHSA's National Survey of Substance Abuse Treatment Services. (N-SSATS; 2013 Data on Substance Abuse Treatment Facilities). Similarly, according to the National Institutes of Health (NIH) 2011 study, 23.5 million people age 12 or older needed addiction treatment and only 11.2% received it in a specialized facility.

    - Survey data released in 2011 by the Partnership for Drug-Free Kids and The New York State Office of Alcoholism and Substance Abuse Services (OASAS) (2011) show that 10 percent of all

American adults, ages 18 and older, consider themselves to be in recovery from drug or alcohol abuse problems. These nationally representative findings indicate that there are 23.5 million American adults who are overcoming an involvement with drugs or alcohol that they once considered to be problematic. According to the new survey funded by OASAS, 10 percent of adults surveyed said yes to the question, "Did you once have a problem with drugs or alcohol, but no longer do?"

2. Addiction is recognized as a chronic disease in federal policy and the mainstream treatment community, including NAATP, AMA, ASAM, APA, ONDCP, NIDA, and SAMHSA.

3. Addiction is still often treated as an acute disease and is largely addressed in the U.S., at least de facto, as a criminal matter. William White has said that the U.S. has tried to "incarcerate our way out" of the addiction crisis. Despite disease recognition, addiction remains a negatively stigmatized disease which inhibits treatment and recovery.

4. The mainstream treatment community and federal policy recognizes that the response to the disease of addiction should be multifaceted and include, medical, psychological and social (psychosocial) components. It is not clear whether federal policy and the health care industry value the spiritual component as part of psychosocial care.

5. The numbers of treatment programs are on the rise and competition among treatment providers is significant. There may be as many as 75,000 treatment programs in the U.S. Unethical to illegal treatment program marketing practices are commonplace and such practices damage the public image of treatment and harm good providers.

6. The quality of care by treatment providers varies widely. Addiction treatment is not regulated under a uniform national system but rather on a state by state basis.

7. Despite a traditional lack of public addiction disease exposure, there is now growing national awareness brought about, at least in part, by the recovery community organizing and becoming vocal.

8. Federal Parity Law now requires that insurers who cover addiction must do so on par with other covered diseases, yet is not honored by insurers in many cases although we have not assembled comprehensive violation instances yet.16. The Affordable Care Act (ACA) provides funding for addiction treatment by requiring addiction coverage in insurance policies sold on the exchanges, making Parity Law even more widespread.

9. The availability of greater funding for addiction care enables providers to provide more care and better care to patients and generates more providers, some of which may be more concerned with profit than quality care.

10. The science of pharmacology to treat addiction can enhance recovery through drugs that address the addiction brain disease component but may harm recovery by placing undue reliance on drugs in lieu of the social and spiritual components of recovery.

11. The addiction industry is fractured in its response to addiction over the application of science and social and spiritual care; the field can be polarized at the extremes.

12. Co-morbid treatment is now commonplace in addiction care although widely varied in scope and delivery. The concept of the Continuum of Care is widely accepted now in the treatment provider industry.

13. The integration of addiction care into behavioral healthcare and the healthcare system at large brings recognition, validation, greater resources, and better care but also brings concern that the specialized value of addiction care will be compromised. The mainstream healthcare industry may not appreciate the value of psychosocial care and use Medically Assisted Treatment (MAT) in isolation.

14. The addiction provider industry is now beginning to measure its outcomes.

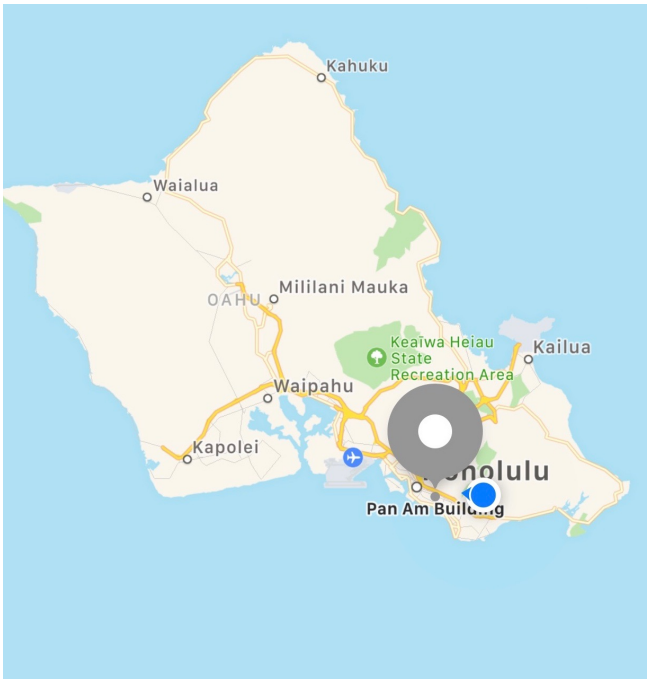
15. Island Health has moderate industry competition for its outpatient treatment work from other organizations.

16. Island Health lost traction in recent years because of operational difficulties and lack of leadership. Many in the field and in policy making may not currently see Island Health as an important and effective organization.

17. A new Island Health staff has been installed and promises to improve Island Health's reputation and effectiveness.

Services

Island Integrated Health provides quality outpatient substance abuse services to high to low functioning individuals and their families who need an evening program to work around their employment or people stepping down to a lower level of care from local and US mainland residential treatment centers. The service population includes adult men and women. Specifically, services include assessment, group, individual and family counseling. A small percentage the people we serve have a dual diagnosis of substance abuse and mental illness.



The US Census data shows the following demographics for Honolulu County:

Population	
Population estimates, July 1, 2017, (V2017)	**988,650**
Population estimates base, April 1, 2010, (V2017)	953,209
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	3.7%
Population, Census, April 1, 2010	953,207
Age and Sex	
Persons under 5 years, percent	6.4%
Persons under 18 years, percent	21.2%
Persons 65 years and over, percent	17.2%
Female persons, percent	49.6%
Race and Hispanic Origin	
White alone, percent	21.9%
Black or African American alone, percent	2.8%
American Indian and Alaska Native alone, percent	0.3%
Asian alone, percent	43.0%
Native Hawaiian and Other Pacific Islander alone, percent	9.6%
Two or More Races, percent	22.4%
Hispanic or Latino, percent	9.9%
White alone, not Hispanic or Latino, percent	18.3%

Population Characteristics	
Veterans, 2012-2016	79,534
Foreign born persons, percent, 2012-2016	19.3%
Housing	
Housing units, July 1, 2017, (V2017)	350,786
Owner-occupied housing unit rate, 2012-2016	55.0%
Median value of owner-occupied housing units, 2012-2016	$602,700
Median gross rent, 2012-2016	$1,587
Building permits, 2017	1,968
Families & Living Arrangements	
Households, 2012-2016	309,548
Persons per household, 2012-2016	3.07
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	85.0%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	27.9%
Education	
High school graduate or higher, percent of persons age 25 years+, 2012-2016	91.1%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	33.4%
Health	
With a disability, under age 65 years, percent, 2012-2016	6.4%
Persons without health insurance, under 65 years, percent	3.8%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2012-2016	61.3%
In civilian labor force, female, percent of population age 16 years+, 2012-2016	58.6%
Total accommodation and food services sales, 2012 ($1,000)	5,273,221
Total health care and social assistance receipts/revenue, 2012 ($1,000)	6,302,644
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2012-2016	28.7
Income & Poverty	
Median household income (in 2016 dollars), 2012-2016	$77,161
Per capita income in past 12 months (in 2016 dollars), 2012-2016	$32,194
Persons in poverty, percent	8.5%

Analysis of Census data

Residents of Honolulu Co. continue to be relatively poor and exhibit the need for mental health services because of generational poverty, high fatherlessness, and breakdown of the family structure. Honolulu also has a high number of military population and transient workers in the hospitality industry. And most importantly, we have one of the highest homelessness populations in the country at 6,350 according to data from the 2017 nationwide Point-In-Time count, which showed Hawaii still had the nation's highest per capita rate of homelessness. Island Integrated Health has launched an aggressive effort to reach and address the critical needs of this population.

Expectations of persons served.

Based on consumer satisfaction feedback, our consumers and their families desire locally based, accessible, small to medium sized agencies that provide evidenced based treatment. Island Integrated Health meets these criteria and has a high satisfaction rate. Island Integrated Health is centrally located in the Ala Moana district of Honolulu, Hawaii. The location is excellent because the agency is easily accessible by automobile or public transportation. Adequate parking is always an issue in Honolulu but has not impeded people getting services.

Expectations of other stakeholders.

Our stakeholders include the Hawaii Alcohol and Drug Abuse Division (ADAD), the state of Hawaii court system, Child Welfare Services (CWS), Veteran's Administration (VA), Federal Board of Prisons (BOP), mainland US residential treatment centers and local hospitals and clinicians. Stakeholders desire agencies that have an array of services, are responsive to their regulatory requirements and provide measurable, quality, cost effective services. Island Integrated Health meets these criteria and has a high satisfaction rate with our stakeholders.

The regulatory environment.

HMOs in Hawaii are requiring all facilities to be nationally accredited before being credentialed by the respective organization. Island Integrated Health will need to obtain their accreditation with CARF to continue operation. HMSA Blue Cross-Blue Shield has grandfathered IIH into it's current facility environment but will be up for contract renegotiation in Fall 2018. All HMOs are requiring providers to transition to electronic medical records and IIH has adhered to this regulation at it's inception.

The legislative environment.

The Hawaii Legislature is dominated by the Democratic party. One of its main planks is public health. This coupled with the recent US Supreme Court decisions about Affordable Healthcare is in alignment with Hawaii healthcare policy.

The use of technology to support efficient and effective operations.

Island Integrated Health is well postured in this area. Island Integrated Health has an electronic medical record that meets criteria and will continue to upgrade its EHR capacity to meet further requirements in the future.

The competitive environment.

Island Integrated Health's primary competitors are other outpatient substance abuse agencies within 20 miles of Honolulu. An analysis of local competitors shows that that while there are 10 competitive agencies on Oahu the majority of them are not in Honolulu nor easily accessible. They also have a one to three month waiting lists and depend largely on state contracts for offenders. Therefore many higher functioning individuals refuse to admit, stay a brief period or cannot get in at all. Many of them choose to do residential treatment on the mainland if their insurance allows rather than admit to the local residential treatments because of the incarcerated, mandated population they serve and inaccessibility to treatment. These are the individuals who either choose to stay because of inability to leave because of financial constraints and/or inability to leave their job. We also work with individuals who are returning from mainland treatment centers to provide continuum of care services to Hawaii residents returning from treatment on the US mainland. This gives Island Integrated Health a highly competitive edge in the market place.

When marketing our services to managed-care companies and preferred provider organizations, we take into consideration their needs. For example: an integrated approach to treatment, access in the evenings, use and tracking of initiation and engagement outcome measures, use of follow-up after hospitalization outcome measures and customer satisfaction.

In this age of health care reform and increased use of contracts with health maintenance organizations (HMOs), preferred provider organizations (PPOs), and other groups, the demand for behavior health care providers continues to decline. This phenomenon, being driven by behavioral health "carve outs," has created a competitive clinical market, resulting in customer service being a critical factor. From this particular perspective, the customer identified as payor is: self-payor, medicaid, and managed care companies. They clearly drive the large percentage of referrals within the industry.

The Agency has four primary customers, each with their own specific needs. These include:

1. Referral Source

Physicians - Customer Needs
Hospitals - Professionalism
Courts - Consultation
Agencies - Correspondence

2. Individuals and Families

Individuals - Accessibility
Couples - Respect
Families -Compassion
Groups - Empathy

3. Managed Care Companies and Other Mayors

MCO's - Clear communication
Self-pay - Cost-effective care
Agencies - Easy access for clients
PPOs - Shared treatment philosophy
Indemnity Program - Responsiveness and cooperation

4. Vendors

Billing/Collectable - Cooperative working relationship
Legal - Timely payment facility owner
Human Resource Respect - Insurance

Financial Opportunities

Island Integrated Health has sufficient cash flow and reserves to operate in 2018. A goal for this year will be to develop a line of credit to fund expansion, if needed. As the opioid epidemic in this country continues to be an issue, the state and federal government have just recently approved monies to be allocated for grants in substance abuse and homelessness. The state of Hawaii just approved $50M to homeless issues which includes, of course, substance abuse. SAMHSA has several grants for homelessness, offenders reentry, addicts and their families, and $930 million funding opportunity to combat the opioid crisis. IIH will also be expanding our services to provide Suboxone treatment along with CARF accreditation in this area in the next couple of years. Also, there are incentive bills that encourage individuals to enter the substance abuse field and a certified or licensed professional including school loan forgiveness.

Financial Threats

Traditionally, there has been a lack of funding and support for substance abuse programs and Island Integrated Health must have a clear, aggressive corporate compliance program in place to meet this threat and therefore providing proof of our outstanding service and excellent outcomes. Another threat is the cost and overhead of doing business in Hawaii which includes a booming real estate market, high GET and state taxes, and the lack of providers to employ require a higher pay scale to keep qualified staff. Also a barrier is the systemic problems of not receiving timely payment from payees and their lengthy credentialing processes for facilities.

The organization's capacities

Island Integrated Health has excellent senior management. The owners are knowledgeable in their areas of expertise. Staff are satisfied with Island Integrated Health and dedicated to clients. One difficulty that Island Integrated Health has to overcome is recruiting and hiring licensed staff in a limited market such as the islands. Island Integrated Health must look at recruiting and retention strategies.

Service Area Needs and Demographics of the service area.
Island Integrated Health primary clientele is non-Hispanic whites, Pacific Islanders, Asian and other Islander mix with substance abuse.

Goals and Objectives

A. Leadership

a. Administration

Goal 1 of 4

Achieve CARF 3-year Accreditation

Objective 1: Create a high quality standard of services for person's served.

Objective 2: Strengthen our contingency plans to avert issues, and better deal with unethical behaviors.

Objective 3: Become a more outcome-based facility.

Goal 2 of 4

Establish and promote the image of Island Health as a modern, state of the art, powerful, persuasive, and authoritative addiction profession leader.

b. Staff

Objective 7: Ensure the quality and sustainability of IIH staff by providing challenging, interesting, and well compensated work.

Objective 8: Provide staff with comprehensive training, continuing education, and development opportunity.

c. Operation

Objective 9: Produce clear and succinct written operational policies and procedures (P&Ps) for all significant operational areas.

Objective 10: Ensure high quality operation through the implementation of necessary equipment and independent contractors where appropriate.

Objective 11: Increase use of technology for communication and clinical work.

d. Finance

Objective 12: Develop a protocol whereby the ED, DO, and accounting firm post income and expenses and produce timely financial statements.

Objective 13: Prepare annual calendar year budgets that conform to clinic budget protocols that are approved to take effect prior to the start of the calendar year.

Objective 14. Produce an Annual Report or similar document.

Goal 3 of 4

Provide services to our clients that enhance their abilities to integrate back into society and live fully emotionally, mentally, physically, financially and spiritually.

B. Clinic Development

a. Branding and Visibility

Objective 1: Evaluate Island Health's brand, establish an accurate, clear, modern, and brand image and message, and disseminate the brand widely.

b. Fund Development

Objective 2: Execute a program revenue process that produces revenue income from clients, education and training, or other sources.

Objective 3: Explore the revenue sources of grants (individual, corporate, private foundation, public foundation), major gifts, and small gifts.

Objective 4: Seek out additional funding opportunities with local insurance companies, federal and state contract opportunities.

c. Program

a. Client Service

Objective 5: Expand the facility for additional group room space as our clientele grows.

Objective 6: Produce a Comprehensive Treatment Outcomes Study.

Objective 7: Create and deliver a IIH Resource Center in social media that disseminates training, education and technical assistance to our clients.

b. Policy Advocacy

Goal 4 of 4

Conduct policy advocacy activity that supports the existence, financial health, and professional and public status of addiction treatment.

Objective 8: Create policy/consensus statement or Policy Agenda that defines and guides Island Health policy action on key policy issues.

Objective 9: Support the role of specialized addiction treatment within the context of health care reform and service integration initiatives.

Objective 10: Conduct policy advocacy activity that supports the existence, financial health, and professional and public status of addiction treatment providers.

VIII. Creating Annual Operating Plans

This strategic plan provides organizational definition and objectives for a three-year period. Implementation detail, except where specifically indicated as an Implementation Action for clarity, is not, for the most part included in this document.

In addition to this plan, the IIH Staff will produce Annual Operating Plans to guide clinic operation, which plans should include clear direction for the execution of objectives during a calendar year.

IX. Plan Duration and The Next IIH Strategic Plan

This plan is effective through through December 31, 2020. The IIH Executive Committee and the IIH Executive Director will begin the process of creating the Strategic Plan for the period beginning January 1, 2021 in the summer of 2018.

X. Plan Adoption

This plan was drafted by the IIH Executive Director and reviewed and modified by the IIH Executive Committee at a strategic planning session in Honolulu on July 16, 2018 .