

Manna Treatment, Program of MANNA FUND 2017-2020 BUSINESS AND STRATEGIC PLAN

Abstract

The Manna Scholarship Fund, Inc (DBA: Manna Treatment) Business and Strategic Plan is designed to ensure that the conduct of the business reflects respect, competence, and professionalism toward persons served, personnel, stakeholders, and the community. It is the expectation of the Company that all employees, contractors, interns and volunteers (collectively referred to as “personnel”) uphold and emulate the mission, goals and objectives as outlined while adhering to federal, state, and local regulations, and the ethical standards required by specific licensing and certification boards.

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Initial: May 1, 2017; Revision: November 1, 2017



Current Location: 965 Oakland Road, Suite 3D&E, Lawrenceville, GA 30044

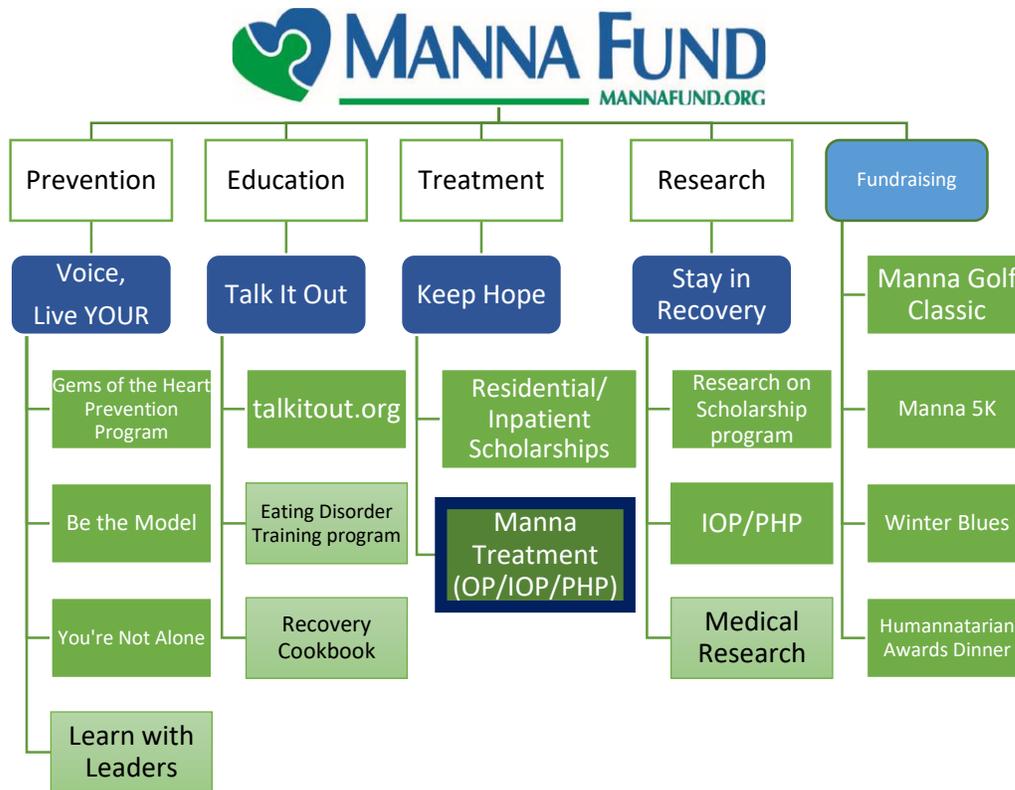
Executive Summary

History

Manna® Scholarship Fund, Inc (DBA: Manna Fund) is a 501-c-3 is dedicated to helping those with eating disorders gain access to intense treatment that they otherwise cannot, due to financial limitations. Dr. Genie Burnett, PsyD, CEDS-S started this program out of frustration and fear, based on what limited resources were available to her clients. Manna Fund’s Mission Statement is:

“To address the epidemic of eating disorders by providing prevention programs, education, research, and financial assistance for treatment to all qualified individuals through well-administered programs.”

Visualization of Manna Fund’s Mission Statement



*Manna Treatment will be described below, and is the focus of CARF accreditation

Since 2006, Manna Fund has raised over 1.5 million dollars, with over \$700,000 going towards residential, PHP, and IOP treatment for 100+ individuals they have served across the nation and locally.

Year	Number of Recipients	Total Days	Amount
2007	2	42	15,650.92
2008	1	206	71,513.68
2009	4	292	124,450.00
2010	1	30	2,900.00
2011	2	38	3,000.00
2012	1	90	20,540.03
2013	6	446	108,922.15
2014	2	180	71,000.00
2015	4	215	105,217.63
2016	1	60	10,000.00
2016 IOP	35	691	18,720.00
2017	2	124	12,000
2017 IOP/PHP	40	TBD	>\$150,000
Total	101	2414	713,914.41

Executive Management

Founder, Executive Director: Dr. Genie Burnett, Licensed Clinical Psychologist (Georgia) and a national Certified Eating Disorder Specialist - Supervisor

Executive Board Members:

President: Alison English, Eating Disorder survivor
 Vice President: Carlus Houston, Veritas Collaborative, ED treatment center
 Treasurer: Marcia Jerding, CPA
 Secretary: open
 Marketing/Outreach: Jess Thompson
 Fundraising: Shane Aubrey, Armus Media



As indicated above, Manna Treatment is a program underneath the umbrella of Manna Scholarship Fund, Inc. Started in 2006, Manna Treatment was initially a for-profit private practice owned by Dr. Genie Burnett. Over the last 11 years, Manna Treatment has developed a positive reputation amongst

other clinicians, physicians, schools, and other businesses. In 2016, Dr. Burnett decided to bring the Manna Treatment name under the Manna Fund umbrella, in order to establish the Intensive Outpatient and Partial Hospitalization for those who have meet the need for intensive eating disorders treatment. Manna’s Outpatient program also provides treatment for those who struggle with eating disorders, and also provides treatment for those who have mental health issues related to the general population: depression, anxiety, family issues, and trauma as prime examples.

Manna Fund/Manna Treatment is seeking CARF accreditation at all of these levels of care. The forward intention is to become CARF certified at the 3-year level and to obtain access to private and state-based insurance for client care. Once these resources have been exhausted, Manna Fund is designed to allow for reduced-funding/scholarships for continued treatment for its clients. These scholarships come from sliding scale as well as donations/fundraising events.

Purpose:

The purpose of Manna Treatment is to improve the lives of individuals by providing a variety of clinical services to aid them in achieving long-lasting change. We specialize in eating disorders, helping individuals gain a unique perspective of their maladaptive coping skills and the necessity of developing a complete dependence on God to obtain wholeness and complete recovery.

The mission statement of Manna Treatment is therefore: *To provide treatment for those with eating disorders at the Partial Hospitalization, Intensive Outpatient, and Outpatient levels of care, utilizing multiple sources of revenue, for as long as the client needs such treatment. Manna Treatment desires to support the client from surviving to thriving to leading.*

Manna Treatment promotes a company culture that represents the highest ethical standards of clinical and administrative practices. Manna’s Culture includes dedication to truth, inherent self-worth, leadership, unity, communication, excellence and grace. The Manna Treatment Business and Strategic Plan is designed to ensure that the conduct of the business reflects respect, competence, and professionalism toward persons served, personnel, stakeholders, and the community. It is the expectation of Manna Treatment that all employees, contractors, interns and volunteers (collectively referred to as “personnel”) uphold and emulate the mission, goals and objectives as outlined while adhering to federal, state, and local regulations, and the ethical standards required by specific licensing and certification boards.

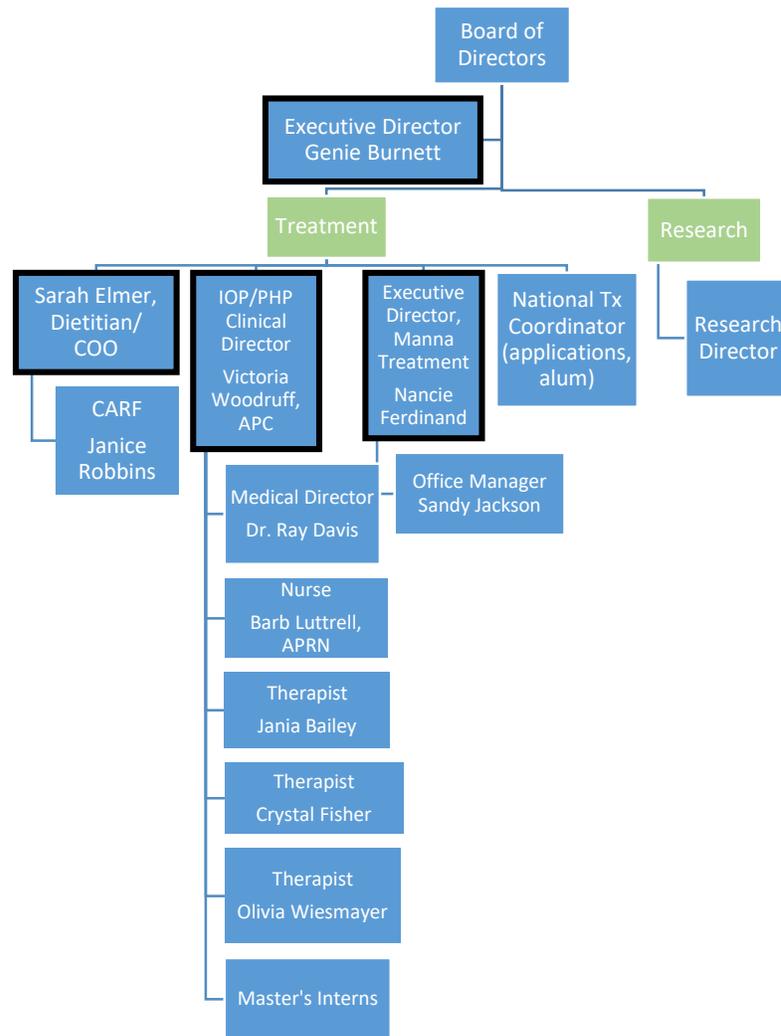
The success of the Manna Fund/Manna Treatment programs are dependent on the trust and confidence we earn from our personnel, persons served, stakeholders, and the community. We gain credibility by adhering to our commitments, displaying honesty, fairness, and integrity and reaching company goals solely through honorable conduct. We demonstrate respect for others by valuing and embracing their unique abilities and contributions, while simultaneously maintaining an awareness of their needs and committing to meet them whenever possible.

Manna Treatment is located in one of the largest growing communities in the metro Atlanta area at 965 Oakland Road, Suite 3D, Lawrenceville, Georgia 30044. Lawrenceville is the county seat of Gwinnett County, Georgia, United States. It is a suburb of Atlanta, located approximately 30 miles northeast of downtown. As of the 2014 census, the population of Lawrenceville was 30,212 (100% urban, 0% rural). Gwinnett County’s population grew to 907,135 in 2016, a small increase of 1.6 percent from the

previous year. Since 2010, the county has grown by 12.6 percent, from a population of 805,305. *Atlanta Journal Constitution, March 24, 2017.*

The population of Gwinnett County is multi-ethnic with the male population being 397,153 and female, 408,168. The median age is 33 for both sexes. There are over 268,000 populated with youth under the age of 18. You could fit the populations of 76 of Georgia’s smallest counties in Gwinnett County and you would still have room for 5,000 more people. Thus, with this large local population of Gwinnett County, the location of Manna Treatment is effectively and efficiently placed in order to serve the growing population of individuals with eating disorders.

Manna Treatment Management Structure



Eating Disorder Statistics:

- At least 30 million people of all ages and genders suffer from an eating disorder in the U.S.
- Every **62 minutes** at least one person dies as a direct result from an eating disorder.
- Eating disorders have the highest **mortality rate** of any mental illness. 13% of women over age 50 engage in eating disorder behaviors. ***Eating Disorder Statistics • National Association of***

Anorexia Nervosa (www.anad.org/get-information/about-eating-disorders/eating-disorders-statistics).

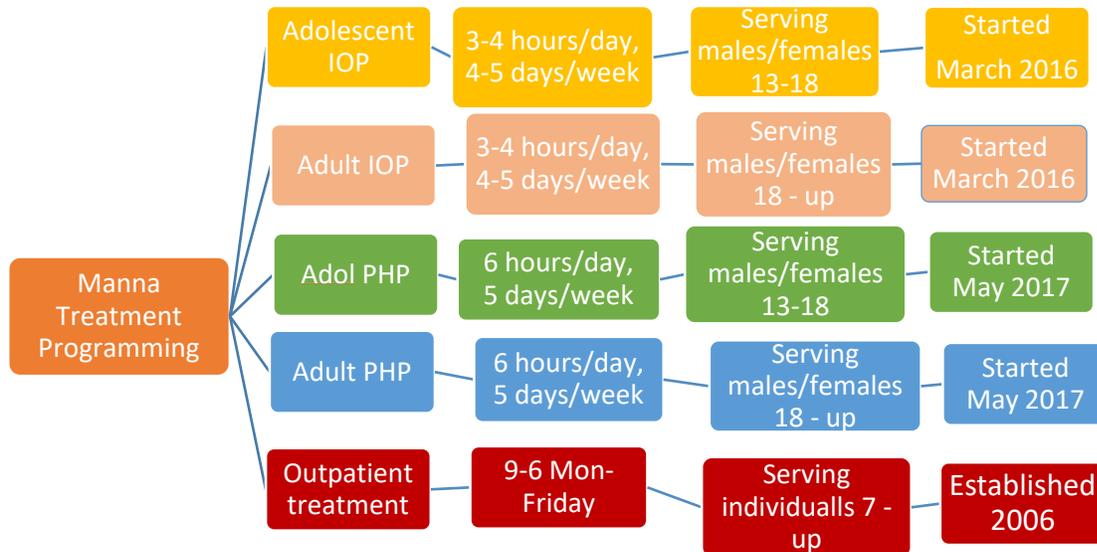
Not only are eating disorders as prevalent as previously thought, they are also highly correlated to emotional and personality comorbidity, functional impairment, suicidality, and intense health service usage. Given the young age of onset, early intervention and prevention is crucial. A mortality rate study related to eating disorders was conducted over 8 to 25 years on 1,885 individuals with anorexia nervosa (N=177), bulimia nervosa (N=906), and eating disorder not otherwise specified (N=802). The investigators used computerized record linkage to the National Death Index, which provides vital status information for the entire United States, including cause of death extracted from death certificates. Swanson and colleagues found that crude mortality rates were 4.0% for anorexia nervosa, 3.9% for bulimia nervosa, and 5.2% for eating disorder not otherwise specified. They also found a high suicide rate in bulimia nervosa. The elevated mortality risks for bulimia nervosa and eating disorder not otherwise specified were like those for anorexia nervosa. **Swanson, S., Crow, S., Le Grange, D., Swendsen, J., Merikangas, K. (2011). Prevalence and Correlates of Eating Disorders in Adolescents. Archives of General Psychiatry, Online Article, E1-E10.**

In addition, each client's eating disorder is unique, and patients present with a wide array of symptoms, comorbid disorders, and variations in their behaviors. Due to the variability in presenting features of eating disorders, they are not easily classified or categorized (**Schaffner & Buchanan, 2008**). Therefore, updates to eating disorders have been updated in the Diagnostic and Statistical Manual of Mental Disorders - Fifth edition (DSM-5), released in 2013.

The ongoing challenge is developing personalized care based on which treatment components will be most effective for which patients (**Chavez & Insel, 2007**). This study supports the effectiveness of an outpatient treatment program for eating disorders that integrates research on evidence-based treatments with clinical expertise and individual characteristics and needs. In an average of 13.6 weeks, patients showed substantial improvement on measures of eating disordered symptoms, anxiety symptoms, and depressive symptoms. The program's unique approach utilizes a multi-disciplinary treatment team, an individually tailored treatment schedule based on an initial assessment and consideration of individual needs, and interventions based on evidence-based treatments for eating disorders.

Manna Treatment's Programs

Manna Treatment is a treatment-based program underneath the nonprofit umbrella of Manna Scholarship Fund, Inc. The Manna Treatment PHP/IOP/OP programming was established in 2016 to provide reduced-funding and accessible step-down treatment from inpatient and/or residential treatment. Based in Gwinnett County, Georgia, the PHP-IOP-OP program provides care for those who have eating disorders and meet the APA standards for these levels of care.



All our services are available for both males and females that have been diagnosed with an eating disorder as their primary presenting problem. We work to make the program fit each client’s needs. All our services are provided in our Adult & Adolescent PHP, IOP, and OP. These services provided includes group therapy, psychiatry, nursing, dietary therapy, individual therapy, couples/family therapy, and group family therapy.

- **Partial Hospitalization Program (PHP)**

Adult PHP

Adult PHP is for clients ages 18-65. PHP is 6 hours per day, 5 days per week. This level of care is for those that need more support than IOP, but less support than residential or inpatient treatment.

Adolescent PHP

Adolescent PHP is for clients ages 13-18. PHP is 6 hours per day, 5 days per week. This level of care is for those that need more support than IOP, but less support than residential or inpatient treatment.

- **Intensive Outpatient Program (IOP)**

Adult IOP

Adult IOP is for clients aged 18-65. This is for those who need more support than outpatient treatment, but less support than a traditional PHP. The IOP is at least 3 hours per day, 3 days per week; however, we may provide more hours of care for those who do not need as much support as provided PHP level but need more support than the traditional IOP hours.

Adolescent IOP

Adolescent IOP is for clients ages 13-18. This is for those who need more support than outpatient treatment, but less support than a traditional PHP. The IOP is at least 3 hours per day, 3 days per week; however, we may provide more hours of care for those who do not need as much support as provided PHP level but need more support than the traditional IOP hours.

Comprehensive Services within PHP and IOP:

We provide comprehensive services for your needs including:

- Individual therapy
- Group Therapy
- Family Therapy
- Couples Therapy
- Psychiatry
- Psychological Assessments
- Nursing
- Nutrition Therapy

- **Outpatient Program (OP)**

Outpatient services are available to individuals that wish to achieve or enhance their general mental health, including but not limited to: eating disorders, anxiety, depression, family conflict, adjustment, learning, people on the spectrum, coping skills development, and any other mental health need that can effectively be serviced by our staff. Outpatient services are typically available from 9:00 AM to 6:00PM Monday-Friday. Appointments are scheduled through the front office and are based on therapist availability. Appointments may also be available outside of the typical day and times listed above, per therapist availability.

Adult Outpatient

Adult outpatient is for clients ages 18-and up. This level of care is for those stepping down from and/or who need less support than IOP. Services will be provided on the basis determined by their individualized, person-centered treatment plan.

Child & Adolescent Outpatient

Outpatient services are available for any child or adolescent that has any mental health issue. This level of care is for those stepping down from and/or who need less support than IOP. Services will be provided on the basis determined by the person-centered treatment plan.

Services

We provide comprehensive services for your needs including:

- Individual therapy
- Group Therapy
- Family Therapy
- Couples Therapy
- Psychiatry
- Psychological Assessments
- Nursing
- Nutrition Therapy

Treatment Modalities

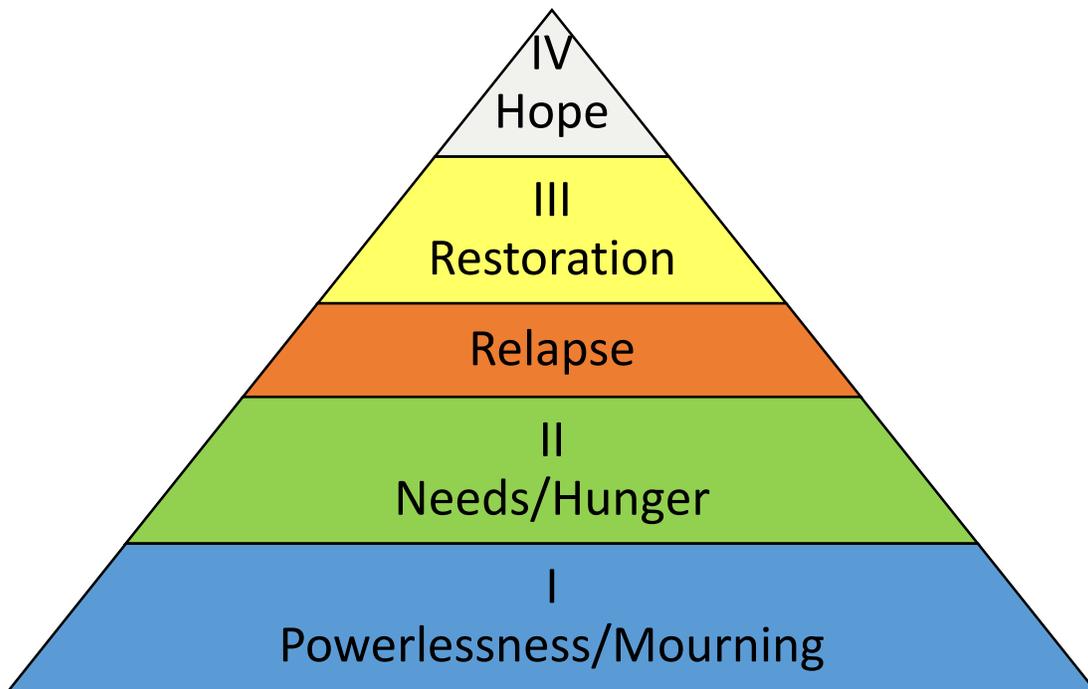
Manna Treatment believes that successful treatment encompasses all aspects of an individual's functioning: mind, body, and spirit. Therefore, we have created a therapeutic program that involves the family in an integral manner to address each. Our holistic approach is designed to help those struggling

with eating disorder issues to grow and recover. The following are *some* of the treatment modalities we use to do so:

- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Family Therapy
- Faith-Based Therapy
- Experiential Therapy: Art, Body Mindfulness, Mindfulness, Psychodrama
- Acceptance & Commitment Therapy

Levels System

Within the PHP/IOP eating disorder programs, Manna Treatment has developed a Levels system to help the treatment team, clients, and their families, determine where a client is in recovery. This system's levels are based on the beatitudes from the Bible, and reflects where an individual is behaviorally & mentally, and helps define what they need to focus on to progress to the next level. Weekly reviews by staff and clients help us to identify what progress the client has made, their level of care, and what goals they are working on.



Level I – Powerlessness/Mourning; Poverty of Spirit

Biblical Reference – Matt 5:3-4

Blessed are the poor in spirit, for theirs is the kingdom of heaven.

Blessed are those who mourn, for they will be comforted.

Characteristics

- Powerlessness over acting out behaviors, Lack of coping skills
- Impulsivity of behaviors
- Overwhelming emotions
- Confusion
- High level of resistance
- Vulnerability
- Pre-contemplative Stage
- Anger
- Moving towards willingness to change
- Still acting out
- Enmeshment, lack of boundaries
- Defensiveness
- Unsure of need for recovery, possible denial

Goals

- Identify issues for self
- Begin communication through words, not actions
- Identifying defense mechanisms
- Admitting powerlessness and need for change

Food

- Structured Meal Plan

Level of Care

- PHP

Therapy

- Weekly group therapy
- 6 hours of program, 5 days per week
- Weekly Individual sessions with primary therapist
- Weekly family therapy sessions
- with nurse, ongoing sessions scheduled as necessary
- Weekly sessions with Dietitian
- Initial meeting with Psychiatrist, ongoing sessions scheduled as necessary
- Initial meeting

Privileges

- To be earned as progress in program

Level II – Needs/Hunger

Biblical Reference – Matt 5:5-6

Blessed are the meek, for they will inherit the earth.

Blessed are those who hunger and thirst for righteousness, for they will be filled.

Characteristics

- Ambivalence about change and/or movement towards Contemplative Stage of Change
- Identifying their need for help with ED
- “Looking in the mirror”
- Honest about thoughts and emotions
- Recognizing their relational dynamics
- Recognizing irrational beliefs and defense mechanisms
- Understanding what needs have been unfulfilled
- Open to receiving information (listening)
- Commitment to change
- Heightened awareness of consequences
- Increased mindfulness of choices

- Recognizing need for boundaries
- Recognizing triggers

Goals

- Move from Ambivalence to Commitment to change
- Utilizing groups, professionals, friends and family to establish a supportive foundation
- Begin to build healthy relationships with therapist, peers, family, etc.
- Making steps towards change
- Decrease in acting out behaviors

Food

- Structured Meal Plan
- Increasing variety of foods

Level of Care

- PHP with transition to IOP

Therapy

- Weekly group therapy, individual sessions with therapist and/or family sessions, and dietitian
- Beginning to lessen program hours to between 3-6 hours per day, 3-5 days per week

Privileges

- Going outside with permission and supervision from staff member

Relapse

Biblical Reference: Romans 7:15

I do not understand what I do. For what I want to do I do not do, but what I hate I do.

Characteristics

- Return/change to new acting out behaviors
- “Rationalizing” new behaviors that may be connected with acting out anxiety/feelings
- Isolation; shame, self-blame
- Feeling “stuck” in recovery process – believing that you can’t recover, wanting to give up
- Frustration, anger, lashing out at others
- Minimization of the relapse thoughts/behaviors

Goals

- Conduct behavioral chain analysis on what triggers and steps led to the relapse
- Identify new ways of coping when such triggers are present
- Gain insight about blind spots related to overall recovery needs
- Give grace to yourself regarding relapse; learn, recover, move forward

Food

- Per dietitian/meal plan needs

Level of Care

- Per team recommendations

Therapy

- Based on need of client

Privileges

- Based on previous level and functioning

Level III – Restoration

Biblical Reference – Matt 5:7-8

Blessed are the merciful, for they will be shown mercy. Blessed are the pure in heart, for they will see God.

Characteristics

- Practicing self-control
- Implementing new coping skills
- Restructuring habits and relationships
- High motivation for developing true self
- Overtly dealing with problems, not running away
- Deeper insight in groups and individual therapy
- Developing independence
- More positive coping skills than negative
- Full honesty about behaviors
- Building a sense of safety
- Establishing boundaries
- Providing insightful feedback
- Ability to confront peers

Goals

- Taking initiative to utilize coping skills
- Strengthening independence
- Trusting self and others
- Decreased acting out behaviors
- Full engagement in groups- focusing both on self and supporting peers

Food

- Able to identify Hunger/Fullness
- Increased awareness of needs

Level of Care

- IOP

Therapy

- Weekly group therapy, individual sessions with therapist and/or family sessions, and dietitian
- Program *at least* 3 hours per day, 3 days per week

Privileges

- Clients are able to go to the restroom without a staff member
- Going outside unsupervised with permission from staff

Level IV – Hope

Biblical Reference – Matt 5:8-9

Blessed are the peacemakers, for they will be called sons of God.

Characteristics

- Peacefulness
- Relapse prevention focus
- Self-Analysis-understand relapse behavior
- Using inner wisdom and Wise Mind
- Focus on integrating of mind, body and spirit
- Following and setting healthy boundaries for self
- Acceptance of self and patience in the process
- Looking at progress and rewarding self
- Positive leadership

Goals

- Relapse prevention
- Using inner wisdom
- Intuitive eating
- Independent Problem solving by using resources, own voice
- Continued growth
- Affirming life goals
- Increase love and respect for others
- Developing capacity for freedom and joy

Food

- Intuitive eating demonstrated

Level of Care

- IOP with transition to outpatient

Therapy

- Decreased groups, individual sessions with therapist and dietitian (if desired and recommended)
- Beginning to lessen program hours to less than 3 hours a day, 3 days a week

Privileges

- Clients do not need staff member to use the restroom
- Clients may miss groups (with permission) to practice their skills outside of the treatment setting
- Going outside unsupervised with permission from staff

IOP/PHP Schedule

PHP-full schedule IOP-green highlighted groups

	Monday	Tuesday	Wednesday	Thursday
1:00-2:00	Lunch <i>Olivia</i>	Lunch <i>Crystal</i>	Lunch (starts at 1:30) <i>Nancie</i>	Lunch <i>Victoria</i>
2:00-3:00	Spirituality <i>Olivia</i>	Teen Talks/ Healthy Sexuality <i>Victoria/Crystal</i>	Process <i>Jania/Victoria</i>	Food & Feelings <i>Nancie</i>
3:00-4:00	Process <i>Victoria/Olivia</i>	Trauma <i>Genie</i>	DBT <i>Jania</i>	Experiential <i>Crystal</i>
4:00-5:00	Yoga <i>Cybele</i>	Process <i>Nancie/Victoria</i>	Nutrition <i>Sarah</i>	ACT <i>Barb</i>
5:00-6:00	Meal <i>Victoria</i>	Meal <i>Nancie</i>	Meal <i>Sarah</i>	Meal <i>Crystal</i>
6:00-7:00	Interpersonal <i>Olivia</i>	CBT <i>Victoria</i>	Family DBT/Process <i>Jania/Genie</i> (until 7:30)	Process <i>Nancie/Crystal</i>

	Friday
9:00-10:00 AM	Breakfast <i>Nancie</i>
10:00-11:00	Coping Skills <i>Nancie</i>
11:00-12:00	Levels <i>Crystal</i>
12:00-1:00	Body Image <i>Crystal</i>
1:00-2:00	Lunch <i>Olivia</i>
2:00-3:00	Process/Weekend Planning <i>Olivia</i>

Group Descriptions:

Outpatient Programs/Intensive Outpatient Program/Partial Hospitalization

Outpatient treatment provides ongoing individual, family, dietary, psychiatric, and any other service necessary for successful recovery from the client's eating disorder. If it is believed that a client may benefit from a specific group in the program (i.e., DBT or ACT), a client may take part of that IOP group, with the other IOP clients.

Intensive Outpatient Program (IOP) provides more intensive services for clients who need more intensive support as they work towards recovery from an eating disorder. It is typically 3 days per week, 4 hours per day, and is used for more support than once or twice per week outpatient counseling. In transitioning from PHP to IOP you may need additional support and more groups than the traditional IOP may be recommended.

Partial Hospitalization Programming (PHP) is a step "up" into more intensive treatment than the IOP. It is 6 hours per day and 5 days per week. This is much like school or a full-time job, and the hope is that the individual takes this level of care as seriously as the staff does. It is a step prior to the individual going into a residential or intensive hospital program, or it is a step down.

ACCEPTANCE & COMMITMENT THERAPY (ACT): is a scientifically-based psychotherapy that considers suffering to be directly connected to our relationship with our thoughts and feelings. When we are suffering, we try to rid ourselves of painful experience such as anxiety, sadness, negative thoughts, bad memories, etc. Sometime this effort to eliminate the pain becomes a source of pain itself. In ACT, we work on viewing the thoughts and feelings with a different stance or attitude. The goal is to help one build a better life based on your values.

The main goals of ACT are to:

- (1) **A**ccept your thoughts and feelings: help one accept what is out of their personal control.
- (2) **C**hoose a valued direction: clarify what is truly important and meaningful to them and
- (3) **T**ake Action: commit to taking action that enriches life.

BODY IMAGE: Individuals will process thoughts and feelings around body image and self-esteem. Clients may participate in experiential activities to counter negative beliefs about body image and to reinforce positive beliefs about one's body image.

BODY MINDFULNESS: Patients are given the opportunity to use guided movements, imagery, and dance as a nonverbal and creative outlet for expression of hidden thoughts and feelings. This is also helpful with gaining greater body awareness, which can help challenge body image distortions and in re-learning natural body cues.

COGNITIVE BEHAVIORAL THERAPY (CBT): This group will focus on incorporating thoughts, feelings, and behaviors. Clients will work on changing those components and learn how they influence each other.

COPING SKILLS: Individuals will learn multiple coping skills (information gathering or stopping certain behaviors or actions) which can be used to control certain internal events that might cause unwanted pain, feelings, or fear.

DBT – Dialectical Behavior Therapy is a scientifically-based program that helps teach and support the individual during difficult situations. It teaches coping skills – as it connects with interpersonal anxieties, feeling overwhelmed with emotion, struggling with using logic when making emotional decisions, and learning to focus in each moment.

EXPERIENTIAL: This group relies more on the individual having an experience that draws them closer to their internal issues versus having verbal (often logical) processing. It uses a variety of expressive medium to achieve this goal, and is based on what the needs are in the group.

FAMILY PROCESS: Clients and their families will participate in discussions processing their issues and connecting with others in a safe environment. The group will work to raise awareness of underlying dynamics and conflicts while assisting clients in recognizing that they are not alone in their struggles.

HEALTHY SEXUALITY: Adult clients will process thoughts, feelings, and behaviors involving sexual health, sexuality, and relationships.

INTERPERSONAL: Clients will learn about their current relationships and how they impact their lives and recovery. Clients will have an opportunity to learn and practice healthy relationships and appropriate boundaries within those relationships.

LEVELS: Clients will complete assessments on how they view their progress and challenges in recovery. Clients will process what steps they need to take to further their progress and set goals for the next week based on those steps. Clients will review how they can utilize the program to reach their goals and give feedback on how the program is performing.

MEAL: As a participant of this group, each client, along with a therapist or dietitian, will bring an appropriate meal and eat their meals together. Participants will be able to process their feelings associated with the meal, as well as learn to establish healthy rituals around food.

NUTRITION: This group led by a registered dietitian and provides education and support on a variety of topics related to food, body image, and weight. The education provided helps change faulty beliefs that fuel eating disorders and the support helps clients apply the new information to their lives to promote recovery. This group uses a variety of instructional methods, including discussion, visuals, games, and hands-on activities.

PROCESS: Clients will participate in discussions processing their issues and connecting with others in a safe environment. The group will work to raise awareness of underlying dynamics and conflicts while assisting clients in recognizing that they are not alone in their struggles.

TRAUMA RECOVERY: Trauma affects many individuals, and is often an underlying factor in recovery. Trauma can fall on a spectrum from daily events to life-threatening events. In any situation on this spectrum, it is important to work through and manage the trauma in a safe and nurturing environment. This group provides education and processing of issues related to trauma.

Expectations of Persons Served

It is the intention that the aforementioned services within Manna Treatment are provided with care, clinical accuracy and excellence, and with the client’s best needs in mind. In order to assure that Manna is providing such service, we routinely request feedback from clients (e.g., individuals served, families of those served, others in the community making referrals). These feedback forms are sent to the clients with their email updates.

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

Eating Disorder Treatment options are limited, at best, in the metro Atlanta area as mentioned previously. Manna Treatment has identified potential payers’ for this much needed service. These include Medicaid, Peach State Health Plan, WellCare, Amerigroup, Cenpatco, Ambetter, and possibly Medicare. Based on Manna’s intention to create needed programs outside of the greater Atlanta area, these sources of funding are crucial in helping to sustain these future programs. Compliance with the Commission on Rehabilitation Services (CARF) is the first step in Manna Treatment Center’s ability to expand to these payers. The original CARF survey is being scheduled for December 4th & 5th 2017. Following this survey and full accreditation being awarded, Manna Treatment will apply for Georgia Medicaid Provider status.

Manna Treatment has four primary customers, each with their own specific needs. These include:

<u>Referral Source</u>	<u>Customer Needs</u>	<u>Referral Source</u>	<u>Customer Needs</u>
1. Community Professionals		3. Managed Care Companies and Other Payors	
Physicians	Professionalism	MCO's	Clear communication
Hospitals	Consultation	Self-pay	Cost-effective care
Schools	Correspondence	Agencies	Easy access for clients
Agencies	Accessibility	PPOs	Shared treatment philosophy
		Medicaid	Responsiveness and cooperation/evidence based model
2. Individuals and Families	Competency		
Individuals	Accessibility	4. Vendors	
Couples	Respect	Accounting Billing/Collections	Cooperative working relationship
Families	Compassion	Legal	Timely disclosure
Groups	Empathy	Human Resource	Respect

SWOT Analysis is the foundation for the Strategic Plan for Manna Treatment. The ability to assess the strengths of Manna Treatment allows all weaknesses to be addressed in the Strategic Planning process that is client, stakeholder, staff and Board of Director driven. The Strategic Planning process addresses the opportunities and ensure that the Chief Executive Officer along with the direction of the Board of Directors stay on task to utilize these unique opportunities to address the threats to the success of Manna Treatment.

SWOT Analysis

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<i>Only nonprofit program that treats eating disorders in Georgia</i>	<i>Need to obtain CARF accreditation</i>	<i>Obtaining accreditation will strengthen the value of program, enhance relationships and provide more resources in the community</i>	<i>Potential for not obtaining accreditation, thus costing more money to maintain the program</i>
<i>Only eating disorder program with more intensive services in the northeast region of Atlanta (serving Gwinnett, N Fulton, Hall, N Dekalb, Forsyth, Jackson)</i>	<i>Need to market to community (in process - MD offices, hospitals, schools, churches, other like-minded nonprofits etc.)</i>	<i>Greater ability to generate revenue from the program (obtaining Medicaid and insurance provider status), as well as raising funding from donors, fundraising events, speaking engagements</i>	<i>Four other treatment programs that are currently accredited in Atlanta area</i>
<i>Only program that provides substantially reduced fee/free treatment</i>	<i>Need more finances to compensate staff and potential new hires</i>	<i>Able to provide more scholarships locally as well as nationally due to increase in revenue</i>	<i>Insurance denial due to pre-existing condition, exhausted health benefits and/or inability to meet medical necessity criteria</i>
<i>Strong relationships with residential and inpatient treatment centers (across the nation) for direct referrals to program</i>	<i>Four other PHP/IOP programs in central Atlanta area</i>	<i>Create more programs across the greater Atlanta region – we have immediate plans in 2018 to develop more PHP/IOP programs in Gainesville, GA and in McDonough, GA (north and south of the Atlanta area, where there are no resources)</i>	<i>Lack of education/awareness from local community creating issues with referrals to the programs</i>

Financial Strategy

Since 2006, Manna Fund has been financially supported by private and corporate foundations, corporate sponsorships, fundraising events, and personal donations. The Manna Treatment IOP/PHP program began in March 2016. The following income sources from 2016-2017 have been dedicated to supporting the IOP/PHP through the CARF process:

1. Private foundations
2. Personal donations
3. Corporate sponsorships
4. Fundraising events
5. Percentage of Manna Treatment outpatient income
6. Client payments for program
7. Private Loans

Current IOP/PHP Program Income:

1. Without insurance (per client), full fee:
 - a. IOP – three groups/day = \$150/day x 4 days = \$600/week (without insurance)
 - b. PHP – six groups/day - \$300/day x 5 days = \$1500/week (without insurance)
2. Scholarships:
 - a. Most individuals in the PHP-IOP have been on scholarship.
 - b. Reduced-fee, which typically range from \$350 - \$625 per week. One has paid as little as nothing for program attendance. This includes:
 - i. Group work
 - ii. Dietitian fees
 - iii. Nursing fees
 - iv. Individual therapy
 - v. Psychiatric evaluation
3. Some clients that have insurance: Insurance (private and state-based) has paid for one therapist for individual and group therapy.
4. Churches and other organizations that choose to pay for clients

Potential Program Income (with CARF accreditation):

1. Private Insurance payments (on average):
 - a. Adolescent IOP = \$425/day
 - b. Adult IOP = \$342/day
 - c. Adolescent PHP = \$617/day
 - d. Adult PHP = \$557/day
2. State-based insurance payments* (unknown, but assumed to be about half of private insurance payments):
 - a. Adolescent IOP = \$210/day
 - b. Adult IOP = \$170/day
 - c. Adolescent PHP = \$308/day
 - d. Adult PHP = \$285/day
3. Manna Treatment income (including insurance payments for individual therapy clients)
4. Self-pay
5. Scholarships

*In addition to the private insurance sector, which most treatment programs accept, Manna intends to apply for a Medicaid number, which will allow us to bill for state-based insurances in order to support those with these resources. It is believed that only one other program that is in the greater Atlanta area is accepting state-based insurance for eating disorder treatment.

Within the past year and a half, since starting the Manna Treatment programs, we have seen 10 clients with state-based insurance for either IOP or PHP care. Based on the clients that we saw in 2016-2017, the income that would have supported the program could have been more than \$75,000.

Moving forward, it is clear from the referrals that we have received from several treatment agencies, state-based insurance companies, as well as individual clinicians, that a state-based program for eating disorders is desperately needed in this state. We can only obtain a Medicaid number (required for being on state-based panels) when we obtain a 3-year CARF accreditation. Once this is achieved, we believe that we will see the following numbers per year in our Gwinnett-based program during 2018, and with a “usual” number of each PHP client being in PHP for two weeks and then IOP for 8 weeks, we anticipate the following income per program:

Program	Child/Adolescent	Financially	Adult	Financially
IOP	24	\$98,658.00	28	\$81,670.50
PHP	24	\$127,865.70	21	\$116,451.00

Once the Gwinnett-based program is fully operational (staff, clients, financially), Manna Treatment has plans to expand this program in 4 outer-lying areas in the Greater Atlanta area. These numbers will at least double with each program installation.

Strategic Goals and Objectives

Based on the Manna Treatment mission statement and the SWOT analysis, the Partial Hospitalization Program, Intensive Outpatient Program and Outpatient Program have developed the following strategic goals and objectives for 2018-2020:

Manna Treatment’s Internal Goals for Improvement

With this information along with other multi resources, Manna Treatment is committed to work with this growing population in the Gwinnett County area. Manna Leadership has plans to expand to other areas in the state (outside the immediate Atlanta area, where there are no treatment options) in order to provide eating disorder treatment to individuals who have no other treatment options. The Manna Fund Executive Board as well as Manna’s Employees are committed to meeting the growing need for treatment for those who otherwise cannot afford it. Therefore, Manna has developed the following goals:

- I. **To continuously develop, strengthen, and improve services offered by Manna Treatment.**
 - a. Strengthen the current funding sources by developing and maintaining strategic alliances with a mix of private insurance providers, Medicaid-based insurance affiliates and private pay clients.
 - b. Identify and develop strategic alliances with community human service and state-based agencies so that these populations have an option for treatment, which is desperately needed. (Dr. Burnett routinely is contacted by peers who are in the DBH/DBHDD for referrals for those with eating disorders. The closest program currently is >18 miles away.)

- c. Identify and foster strategic alliances with local community medical, therapeutic, and dental group practices.
- d. Connect with the local school systems to provide services for them and their families as needed
- e. Increase staff as growth and finances dictate.
- f. Improve online Electronic Health Record system
- g. Improve the expected receipts rate by 30% each year over the previous year
- h. Increase all services offered through Manna Treatment by 25% over the following 12 calendar months.

II. Improve Internal Clinical Processes: Provide a cohesive intake process for the PHP/IOP/OP program so that clients will be transitioned smoothly into the PHP/IOP/OP program

- a. Assess the intake process ongoing to shorten the intake process for clients. This includes:
 - i. Maintain relationships with local medical doctors, diagnostic lab partners, and other outsourced services to refer potential clients for discounted assessments for medical clearance to program
 - ii. Send Satisfaction Survey to both individuals in program and to those who didn't attend regarding the intake process
 - iii. Implement changes as requested and as fiscally possible
- b. Provide accurate, detailed, helpful feedback to clients regarding their treatment progress
 - i. Manna Treatment has developed an internal "Levels of Care" system, which is designed to assess and track each client's progress (see chart and description, Addendum A). Every week, clients complete an online assessment:
 - 1. Beck Depression Inventory
 - 2. Beck Anxiety Inventory
 - 3. "Levels" Assessment (Addendum A)
 - ii. All staff review each client's progress through the Levels Assessment
 - iii. Each client is given their staff-reviewed progress form and discusses their progress with staff in individual and/or process group
- c. Conduct research at 6-month, 1 year, and 2-year intervals on Levels of Care system and process
- d. Collaborate with existing community services and other service providers to support growth and leadership with clients as they transition from Manna
- e. Assess and document identified educational, career, and growth-oriented needs among the Manna client population
- f. Continue to network and market with other nonprofits as well as businesses and educational programs to support clients' growth

III. Internal Quality Monitoring: Manna Treatment has a system in place that regularly examines internal systems, policies, procedures, safety, and risk. Manna Treatment uses its findings to improve services and promote its program. Manna Treatment actively pursues information regarding financial barriers or opportunities. Manna Treatment continually reviews its Assessment Policy and Procedures to ensure updates reflect new information or improved practices.

- a. Measurable Standards:

- i. Outreach activities, formal and informal, are occurring at a minimum of once per quarter.
 - ii. Policies and Procedures will be reviewed, revised, or deleted annually
 - iii. Clinical review of the treatment process, from intake to discharge, will be conducted by the Clinical Director and Chief Operating Officer with necessary change or recommendations acted on 100% of the time to ensure correct and timely billing for services
 - iv. Health and Safety Drills will be at a minimum of once per quarter and recommended changes made within 10 days or sooner, if appropriate
 - v. Regulatory changes will be reviewed and public comments, or other interventions, will be made whenever they effect Manna Treatment, its clients, or its operations
 - vi. Safety and avoidance of unnecessary risk continue to be on the agenda of every business or staff meeting as well as the Board of Directors meeting
- b. Indicators of Success:
- i. Expansion of Manna Treatment' client referrals, number of clients, and satellites around the Atlanta area
 - ii. Quarterly reports result in feedback and corrective action to improve or enhance services and ensure correct billing
 - iii. Policies and Procedures are relevant, up-to-date, well-organized, understandable and all staff are notified of any changes.
 - iv. Non-compliance issues are to be less than 10% of repeat violations. Quality record reviews that reflect errors, discrepancies and action are completed monthly.
 - v. The actions from the Quality Record Review become part of the agency's Continuous Quality Improvement process.
 - vi. Any health and safety reviews that result in areas out of compliance will result in a report specifically outlining the action taken and the results of the action taken. This information will be incorporated into the Continuous Quality Improvement process.

IV. Case Record Review: Case record reviews are conducted by the Clinical Director and Chief Operating Officer. Random case record reviews are ongoing, but are conducted at a minimum of once per month. The reviews include both open and closed cases.

- a. Measurable Standard:
- i. The Clinical Director and Chief Operating Officer ensures that case reviews in all programs, with appropriate feedback, are conducted monthly.
- b. Indicators of Success:
- i. The results of case record reviews are to be shared with all appropriate parties and corrective actions that have been taken from the findings at a minimum of once per quarter.
 - ii. Case reviews documentation checklist is be complete in each opened and closed case.
 - iii. Outcome of Quality Record Reviews will be incorporated into improvements in compliance and accountability.
 - iv. A review of closed cases results in documentation of discharge plans in all cases and aftercare plans in 95% of all cases as appropriate.

- v. The Clinical Director initiates action in response to identified problem cases and the action, results of the action and other information will be included in the Continuous Quality Improvement process.

V. Provide PHP/IOP/OP treatment for clients for as long as is therapeutically necessary and as long as they are utilizing the services to their best ability. Pay structure includes:

- a. Utilizing any form of insurance payment initially. Manna will seek a Medicaid number to be able to accept state-based insurance plans. Every state-based insurance plan will be applied for.
- b. Should a client not have insurance or have exhausted their insurance benefits, they will complete a scholarship form to apply for reduced fees for treatment.
- c. Once a client has an established weekly fee for services, they will be allowed to continue in the PHP/IOP/OP treatment program if they are working the program to the best of their ability
- d. Clients are encouraged to reach out into their community to help pay for their treatment needs.
- e. Ongoing treatment progress tracking will be reviewed to determine how successful each person is in their treatment process. These results will be released via Nonprofit Yearly Report and in conferences nationwide.

VI. To be the leader in the eating disorders behavioral health field with regard to training and development of providers, professionally and personally.

- a. Providers will have initial and ongoing training in these areas:
 - i. Stress management to reduce burnout rates and improve quality of care by implementing an established training program.
 - ii. Time management to effectively manage client case load, family requirements, and personal growth
- b. Providers will be required to learn updated techniques and philosophies, and implement these in group settings
- c. Providers will be required to present such education to the staff at assigned staff training meetings on a regular basis
- d. The clinicians within the Manna Treatment umbrella maintain active licenses with the State of Georgia. This includes:
 - i. Obtaining the minimum number of CEUs in order to maintain licensure
 - ii. Obtaining specialized training in the area of eating disorders; a minimum of 6 hours per year
 - iii. Maintaining updated professional insurance
 - iv. Responding immediately to any possible state complaints
 - v. Following all ethical guidelines mandated by individual regulatory bodies (APA, ACA, ADA, etc)

VII. Commit to ongoing leadership development as a core function of Manna in order to have continued and long-term growth.

- a. The current Leadership Team at Manna Treatment seeks to maintain growth of clients, staff, and community.
- b. Manna Leadership continues to seek out those who exemplify “leadership” qualities:
 - i. For future leadership within the Manna Treatment structure

- ii. To “take over” their positions as they move up or out of the Manna Treatment program
- iii. Internal viewpoint is to always seek to find others who can “lead up” – can they do a better job than I am doing? If so, how can we incorporate their skills and talents into the program so that they can do just that

Manna Treatment’s External Goals for Improvement

- I. To strengthen the agency’s commitment to excellence and community resources.**
 - a. Enhance client service by offering in-service trainings focusing on client satisfaction with treatment, accessibility and staff-client interactions.
 - b. Continuously assess referral base satisfaction using a referral base satisfaction survey.
 - c. Continuously assess client satisfaction from three perspectives: accessibility, environmental factors, and treatment outcomes.
 - d. Build relationships with other community resources to increase the “team” mentality in delivering services from multiple resources.
 - e. Manna Leadership is also aware of the legislative movement in the nation. Manna works in conjunction with the Eating Disorder Coalition, a nonprofit designed to address the eating disorder crisis nationally and legislatively. Manna also seeks to work with state leaders (DBH, DBHDD) in order to raise awareness about the need for “niches” in the Georgia Medicaid and Medicare system for specialized programs.
 - f. Maximize capacity to meet local and nationwide demand for services
 - g. Accelerate intake and accommodations for clients living in our service area but receiving services out-of-area
 - h. Develop additional resources (additional clinical staff) to support expanded patient census
 - i. 3-year plan to expand services in the following areas surrounding Atlanta:
 - Peachtree City (South of Atlanta) area needing services
 - Gainesville (North of Atlanta) area needing services
 - Athens, GA area
 - Douglasville, GA area (West)
 - ii. Expand services to other nation-wide areas, in conjunction with other nonprofits
 - Michigan – Kirsten Haglund Foundation
 - Washington, DC – Rock Recovery Foundation

- II. Stakeholder Involvement Overview:** Manna Treatment stakeholders include persons served by Manna Treatment and their families, all staff, funding and referral sources, and community organizations and individuals with an interest in the mission and services of Manna Treatment. There will be a continuous review of how to improve our linkages to the persons served, their families, other agencies, facilities and/or organizations and individuals with an interest in the Manna Treatment mission.
 - a. Measurable Standard for *Quality Improvement*:
 - i. Manna Treatment will identify ways to promote a more visible image in the Lawrenceville area, surrounding Gwinnett county communities, adjacent metro counties and at the state level.

- ii. Manna Treatment will invite local community members annually to attend open houses through invitations and personal contacts.
 - iii. A newsletter will begin in March of 2018 and will be provided to current clients, board members, stakeholders and other community liaison organizations
 - iv. Manna Treatment will mail a stakeholder satisfaction survey twice annually.
 - v. Client satisfaction surveys will be ongoing to provide information regarding the treatment services received as well as customer service. The Client Satisfaction survey is given at intake, randomly during treatment, and at follow-up.
- b. Indicators of Success:
- i. By March 2018, the Chief Executive Officer in collaboration with CARF consultant will enhance and change Manna Treatment website so that it is easily accessible and user friendly to clients and stakeholders.
 - ii. Brochures giving current information about services at Manna Treatment will be given to persons served and their families, funding sources, behavioral health providers, churches, local community leaders, and state liaison personnel by May 31, 2018.
 - iii. Manna Treatment will begin billing private insurance companies for services by February 1, 2018
 - iv. Manna Treatment will begin billing Medicaid and state-based Insurance for services by July 1, 2018.

Manna Treatment’s Overall Commitment to Ongoing Growth:

- Continue to maintain working capital until CARF accreditation provides the opportunity to obtain Medicaid provider status and join insurance panels.
- Become profitable on an ongoing basis by the end of Fiscal Year 2018
- Have a positive cash flow by the third month after initiating billing and collection of insurance benefits
- Continue to be affiliated with well-respected community referral sources
- Recruit and utilize contract providers with specific skill sets (i.e., DBT, yoga, etc)
- Work closely with external consultant in developing infrastructure to address and adhere to policies and procedures of insurance providers, Medicaid, CARF and other entities as Manna Treatment grows.
- Comprehensive training and staff development
- Managed Care friendliness through cooperation, accessibility, and clinical focus
- Community awareness of services provided by the agency
- Have an interim financial plan and structure during the application phase to obtain a Medicaid provider status
- Staff commitment to excellence as evidenced by the Agency's growth and client satisfaction
- Accessibility and responsiveness to the needs of the Agency's clients
- Functioning as an organization that is fluid, responsive, and willing to change to meet the frequent shifts of the behavioral health industry

Manna Treatment will identify short and long-term outcomes and performance measures that are part of the annual action plans. All staff responsible for carrying out the objectives of action plans are actively

involved in the development of such plans. In addition, all relevant stakeholders that have participated will be requested to take part in the continuous monitoring of the strategic plan and ensure that all adjustments are made as necessary.

The Chief Executive Officer, in collaboration with the Executive Board of Directors, has adopted five major themes to guide the agency's long-term strategic planning. These are as follows:

1. *Increase Functioning of our clients and their families.*
2. *Maintain Fiscal Responsibility.*
3. *Ensure Health and Well-Being of our Clients and Staff.*
4. *Be proactive in responding to Community Needs.*
5. *Ensure that Staff Training and Development is provided and reviewed.*

These provide the framework for the program's annual plans, the agency's plan, for outcomes reporting and goal-setting, and for fulfillment of Manna Treatment's mission and values.

Each of the following strategic goals will be used to set standards, show achievable outcomes and provide information to measure our outcomes:

1. Manna Treatment has plans for FY2018 that reflect the strategic goals identified by Executive Director and Chief Operating Officer in collaboration with the Board of Directors by December 2017.
2. Updates and/or suggested changes to Manna Treatment's Strategic Goals is be submitted by the Chief Executive Officer to the Board of Directors for review and approval on a quarterly basis beginning January 2018.
3. The Chief Executive Officer of Manna Fund (DBA Manna Treatment), Executive Director of Manna Treatment and Chief Operating Officer of Manna Treatment are responsible for ensuring Continuous Quality Improvement.

Future Goals at Manna Fund/Manna Treatment

If the agency is to sustain its growth and other capacities, it must continuously strengthen its client relations and identify their ongoing needs. We will watch closely for industry trends that may impact our delivery service system. Our energies will be focused on creative problem-solving solutions in how we deliver our service and reimburse our associates and staff for their hard work, while also taking into consideration decisions that may impact our services.

However, once CARF accredited and Manna is able to accept insurance reimbursement, Manna Fund's overarching goals are to extend beyond providing access to treatment. Circling back to our Mission Statement, we intend to provide:

- a. education of those who do not understand eating disorders;
- b. providing prevention programs to reduce the overall incidence of eating disorders from occurring;
- c. intervention (treatment) with those who have eating disorders, and
- d. providing new research to the growing database of eating disorder statistics, to help individuals understand the devastating effect of eating disorders to those who have them and to their loved ones.

Education:

1. *“Freudian Sip”* Coffee House - a unique coffee/therapeutic space to house the eating disorder program as well as create a consistent stream of income for the non-profit. This will be a safe environment for those who are struggling with chemical and behavioral addictions to transition from treatment to a successful life outside of the bonds of addiction. It will be a “step-through” program in which those in recovery can earn income while transitioning into a more desired and fruitful life.
 - a. Coffee house – eclectic seating areas, chalkboard walls, serving coffees named after famous psychologists and psychiatrists
 - b. Art therapy space – connected to the coffee house, provides different art therapy experiences (clay, drawing, writing, etc.)
 - c. Theater space – allows for “acting out” the inner conflicts on stage during group therapy, also allows for venue space for fundraisers, open mic nights, concerts, etc.
 - d. Therapeutic space – where traditional counseling services take place, including IOP/PHP
 - e. Meeting space – to house recovery-based meetings
2. Talk It Out – a website that is close to completion, TIO will provide access to therapeutic ideas and interventions for clients, parents, and providers. It also has a unique and comprehensive database to access services across the world
3. Teaching program – One of the future goals at Manna Treatment is to become a leader in teaching those who would like to treat individuals with a comprehensive teaching experience. We would like to work with iaedp (International Association for Eating Disorder Professionals) to help individuals gain accreditation as providers in a more experiential way.

Prevention:

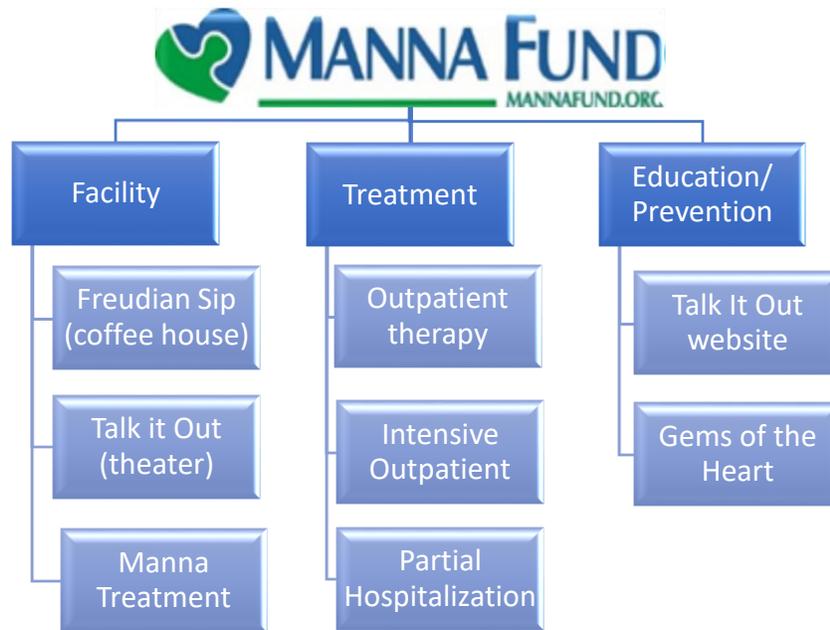
1. Provide education and intervention services through the school system in order to prevent eating disorders and other mental health issues from occurring. Manna Fund has previously established Gems of the Heart, which is a 9-phase program deliverable to children in 5th – 7th grades in the school system, churches, homes, and other spaces suitable for children.
2. Collaborate with other outreach programs (local and national) to enhance knowledge

Research: Manna has been working with Master’s and Doctoral-level students from schools around the Atlanta area. Because we want to give back to the eating disorder community at large, we have a number of plans on providing research regarding the outcomes of our program. We will be looking at:

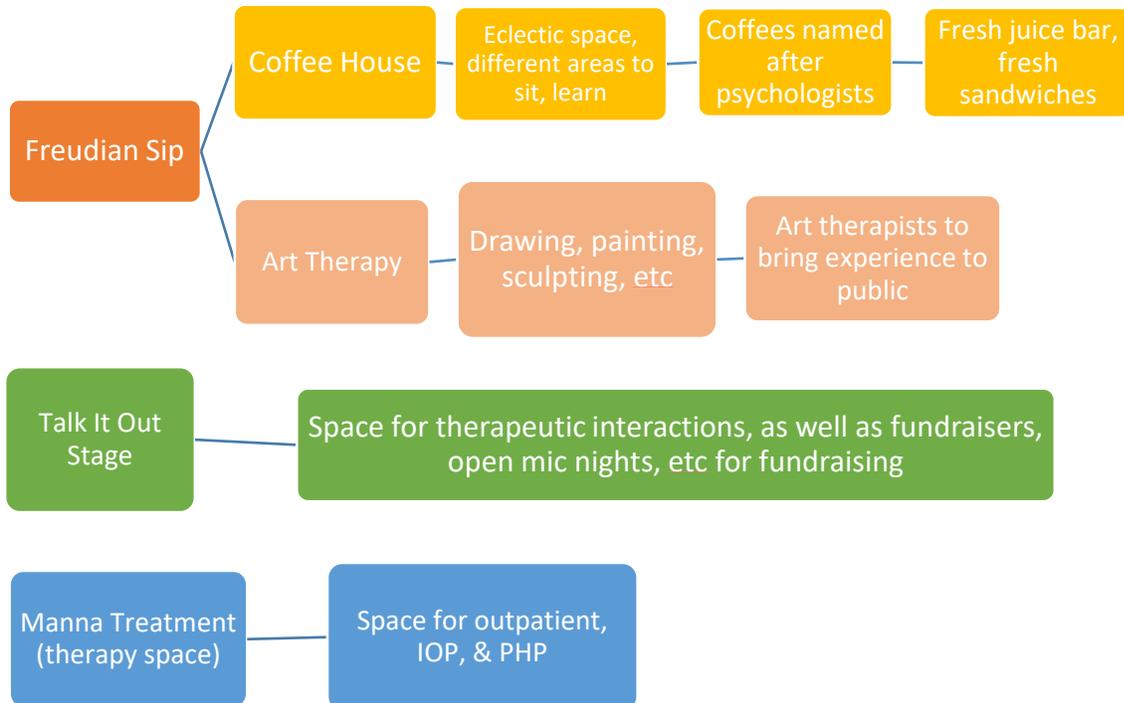
3. Treatment times in IOP/PHP/Residential programs. We believe that longer treatment yields more comprehensive recovery. We have been collecting data inconsistently across the 12 years that we have been in existence. We will be more consistent with a specific person to conduct research at our facility, as well as be a liaison with graduate schools in the community.
4. Treatment efficacy within the program
5. Family support & treatment involvement
6. Early detection of eating disorders and intervention

Treatment: Manna has plans on expansion of the PHP/IOP program across the greater Atlanta area and potentially other states. In addition, Manna has plans to create an IOP that is trauma focused.

Visualization of Growth Overview



Future Facility:



Strategic Plan Summary

- I. Expectations of Clients and Stakeholders
 - a. The primary expectation of clients and stakeholders is that Manna Treatment provide excellent services in the PHP, IOP, and OP for those with eating disorders. Manna Treatment has a positive reputation across the Gwinnett County, greater Atlanta, and national areas. Dr. Burnett has worked extremely hard with clients in order to create a stable name and program that others in the community can trust. It is the CEO's desire for Manna Treatment to remain in existence for a very long time.
 - i. Regarding succession planning, the CEO is focused on creating leaders within the staff as well as the clients. This will help with succession planning regarding staff, as well as help clients to change their thinking into being like leaders.
 - ii. Manna staff has begun to use online assessments to better understand individuals before they are hired. This will hopefully minimize individuals who have uncooperative personalities, are ill-suited for positions in which they are applying, and will decrease rate of staff turnover.
 - iii. The CEO is instilling an "open communication" policy for all staff to be able to air thoughts, ideas, grievances, and any other topic that comes to mind. It is highly important that the staff feel heard and supported in their perspectives, even if there is disagreement.
 - iv. The CEO is also promoting the notion of "bloom where you are planted" and that growth is inevitable in any place in any organization. It is her hope that all staff will desire to stay, grow, and feel supported in every role that they are in. As there are changes, the CEO desires to hear difficulties, complaints, and issues as they arise in order to support staff through the changes.
 - v. Staff progress and issues are noted on their performance evaluations. These will be reviewed and utilized as positions open in the company. Staff will have the opportunity to apply to new program positions via an online application process. This will be developed in mid-2018 as the programs begin to be developed across Atlanta.
 - b. Despite the four other treatment programs in the greater Atlanta area, Manna Treatment is in a geographic area in which there are no treatment options. Gwinnett County is in the northeast area outside the perimeter of Atlanta and is the largest county in Georgia. Manna Treatment has become a well-known counseling center in Gwinnett County over the last 12 years.
 - c. Financially, Gwinnett County is a mixture of individuals across the SES spectrum.
 - i. Currently, Manna has provided service for over 100 individuals since March 2016, and has utilized reduced fees, donations, and loans in order to pay for program costs.
 - ii. With the potential of accepting insurance with CARF accreditation, Manna Treatment will be able to support those who have eating disorders get treatment and utilize their private insurance.
 - iii. Additionally, Manna is planning to apply for a Medicaid number in order to accept insurance from state-based insurance companies. Dr. Burnett has been in close contact with Wellcare, a Medicaid-based subsidiary, regarding the need for their clients to receive such treatment. Wellcare is waiting for Manna to obtain Medicaid status in order to send their clients to us for treatment.
 - d. Threats to Manna's success are: not obtaining a three-year accreditation, competition with other programs in the Atlanta area (although the next closest location is 17.4 miles away), patient care issues, staffing issues)

- e. The clinicians within the Manna Treatment umbrella maintain active licenses with the State of Georgia. This includes:
 - i. Obtaining the minimum number of CEUs in order to maintain licensure
 - ii. Obtaining specialized training in the area of eating disorders; a minimum of 6 hours per year
 - iii. Maintaining updated professional insurance
 - iv. Responding immediately to any possible state complaints
 - v. Following all ethical guidelines mandated by individual regulatory bodies (APA, ACA, ADA, etc)
- f. The clinicians and leaders of Manna Fund/Manna Treatment support others who are involved in legislative action that supports eating disorder education and advancement of practice. Dr. Burnett does have plans to encourage the DBHDD and DBH in the State of Georgia to carve out more resources, options for treatment, and designations for specialty programs and treatments.
- g. Regarding technology, Manna Treatment will continue to utilize the programs and applications with the highest HIPAA standards.
 - i. Currently, we use Therasoft.com as our online electronic health record. After reviewing many programs, considering cost effectiveness, we have been using this as our primary resource. We have been able to develop person-centered templates for this program that are CARF-specific and eating disorder specific. This has been a process in itself, but is helping the company and the industry. At first glance and during our vetting stage, Therasoft appeared to be a flawless program. As we have discovered, however, there are some minor “glitches” in the program that prevent us from wanting to use them long-term. They do however, allow for HIPAA secure emails and video communication in case we need those services.
 - ii. Our future plan is to work with developers in creating a more efficient EHR that interfaces with Salesforce. This will commence in 2018.
 - iii. We are automating our requests for records, weekly review by clinicians and clients, and satisfaction surveys via Survey Monkey. It is HIPAA approved and will aid us in cleaner, faster information and data-gathering.
- h. Information from questionnaires assessing:
 - i. Client needs – 9 Clients in the IOP/PHP program have completed the feedback survey of the program. The results suggest that they are gaining a variety of insight into their eating disorder, but have made two suggestions that we will be implementing in January, 2018:
 - 1. Moving the PHP times to the morning (9AM-3PM), keeping the IOP in the afternoon (4-7PM), which will effectively accomplish the second recommendation
 - 2. Separate the Level 1 & 2 clients from the level 3&4 clients. Clients who are in the higher levels find it difficult to work on other issues because the level 1 & 2 clients have many more needs and crises.
 - ii. Employee needs – many of the questions are open-ended, and reveal a variety of different needs. However, a central need is the continued for staff training and growth, as well as organization in meeting times. An additional request was for focusing on prayer, devotional reading, and/or a spiritual focusing before meetings.
 - 1. As a response, we will discuss these concerns at upcoming staff meetings, which occur on a weekly basis.
 - 2. Manna is committed to employee retention, professional development, and collaboration. Our desire is to begin hosting trainings for our employees as well as

others outside of Manna. We will be creating trainings in the areas in which staff desires to learn, as well as the areas in which we need to learn.

3. It is our plan to have ample staff to allocate a maximum number of PHP and IOP clients, due to the amount of paperwork that needs to be completed. The number of primary clients will be limited to 2 PHP - 2 IOP per staff member in order to decrease burnout.

II. Development of Strategic Plan

The Strategic Plan was developed over time primarily by the Founder and CEO, Dr. Genie Burnett. She started working on the Manna Treatment program Strategic Plan in order to share with previous donors and financial supporters of the Manna Fund. Based on the needs of the eating disordered clientele in Gwinnett County, the decision was made to incorporate the PHP-IOP in with the OP practice. Because Manna Fund and Manna Treatment has a positive name in the eating disordered community both locally and across the country, the community has been overwhelmingly supportive of the addition of services. These individuals who have given financially also send referrals who are in this community as well as are in dire financial need. The creation of the program (and Strategic Plan) has been a both-and approach regarding need, location, and relationship in the community.

Regarding the fiscal nature of this plan, the budget is an ongoing cornerstone in the planning and development of the program and the strategic plan. Our aim to include those on state-based insurances is unique in the eating disorder field, as very few organizations feel that the state funding “isn’t worth it.” Because of the nature, vision, and focus of Manna Fund, it was not a second thought. Our aim is to help people who otherwise could not afford such treatment.

Future plans for Manna are vast. Therefore, the Budget is always included in the plans and vision of the organization as a whole.

This Strategic Plan is a breathing, living entity. Because of the vast plans of Manna Fund and Manna Treatment, this plan is reviewed yearly at the January Executive Board meeting. The plans for expansion are put in the plan at the onset of the year, based on the previous year’s events and commitments.

III. How and with Whom Strategic Plan is shared

The strategic plan is shared with all donors and staff, as relevant and needed. Despite the many ideas for future development, Manna operates on a “slow growth” basis in order to assure financial feasibility and viability of the programs. We depend heavily on the feedback from the clients, donors, eating disorder community, and Executive Board members – past and present.

Addenda

A. Transition: Levels and Programs

Transition: Levels and Programs

Each week that clients are in the program, both client and staff assess their level of functioning based on the following assessment:

Level	1	2	Relapse	3	4
	Surviving			Thriving	Leading
Medical Health					
Menses	Haven't had menses in over 3 months	Beginning signs of menses	loss of menses once has had them	Regular menses for 3 consecutive months	Have regular menses > 3 consecutive months
Blood Work/Labs	Abnormal labs	Improvement in labs		Labs are stable, normal	
Vitals (HR & BP)	HR > 50	Stable heart rate		Stable heart rate, potential for exercise	
Medication effectiveness	Medications are not affecting me	I am feeling some benefits from my medication	I am unsure about any benefits currently, despite the fact that I felt them before.	I am feeling the full effects of the medication and am willing to continue taking it as the MD prescribes	
Weight	<80% IBW	80-85% IBW	Fluctuation or regression from higher %IBW	85-95%IBW	>95% IBW
BDI	29-63	20-28	Regression from consistent higher score	14-19	0-13
BAI	29-63	20-28	Regression from consistent higher score	14-19	0-13
AIMS (if needed)					

Treatment Compliance

Meal Plan Compliance	I do not follow my meal plan	I sometimes follow my meal plan	I have started to use old eating disordered behaviors again to cope	I follow my meal plan 100% every day	My meal plan is intuitive eating
Medication Compliance	I am not taking the medication I was prescribed	I often do not take my medication	I am doubtful about taking my medication or I no longer take my medication as prescribed	I typically take my medication but sometimes I do not	I am taking my medication exactly as prescribed
Group Behavior	I do not actively participate in groups	I participate in groups by listening and sometimes talking	I feel uncomfortable processing my issues in group because I feel ashamed of my relapse behaviors	I use group often to take steps toward recovery	I participate in group by being: open & honest, attentive, engaged, supportive, doing activities, listening, processing, and accepting feedback
Honesty	I am not honest or withhold information in program	I am sometimes honest in program	It is difficult to be honest now because of the shame I feel	I am usually honest in program	I am always open and honest in program
Trigger Recognition	I do not know what my triggers are	I have identified some triggers	I have been blindsided by my triggers. I do not know why I have relapsed	I am able to identify and recognize many of my triggers	I am able to effectively identify and recognize my triggers

Eating Disorder Symptoms

Need for Recovery	I do not need recovery	I recognize I need recovery but don't want to recovery	I'm tired of trying to recover	I am ready to recover	I am in recovery and want to continue on this path
Behavior Frequency	I frequently act on my eating disorder behaviors	I sometimes act on my eating disorder behaviors	I have regressed in my eating disorder behaviors - I have acted out within the past two weeks	I rarely act on my eating disorder behaviors	I have not been acting on my eating disorder behaviors and am working on relapse prevention
Eating Habits	I use the rules from my eating disorder to eat	I have started adding variety to my food	I struggle with the consistency and flexibility of eating	I am aware of my food needs	I have been able to demonstrate that I eat intuitively
Hunger/fullness	I cannot identify hunger/fullness	I can sometimes identify hunger/fullness but have trouble distinguishing between emotional and physical	I was working on/towards hunger/fullness, but because of an unforeseen trigger, I am unable to do that now.	I can identify hunger/fullness but, have trouble distinguishing whether it is emotional or physical, and/or how to meet my need	I can identify my hunger/fullness, distinguish between whether it is emotional or physical, and meet my food needs accordingly
Using my voice	I don't want to speak up for myself - it's too scary	I have begun to practice talking and speaking up for myself, but it is extremely difficult and uncomfortable.	I am afraid to use my voice, but I have thoughts that I would like to talk about	I need to use my voice when I am feeling emotionally full and physically full	I'm comfortable asking for what I need and want, even if I get an answer that isn't what I like.

Body Image/Self Esteem

Vulnerability	Vulnerability is weakness. I am not vulnerable. That is the worst thing that you can feel.	I feel vulnerable sometimes but I'm not ok with it	I started feeling ok being vulnerable, but it is too scary right now.	Vulnerability is a normal part of feeling pain, but it is hard to manage	Vulnerability is a part of being human, and I am learning how to use it to my growth and advantage
Body Image	I hate my body - it is imperfect and ugly.	I confuse my body's needs and my emotional needs. It affects how I see my body	I have begun to control my feelings again through harming my body	I recognize that my body is holding my painful emotions and isn't "bad"	My body is a container and not an object. I accept and appreciate my body.
Self Esteem	I do not like myself because I believe I am worthless and/or not good enough	I see myself as being defective but see that there may be reasons for why I feel that way	I have felt better about myself in the past, but I have become more doubtful about my worth again	As my pain is leaving, I have begun to feel better about who I am	I am feeling more positively about myself and see that I have many positive qualities
Trauma	I know I have had trauma, but I don't need to talk about it. It doesn't affect me now	Trauma has greatly affected my self-worth but I'm not sure that I can deal with it	Something I have not been aware of has surfaced and feels traumatic. I feel stuck and scared.	I am beginning to deal with some of my traumatic past and have learned to talk and grieve about it	I am feeling more free emotionally because I have processed a lot of my trauma. I feel relieved from the burdens of that pain.
Insight	My emotions don't affect my food	I am beginning to see that my behavior with food is connected to how I feel	I thought I understood my relationship patterns, but I'm confused now	I am seeing more connections between my feelings, my food, and other relationships.	I am beginning to make better choices with food because I better understand my relationship patterns (people, food, body, etc)

Self Actualization	I can't help others because I'm so messed up	I appreciate those who try to help me because they have been here too	I thought I could help others at some point in time, but now I'm not so sure	I would like to help others through recovery because I am benefitting from it	I accept myself and want to continue to grow so I can help others
Motivation for Recovery					
Motivation for Change	I do not want to or need to change	I am somewhat or sometimes motivated to change	I'm so frustrated that at times I want to quit. I have been down this road and feel it is endless	My motivation varies, but I am more motivated for change than not	I am 100% committed to changing for my recovery
Resistance	I will not follow treatment recommendations	I will follow some treatment recommendations	I'm a bit frustrated with how this whole therapy process is going. I hate the word process	I will try to do what I need to in order to recover	I will do what I need to continue my recovery
Awareness of Needs	I do not need anyone or anything	I can identify my unfulfilled needs	I am feeling vulnerable and needy and don't like it.	I am working on fulfilling my needs	I am at peace currently and hopeful for the future
Doing what is hard	I don't want to recover because it is too hard	I am willing to try some new things in order to change	I have worked through some painful feelings but I feel like it will never stop	I can see that doing the hard, painful work is helping me	I am willing to make sacrifices in order to get better, even if it means I will be in pain
Healthy Coping Skills/Emotional Control					
Coping Skills	I do not have coping skills or the ones I do have are unhealthy	I know healthy coping skills but rarely use them	I have seen success with coping skills, but feel that they don't work right now	I use coping skills but they are not very effective or I forget to use	I use healthy coping skills regularly

				them, when I am highly emotional	
Thought Patterns	I do not have any irrational thoughts	I can sometimes identify when I have irrational thoughts	I have identified irrational beliefs in the past, but they seem true again	I can identify my irrational thoughts as I have them	I can identify and change my irrational thoughts
Impulsivity	When I have an urge I act on it without questioning it	I am aware that I can make a choice when I have an urge, but I typically choose to act on it	I felt the urge and for some reason, I acted on it again	I usually do not to act on my urges for unhealthy behaviors	I choose not to act on urges for unhealthy behaviors
Mood	I am unable to function due to my emotional state and most days are bad mood wise	I am somewhat able to function in my emotional state but I do have some good days mood wise	I know what more stable moods feel like, but I feel that I can't get back there right now	I am usually able to function in my emotional state and I typically have more good days than bad	My mood is proportional to the events in my life and it does not cause problems in my life
Emotional Regulation	My emotions are overwhelming always and I do not know what to do	My emotions are distressing and are heightened or inappropriate for situation	I feel a bit emotionally unstable right now and don't know how to get them under control	My emotions are somewhat manageable and are not always proportionate to situation	My emotions are manageable and proportionate to the situation
Dealing with problems	When I have a problem I ignore it	I sometimes deal with a problem	I am tired of dealing with problems and don't feel like changing right now	I often deal with problems in healthy ways but	I deal with problems effectively as they come up

				sometimes I do not	
Awareness of Consequences	I do not know what the consequences of my actions are or I do not care	I am beginning to identify some consequences of my actions	I know what the consequences will be if I do _____, but I don't care right now	I am often aware of consequences	I am aware of consequences of my actions and act accordingly
Interpersonal Relationships					
Boundaries	I do not set boundaries or know what they should look like	I recognize that I have unhealthy boundaries and want to change them	I screwed up again - I broke the promise to myself and violated my own boundaries	I am establishing healthy boundaries	I have healthy boundaries with others
Assertiveness	I am passive or aggressive but not assertive	I am working on being assertive, but it is difficult	I have lost the desire to be assertive. I'm tired and have been either aggressive or passive	I am assertive much of the time, but still have trouble with some people or situations	I am assertive regardless of person or situation
Relationships	I have no healthy relationships	I have a few healthy relationships	I have some healthy relationships but need my old, unhealthy friends right now	I have several healthy relationships	Most of my relationships are healthy
Defense Mechanisms	I do not have any defense mechanisms or I am unable to identify them	I am able to recognize my defense mechanisms	Because I have relapsed, I just don't care anymore	I can recognize my defense mechanisms and have been working on letting go of them	I know what my defense mechanisms are and no longer use them

Support Utilization	I do not need or reach out for support	I ask for support once I am in extreme distress	I am too f-d up for support	I usually reach out for support when it is needed	I regularly try to do things on my own but reach out for support when it is needed
Trust self	I do not trust myself	I am working on trusting myself	I don't trust myself anymore because I messed up and relapsed	I continue to trust myself more and more	I am able to trust and listen to myself
Trust of others	I do not trust anyone	I am working on trusting others and/or have a few people I trust	I have been so hurt that I'm not sure who or if I can trust others again	I am able to determine who I can trust and I have people in my life that I trust	I am able to trust others
Independence	Others do most things for me	I do things for myself sometimes but I rely on others much of the time	I have messed up and can't be trusted to do the right thing anymore	I do many things on my own but I rely on others for some things	I do many things on my own but I do ask for help when it is needed
Safety	I am never safe	I can identify things that help me feel safe	I'm not safe with myself.	I often am able to find safety	I am able to provide a sense of safety for myself