

Manna Treatment, Program of MANNA FUND

2021-2023 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
2019 Revision: 2/9/2019; 2020 Revision: 8/23/2020



Current Location: 3305 Breckinridge Boulevard, Ste 116, Duluth, GA 30096

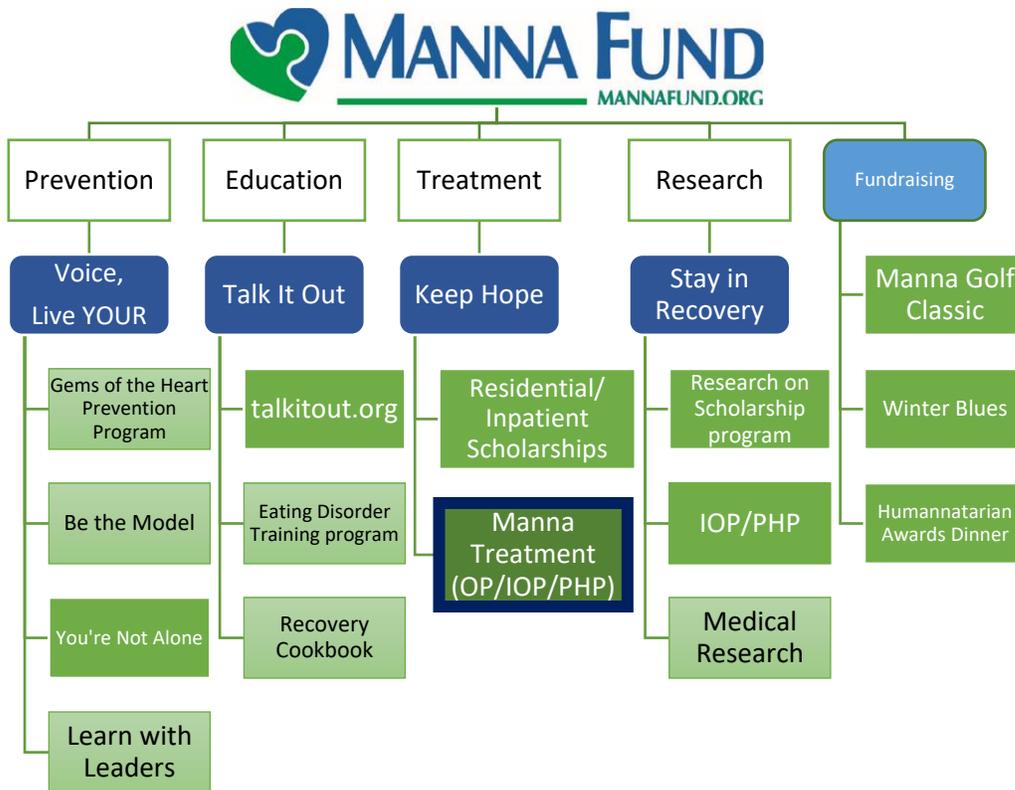
Executive Summary

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 three million dollars, with over \$1.1 million 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	8,600
2017 IOP/PHP	44	825	336,320.78
2018 IOP/PHP	24	16,443	133,179.00
2019 IOP/PHP	34	23,490	50,426.54
2020	40	29,362	28,517.83
Total	203	72,534	\$1,108,958.56

Executive Management

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

Executive Board Members:

President: Anne Moore, PsyD, Clinical Psychologist in Eating Disorders
 Vice President: Jessica Morris, CFP
 Treasurer: pending
 Strategy, Medical: Jim Burnett, DO
 Fundraising: Rob Petmecky, JD



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. Since 2006, Manna Treatment has developed a positive reputation amongst other clinicians, physicians, schools, and businesses. In 2016, Dr. Burnett brought the Manna Treatment program under the Manna Fund umbrella, in order to obtain CARF accreditation and create local programming at the Outpatient, Intensive Outpatient and Partial Hospitalization levels of care. This accreditation has helped to expand the levels of care that Manna can address, create a steady income stream, and establish a unique program that has quickly been acknowledged as one of the top programs in Atlanta. Manna's Outpatient program 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 obtained initial CARF accreditation in 2017 for these levels of care. The goal for 2020-2023 is to become CARF recertified for three years in order to continue utilizing private and state-based insurance for treatment and full recovery. As insurance resources are exhausted for individuals and they need continued treatment, Manna Fund is designed to provide reduced funding/scholarships for continued treatment for clients. Scholarships are derived from sliding scale as well as donations/fundraising events.

Purpose:

Manna is a word derived from the Old Testament in the Bible. Manna was the food that God gave the Israelites to eat while they were in the desert for 40 years. The word "Manna" has several meanings: bread, life, gift from God, and Christ. While the Israelites were walking through the desert, God appeared to them as a mist and a cloud of smoke. The Israelites followed God through the desert, and God gave them manna to eat daily. Therefore, while they were in their spiritual, emotional, and mental desert, God assured that as they depended on Him, He met their needs.

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. Our ongoing specialization is eating disorders, and we are developing a new specialization in trauma-based disorders. This dual focus addresses not only the underlying issues related to traumatic experiences from the past, but also the maladaptive coping skills (eating disorders and other self-injurious behaviors) that prevent clients from obtaining wholeness and complete recovery. Manna also encourages the development of spirituality as a core component of their recovery, in order to obtain a complete dependence on God.

The mission statement of Manna Treatment is: *To provide treatment for those with eating disorders and trauma-based 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. 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.

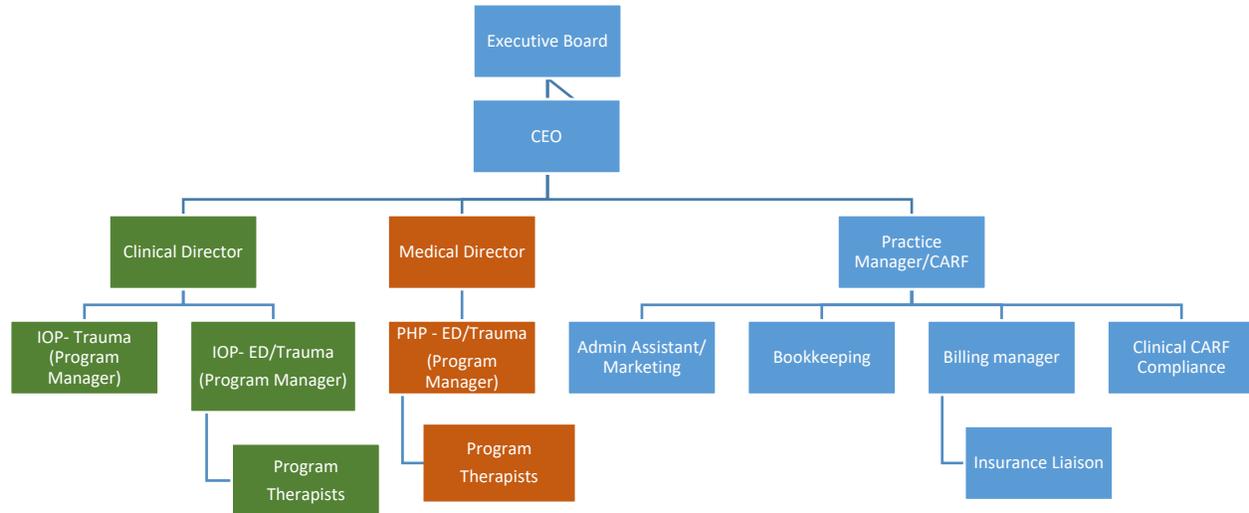
The success of the Manna Fund/Manna Treatment programs are dependent on the trust and confidence we earn from our personnel, persons served, stakeholders, and the community. We gain credibility by adhering to our commitments, displaying honesty, fairness, and integrity and reaching company goals solely 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 is strategically placed in Gwinnett County, the second largest county in Georgia. Gwinnett currently has 936,250 residents (2019 census), second only to Fulton County, in which Atlanta rests. Duluth is a suburb of Atlanta, located approximately 30 miles northeast of downtown. The median age is 35.5, median household income is \$72,184 and the poverty rate is 12.1%. In 2016, the state of Georgia reported that 6.72% of the adult state population had Major Depressive Disorder and 2015 data showed that 37.4% of the adult population utilized mental health services. Data available through: <https://www.census.gov/topics/health.html> and <https://datausa.io/profile/geo/gwinnett-county-ga/#health>

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.

This strategic plan has been developed via ongoing communication via phone calls, direct conversations, and feedback questionnaires between leadership, staff, clients, and stakeholders.

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)***.

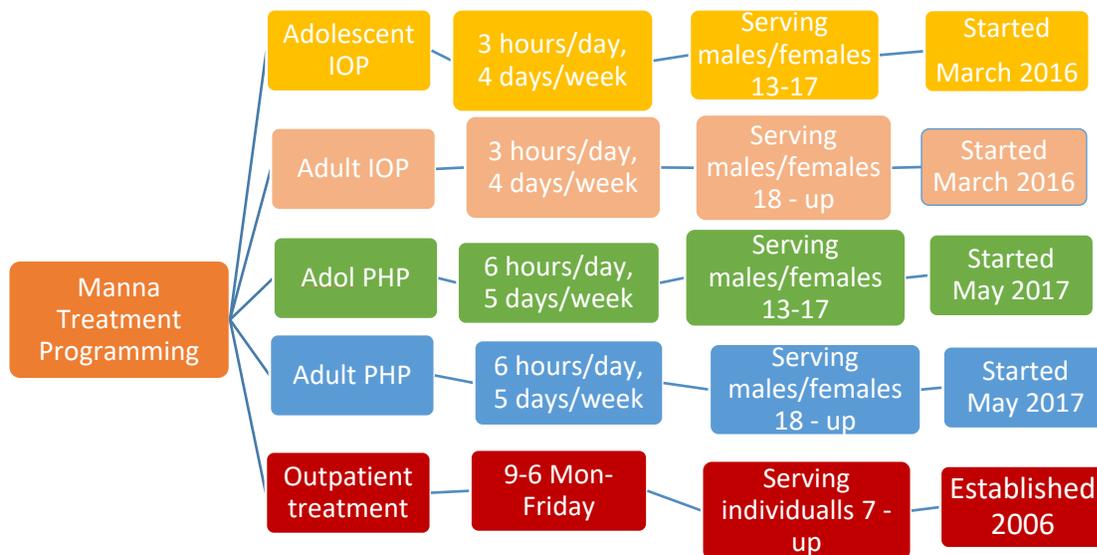
Not only are eating disorders as prevalent as previously thought, they are also highly correlated to emotional and personality comorbidity, functional impairment, suicidality, and intense health service usage. Given the young age of onset, early intervention and prevention is crucial. A mortality rate 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.

Comprehensive Services within PHP and IOP for Eating Disorders:

We provide comprehensive services for your needs including:

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

Partial Hospitalization Program (PHP-ED)

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 Programs (IOP-ED)

Adult IOP-ED

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-ED

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.

Child IOP-ED

Child IOP is for clients 8-12. This program does not typically run on a consistent basis but does on occasion when there are enough clients for the program. This program tends to run less hours than the adolescent IOP and is based on the needs and abilities of the child.

Intensive Outpatient Program (IOP-Trauma)

The Adult IOP for Trauma-based disorders is for adult women, age 18 and up. This is a new program that is being established in 2021. It will initially target women who are struggling with PTSD and other Dissociative Disorders as primary diagnoses. This program will run 5-days per week, 3 hours per day. It will focus heavily on containment and processing from individual therapy sessions. There will be psychiatry services as well with this program.

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

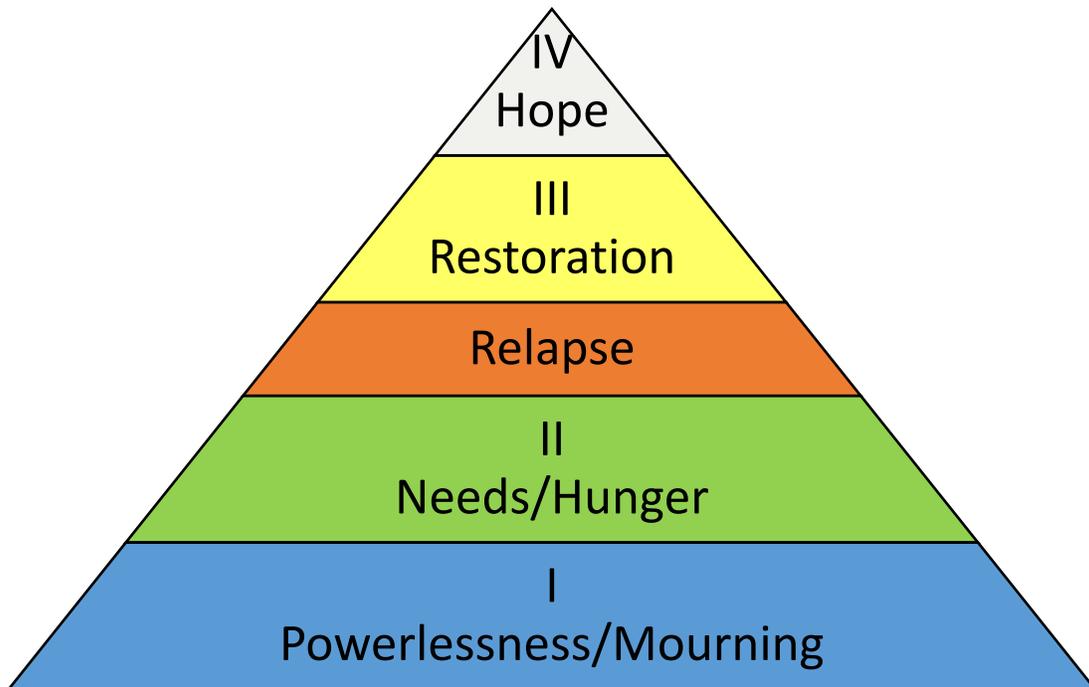
Manna Treatment believes that successful treatment encompasses all aspects of an individual's functioning: mind, body, and spirit. Therefore, we have created a therapeutic program that involves the family in an integral manner to address each. Our holistic approach is designed to help those struggling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

- | | |
|---|---|
| <ul style="list-style-type: none"> • Return/change to new acting out behaviors • “Rationalizing” new behaviors that may be connected with acting out anxiety/feelings • Isolation; shame, self-blame | <ul style="list-style-type: none"> • 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 (Goal for Health)

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-Blue and Green; IOP-green groups

	Mon	Tues	Wed	Thur	Friday
9:00	PHP = blue + green				Breakfast Christina
10:00					Body Image/ Empowerment
11:00					Alternate options: Self- Defense: Yoga/
12:00					Relapse Prevention Kelsey
1:00	Check in/ Lunch Erin	Check in/ Lunch Erin	Check in/ Lunch Erin	Check in/ Lunch Erin	Lunch Kelsey
2:00	Behavioral Chain Analysis/ Weekend triggers Jania	Hope, Trust & Spirituality Christina	12-Steps Intro Erin	CBT Christina	Weekend Planning/ Process Sierra
3:00	Process Kelsey	Trauma Recovery Genie/Emily/ Christina	DBT Jania	Process Emily	
4:00	Experiential (Body Connection/ Art) Emily	Nutrition Erin	Process Sierra	Food/Feelings/ Whole Body Wellness /Healthy Exercise Vanessa	IOP = green
5:00	Dinner Erin	Dinner Erin	Dinner Emily	Dinner Kelsey	
6:00	ACT Emily	Process Kelsey	Family Jania/Emily/ Erin	Levels/ Process Kelsey	

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**hose 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.

1C1a-b. 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 request feedback from clients on a quarterly basis (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 increase. This phenomenon, largely driven by behavioral health "carve outs," has created a competitive clinical market, resulting in client service and experience by the client and family 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. Since our initial CARF application, several new treatment options for eating disorder treatment has entered into the Atlanta area. However, most of the treatment programs that provide the same levels of care as Manna are in the upper part of the perimeter, near many of the hospitals. These are typically 20-25 miles from Manna Treatment. Hence, Manna is the only treatment program that serves eating disorders and trauma outside of the “perimeter area” and is in the largest county in Atlanta, Gwinnett County. Future plans for Manna include establishing more satellites in the periphery of Atlanta, reaching where many clients live, versus making clients travel up to 2 hours one way for clinical services.

This makes Manna Treatment a diverse, outside-the-box treatment program and provides financial opportunities for Manna as well as better treatment options for clients we serve. Manna Treatment has also identified and secured payers for these much needed services during the past 3 years. These include Medicaid and its subsidiaries (Peach State Health Plan, WellCare, Amerigroup, Cenpatico, CareSource, Ambetter) and 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.

Since the original CARF survey, Manna attempted to become a part of the Medicaid-based network but found that our “specialty” services were not a part of their seven areas that they provide funding for. Nevertheless, the CEO of Manna intends on working towards encouraging this system to make internal changes so that the needs of their constituents are met. We will propose that they carve out a “specialized service” for Trauma-based Disorders and Eating Disorders.

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

<u>Referral Sources</u>	<u>Customer Needs</u>	<u>Referral Source</u>	<u>Customer Needs</u>
1. Community Professionals	Trust	3. Managed Care Companies and Other Payors	Availability, competency and reliability
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
2. <u>Individuals and Families</u>	Competency	Medicaid	Responsiveness and cooperation/evidence-based model
Individuals	Accessibility	4. <u>Vendors</u>	Timeliness
Couples	Respect	Accounting Billing/Collections	Cooperative working relationship
Families	Compassion	Legal	Timely disclosure
Groups	Empathy	Human Resource	Respect

Leadership Development

I. Staff Improvements

- 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. 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.
 - a. Ongoing conversations are taking place within the organization to identify individuals who would be a good fit to assume the duties of the CEO within the next 5-10 years.
 - b. Manna staff has instituted a monthly leadership meeting that focuses on each individual identifying their own leadership style and practice. This has been inspirational and the staff transfers this information to the program clients.
 - c. In the event of the CEO’s death, the Board President has been identified as the individual who will interview and present selection of next CEO to the Board.
 - d. A financial plan is being created in which the CEO is taking out a “Bank on Yourself” Whole-Life policy starting in 2021. This will be presented to the board in January 2021. This can be used in the event of the CEO’s untimely death and/or can be used as a retirement account when the CEO retires.
 - ii. Hiring Practices: Manna has been using online assessments to better understand individuals before they are hired. This helps to minimize individuals who have uncooperative personalities, are ill-suited for positions in which they are applying, and will decrease rate of staff turnover. This is also used upon hire to set goals for the following year and is reviewed at the 90-day and annual review time (July of each year).
 - iii. The CEO practices 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. 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)
- II. Employee needs – many of the employee feedback questions are open-ended, and reveal a variety of possible employee 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.
 - a. As a response, we will discuss these concerns at upcoming staff meetings, which occur on a weekly basis.
 - b. 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 have provided an in-person training on EMDR in 2020, based on financial successes of the program.
 - c. 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 - 4 IOP per staff member in order to decrease burnout.

2021-2023 SWOT Analysis

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.

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<i>Only nonprofit program that treats eating disorders in Georgia; are not corporately owned and have corporate demands</i>	<i>Marketing efforts have been hit or miss over the past 3 years; things are growing, but slowly</i>	<i>Marketing will strengthen the value of program, enhance relationships and provide more resources in the community</i>	<i>6-7 other PHP/IOP programs in central Atlanta area; others are also creating trauma-based programs</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>Growth isn't able to happen as quickly as we anticipated due to limits in finances</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>We are smaller than other programs and are not able to provide the on-boarding benefits like other bigger organizations</i>
<i>Only program that provides substantially reduced fee/free treatment</i>	<i>Need for more staffing (nurse 100% onboard, another full time therapist needed, bilingual therapist needed)</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>Create more programs across the greater Atlanta region – we have immediate plans in 2021 to develop a recovery residence to allow for Manna clients to live vs. being in difficult home situations.</i>	<i>Lack of education/awareness from local community creating issues with referrals to the programs</i>
<i>Capable of providing truly individually based care for clients with difficult, life-threatening issues</i>		<i>Add ED and Trauma PHP/IOP programs in McDonough, GA (south of the Atlanta area, where there are no resources)</i>	<i>Unable to onboard with some of the insurance companies (e.g., Kaiser) because of other programs already established</i>
<i>Able to provide training resources for staff as finances improve</i>			

Regulatory and Legislative Environment

Manna Treatment’s external regulatory and legislative environments are impacted by following the guidelines set by the following national and state agencies:

- I. Clinical Compliance (National and Local Associations)
 - a. CARF
 - b. American Psychiatric Association/Georgia Psychiatric Physicians Association
 - c. American Psychological Association/Georgia Psychological Association
 - d. National Association for Social Workers/ Georgia Society for Clinical Social Workers
 - e. American Nurses Association/ Georgia Nurses Association
 - f. National Board for Certified Counselors/Licensed Professional Counselors Georgia
 - g. HIPAA
 - h. Centers for Disease Control
 - i. Georgia Department of Behavioral Health & Developmental Disabilities
 - j. Georgia Department of Human Services
 - k. 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)
- II. Administrative Compliance
 - a. CARF
 - b. Insurance company definitions (regarding accuracy and fraudulent billing practices)
 - i. Certified Physician Practice Manager
 - ii. Certified Professional Coder
 - c. Office Management
 - i. Obtaining BAAs
 - ii. HIPAA laws
 - iii. Cybersecurity for Technology

1C1L. Technology Strategy

The following are utilized as primary technology sources that provides for HIPAA-compliant, seamless transition from referral to client, internal and external communications, and stores information for business management:

- I. Survey Monkey (Enterprise Team [HIPAA-enabled]) used for:
 - a. Intake questionnaire information – streamlines intake information, including demographic information, insurance information, payment information; Allows for less phone interaction between client and admin staff, allowing for more privacy and less time utilized to perform intakes, less mistakes likely
 - b. Follow up assessments
 - c. Satisfaction surveys (clients, staff, stakeholders)
 - d. Onboarding questionnaires for staff
 - e. Fantastic reports on the aforementioned
- II. Aura (Electronic Health Record for clients) provides:
 - a. Documentation
 - i. Client sessions
 - ii. Billing sessions
 - iii. Financial reports
 - iv. HIPAA and clinical paperwork
 - v. Accurate reports on the aforementioned
 - b. Client portal provides client access to
 - i. Assessments
 - ii. Financial records

- iii. Appointment history
- III. Mannatreatment.com website:
 - a. Information on the practice, including services provided, staffing, access to intake link, outside clinician referral link, link to provide client feedback regarding services and programs
 - b. Links for client admission
- IV. Office 365
 - a. Internal communications
 - b. Old client records storage
 - c. Access to all meeting notes from all staff meetings conducted
- V. Icontact
 - a. Provides for mass external communications regarding programs, updates, fundraisers and other news
 - b. Allows for sending information to specific groups of individuals in a confidential manner, with the option of “opting out” of our emails

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 information is our ongoing strategy in addition to our updates.

Income Streams: Manna continues to be supported in part by the following:

1. Private foundations
2. Personal donations
3. Corporate sponsorships
4. Fundraising events
5. Insurance payments for OP-IOP-PHP
6. Client payments for program

Current OP/IOP/PHP Program Income:

1. Without insurance, full fee:
 - a. IOP – three groups/day = \$350/day x 4 days = \$1500/week
 - b. PHP – six groups/day - \$600/day x 5 days = \$3000/week
2. Insurance companies: Since 2018, Manna has been credentialed with the following insurance companies in order to become “in-network” and to create sustainability:
 - a. Aetna (outpatient only)
 - b. Ambetter
 - c. BCBS
 - d. Beacon Health
 - e. Cigna
 - f. ComPsych

- g. Humana
 - h. UHC/Optum
 - i. Medicaid-based companies:
 - i. PeachState Health Plan
 - ii. Wellcare (outpatient only)
 - iii. Amerigroup (applying for membership)
 - iv. CareSource (applying for membership)
 - j. Medicare
3. Scholarships:
- a. Many individuals in the PHP-IOP have been on scholarship.
 - b. Reduction of fee based on need. Clients complete a financial application/scholarship form, which is kept on file. Approval is based on financial need and motivation to recover. 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
4. Combination of financial resources: utilization of insurance, scholarship, and self-pay.
5. Churches and other organizations: provide financial aid for clients in program

Program Income (2018-2020):

	JAN - DEC 18	JAN - DEC 19	JAN 1 - NOV 14, 20
4003 - PROGRAM TREATMENT			
4003 - 01 OP	179,879.57	246,626.08	473,136.20
4003 - 02 IOP ED	190,591.74	281,976.38	336,288.64
4003 - 09 PHP ED	230,000.00	63,523.00*	538,964.31
4003 - PROGRAM Treatment - Other	5,846.87	9,434.42	0.00
TOTAL 4003 - PROGRAM TREATMENT	606,318.18	601,559.88	1,348,389.15
6004 - SCHOLARSHIPS			
6004 - 02 IOP ED Scholarships	120,959.37	15,591.59	0.00
6004 - 09 PHP Scholarships	221,518.00	0.00	0.00
6004 - 10 Residential Schol	1,500.00	0.00	0.00
TOTAL 6004 - SCHOLARSHIPS	343,977.37	15,591.59	0.00

*loss of PHP from 6/2018 to 10/2019 due to our psychiatrist retiring

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.

Medicaid/state-based insurances: We have applied to Medicaid and found that there is no “bucket” in which Manna fits to pay for individuals in our PHP or IOP program. There have been several inroads

being created in order to connect with individuals at the state level in order to attempt to change this systemic issue.

Strategic Goals and Objectives

Based on the Manna Treatment mission statement and the SWOT analysis, Leadership at Manna Treatment has identified future goals for the next three years (2021-2023). These goals address different aspects of the ASPIRE and Clinical sections from the CARF manual. See **Addendum B**.

Development of Strategic Plan

1. The development of the Strategic Plan has been created and modified over time, typically every year, depending on the circumstances and changes in the structure of the program itself.
2. The ongoing Strategic Plan will continue to be modified as needed, typically once a year or when new Executive Board members are brought on to the board.
3. How and with Whom Strategic Plan is shared:

Individuals shared with	How	Impact
Executive Board	Annually at board meeting	Awareness of past and strategic planning for the future
Donors	Via website and email	Awareness of the future plans; provision of feedback to obtain ideas from donors as well
Recipients of Services/Clients	Available in Lobby, on website	Awareness of the history and vision of services
Staff and Team Members	Notebooks, online, onboarding/training	Alignment of services with Mission and Goals; gain feedback of how staff would like to participate and create for more services, plans, etc

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.

Manna Fund's overarching goals have been to extend beyond providing access to treatment. It is imperative that the Board of Directors weigh in on what aspects are still within the scope of Manna Fund in the present and future. Circling back to our Mission Statement, we have provided:

- a. education of those who do not understand eating disorders;
- b. intervention (treatment) with those who have eating disorders, and
- c. 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/Outreach:

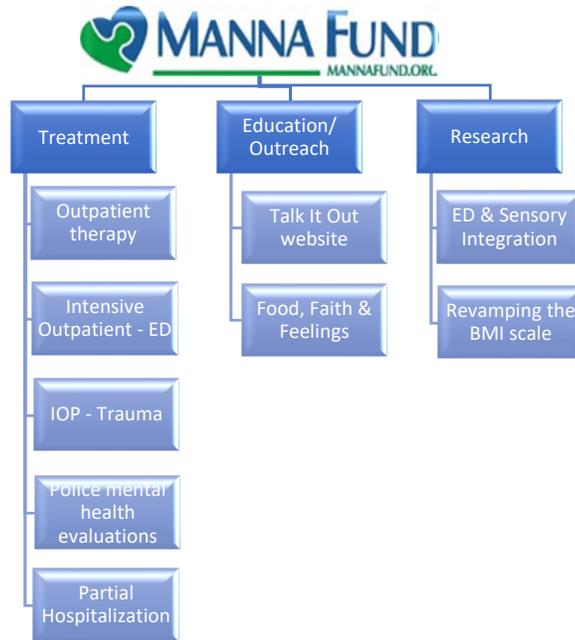
1. Food, Faith & Feelings – reinstate this podcast during 2021Q2. We have identified
2. Talk It Out – a website that will provide access to therapeutic ideas and interventions for clients, parents, and providers. It also has a unique and comprehensive database to access services across the world
3. Teaching 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.

Research: Manna has been working with Masters 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:

1. 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.
2. Treatment efficacy within the IOP/PHP program
3. Family support & treatment involvement
4. Medical issues related to eating disorders
5. Changing the BMI chart to a more appropriate %Ideal body weight (based on three different body types)
6. ED & Sensory Integration connection

Treatment: Manna has plans on expansion of the PHP/IOP program across the greater Atlanta area. In addition, Manna has plans to create an IOP that is trauma focused and is attempting to create a targeted evaluations process with police officers to ensure that they are mentally healthy.

Visualization of Growth Overview



Addendum A: 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 them, when I am highly emotional	I use healthy coping skills regularly
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 sometimes I do not	I deal with problems effectively as they come up
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
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Addendum B – Future Goals of Manna Treatment (CARF Guidelines)

Std	SECTION	ASPIRE GOALS 2021-2023
A	Leadership	<ol style="list-style-type: none"> 1. continue to empower each of the therapists to create their own definition of what being a leader is about 2. Continue to work through the Leadership Book, "Great Leaders Live Like Drug Addicts" 3. Continue to set goals for each therapist twice per year: onset of the year as well as Annual Review (July)
C	Strategic Planning	<ol style="list-style-type: none"> 1. Improve marketing efforts
D	INPUT FROM PERSONS SERVED	<ol style="list-style-type: none"> 1. Be more diligent about getting clients to respond to ideas for changes, updates to services, and how they experienced Manna after discharge 2. Utilize the Aura features to set up the appropriate future time to get feedback from clients.
E	LEGAL REQUIREMENTS	<ol style="list-style-type: none"> 1. Address client confidentiality during pandemic by allowing for docusign to manage signatures on documents. 2. Continue to add documents and assessments to Aura portal 3. Enforce clients to adopt portal processes in order to manage signatures, documentation, assessments, financial concerns and appointment status.
F	FINANCIAL PLANNING & MANAGEMENT	<ol style="list-style-type: none"> 1. Bookkeeper to write up analysis of the budget and actual on monthly basis, to be reviewed with CEO on monthly basis. 2. Financial processes to be re-evaluated for front office personnel in order to make sure that we are collecting on a daily basis for client sessions. 3. Payment plans

G	RISK MANAGEMENT	<ol style="list-style-type: none"> 1. Mitigate emotional risk for clients by creating a more cohesive set of rules and strategy for clinical and admin staff (in office) to be consistent with client interaction 2. Decrease physical safety risk for staff by teaching physically restrictive and safe practices
H	HEALTH AND SAFETY	<ol style="list-style-type: none"> 1. Hired front office person to manage front office and teaching her H&S practices for more consistency in conducting drills and trainings 2. Set up calendar via Teams with all H&S exercises in case of loss of staff or change in duties 3. Creating master spreadsheet with all of H&S needs, dates, etc.
I	HUMAN RESOURCES	<ol style="list-style-type: none"> 1. Practice Manager to conduct all HR tasks and duties 2. Improve communication within admin staff
J	TECHNOLOGY	<ol style="list-style-type: none"> 1. Continue to utilize Aura as our primary source of follow up for clients 2. Continue to use Teams for all staff based information and communications
K	Rights of Persons Served	<ol style="list-style-type: none"> 1. Upon discharge, ask questions regarding any dissatisfaction in services
L	Accessibility	<ol style="list-style-type: none"> 1. Continue to market to serve more populations 2. Continue expanding insurance programs to serve more (Kaiser, Tricare, etc) 3. Add location on south side of Atlanta 4. Add recovery residence option for those who are in PHP-IOP care
M	1.M. PERFORMANCE MEASUREMENT AND MANAGEMENT	<ol style="list-style-type: none"> 1. Hire a therapist/primary researcher

		2. Develop current ideas into studies/research for primary researcher to gather data and provide helpful outcomes for the ED and Trauma populations
N	PERFORMANCE IMPROVEMENT	1. Utilize all answers to the above for improvement in Manna's overall functioning
		2. improve communication between staff and family when their children/teens are a part of our programs.

Clinical Sections:

SECTION	GOALS 2021-2023
PROGRAM SERVICE-STRUCTURE	<p>Establish recovery residence for IOP-PHP ED clients</p> <p>Establish 2nd location for Manna to operate where there is no specialized service for ED treatment on south side of Atlanta</p> <p>Implement Trauma Recovery IOP during the first quarter of 2021.</p> <p>Implement First Responder assessment protocol 2021Q1</p> <p>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.)</p>

Developing a better referral process with local clinics and clinicians

Create more thorough feedback form to show recommendations for level of care discussed by team in team meetings

Develop COVID-specific criteria for operations when there is an exposure onsite.

continue providing company-wide training programs to increase and enhance each therapist's clinical skill and knowledge

SCREENING AND ACCESS TO SERVICES

Update dual environment for in-person and virtual programming

Maintain the restrictions of the COVID virus and have options for online therapy

Assess the intake process ongoing to shorten the intake process for clients. This includes:

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

Send Satisfaction Survey to both individuals in program and to those who didn't attend regarding the intake process

Implement changes as requested and as fiscally possible

Provide accurate, detailed, helpful feedback to clients regarding their treatment progress

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

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.

PERSON-CENTERED PLAN

Client needs – Clients in the IOP/PHP program have completed the feedback survey of the program. Based on their responses, the following occurs:

Separating clients in process-type groups into two groups when the group is equal to 8 or more clients. Groups are split, based on issue or age. This helps maintain integrity of the program and provides a space where clients feel heard.

Providers will be required to learn updated techniques and philosophies, and implement these in group settings

Providers will be required to present such education to the staff at assigned staff training meetings on a regular basis

TRANSITION-DISCHARGE

Create a Recovery Residence for clients in the PHP-IOP-OP levels of care

Conduct research at 6-month, 1 year, and 2-year intervals on Levels of Care system and process

Collaborate with existing community services and other service providers to support growth and leadership with clients as they transition from Manna

Assess and document identified educational, career, and growth-oriented needs among the Manna client population

Continue to network and market with other nonprofits as well as businesses and educational programs to support clients' growth

conduct a quarterly review of discharge process in the Aura system as well as how it is enacted with clients.

MEDICATION USE

Barb Luttrell, APRN and Medical Services Director has created a handbook of medical services for clients and staff clarification.

NONVIOLENT PRACTICES

Tighten up protocol for clients who are suicidal

RECORDS OF PERSONS SERVED

Each client is given their staff-reviewed progress form and discusses their progress with staff in individual and/or process group. This needs to occur within the Aura portal system for parents to understand the progress/struggle that their child is having.

QUALITY RECORDS MANAGEMENT

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

Outcome of Quality Record Reviews will be incorporated into improvements in compliance and accountability

A review of closed cases results in documentation of discharge plans in all cases and aftercare plans in 95% of all cases as appropriate

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

INTENSIVE OUTPATIENT

1. Implement the Trauma Recovery IOP

OUTPATIENT TREATMENT

1. Create more OP groups

2. Expand services to support First Responders

PARTIAL HOSPITALIZATION

1. Creating system for both in-person and virtual clients to participate in same groups

CHILDREN & ADOLESCENTS

Continue to separate children (8-12) from adolescent population (13-17) in group setting

EATING DISORDERS

Conduct two research studies: 1) on the vitals of people in PHP and IOP to follow the trajectory of each level of care; 2) to conduct a study using calipers to help define different body types in order to re-define the inappropriate BMI chart