

## **Manna Treatment, Program of MANNA FUND**

### **2023-2025 BUSINESS AND STRATEGIC PLAN**

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.

**Genie Burnett, PsyD**

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Initial: May 1, 2017; Last Revision: 5/12/2024



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

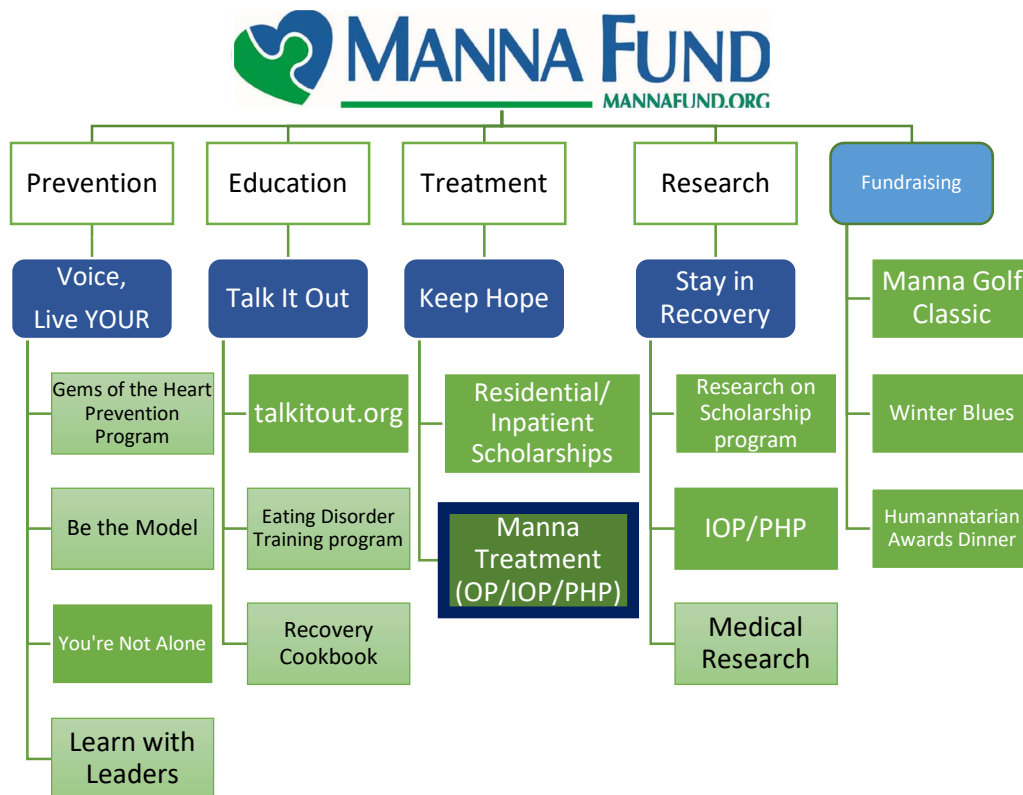
## Executive Summary

### History

Manna® Scholarship Fund, Inc (DBA: Manna Fund) is a 501-c-3 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.

Manna Treatment is a program underneath the umbrella of Manna Scholarship Fund, Inc. Started in 2006, Manna Treatment (AKA: Manna Treatment Center, Manna Treatment & Counseling, PC) 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, and obtained a three-year certification in 2020. This allowed us 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.

### **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
Secretary:	Sam Trammell, RN
Strategy, Medical:	Jim Burnett, DO
Fundraising:	Barb Luttrell, PMHNP

### **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 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.

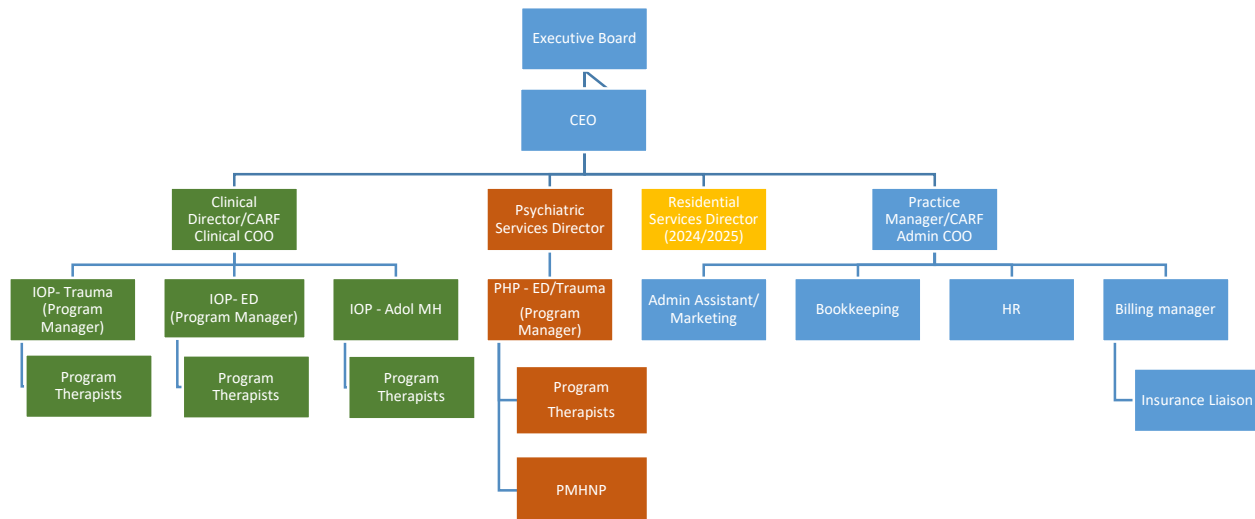
The success of the Manna Fund/Manna Treatment programs are dependent on the trust and confidence we earn from our personnel, persons served, stakeholders, and the community. We gain credibility by adhering to our commitments, displaying honesty, fairness, and integrity and reaching company goals solely 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](http://www.anad.org/get-information/about-eating-disorders/eating-disorders-statistics))***.

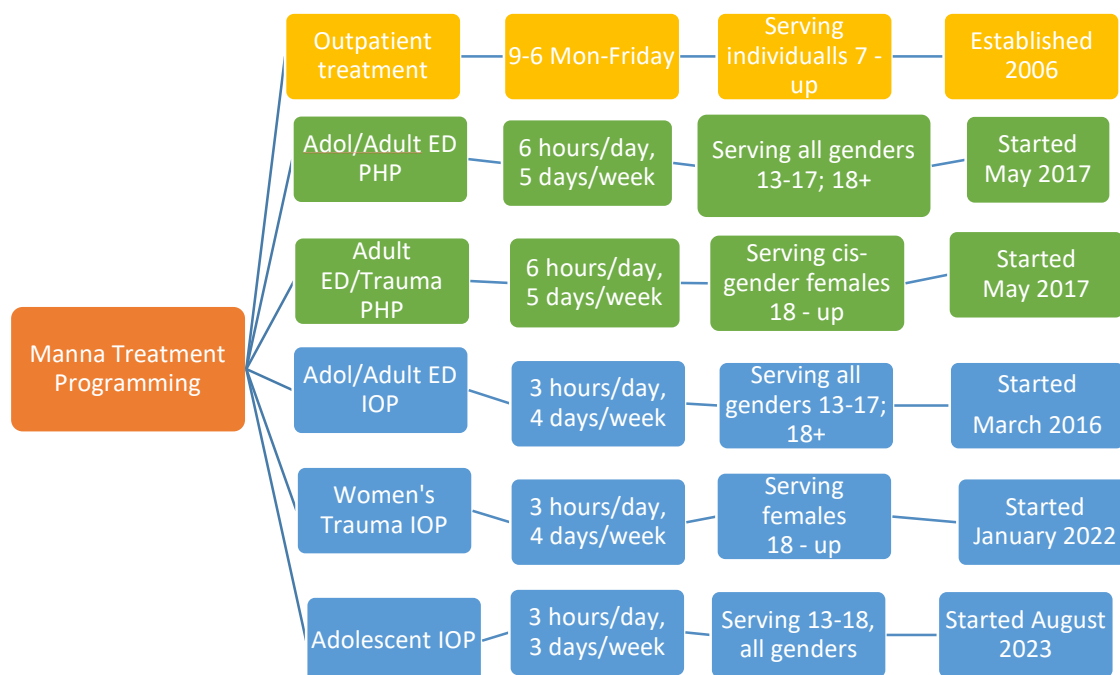
Not only are eating disorders as prevalent as previously thought, they are also highly correlated to emotional and personality comorbidity, functional impairment, suicidality, and intense health service usage. Given the young age of onset, early intervention and prevention is crucial. A mortality rate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



**Comprehensive Services within PHP and IOP for Eating Disorders/Trauma Recovery:**

We strive to make the program fit each client's needs, including:

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

### **Partial Hospitalization Program**

#### 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.

#### Adult ED/Trauma Recovery PHP

This hybrid program involves female clients attending the AM Trauma groups as well as the early afternoon ED groups. It is for clients who are dealing with both trauma and Ed issues.

### **Intensive Outpatient Programs**

#### 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.

### Family IOP

Family IOP provides a three-day, three-hour per day programming for families that need more support to help their child or loved one recover from their eating disorder/trauma.

## **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

## **Projected Treatment Services**

Based on needs assessment (client interaction, community commentary, lack of adequate resources in the community), Manna has initiated the start of several programming ideas:



**Family IOP** – for loved ones of clients in our Adult and Adolescent programs; this will meet three hours per day, three days per week to address the ongoing needs of family members (parents, spouses, siblings, etc). This program ran from May 2021 (when the needs from the pandemic reached peak numbers) until May 2022. This program was highly successful when we had the family members to support it. When the adolescent census changed, the program was halted.

**Recovery Residence** – the previous recovery residence in Atlanta for eating disorders closed in 2020 due to the pandemic. There has been a need for another such program prior to this on the East side of Atlanta. We are in the process of finding a House Manager in order to open this program, as we have the financing for the program (2022).

**IOP Programs** - The desire and need for another Adolescent Mental Health IOP in Atlanta exists as well as an IOP program for Veteran/First Responder PTSD Recovery. The planning and implementation of these programs will begin early 2023.

**Extension location** – Because we are growing, we felt that an additional suite would be appropriate for our personnel and program expansions.

**Residential Treatment** – There are not enough resources for adult women with eating disorders. Because of the delicate balance between eating disorders and trauma, we would like to create a specialty program for this unique population.

## **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:

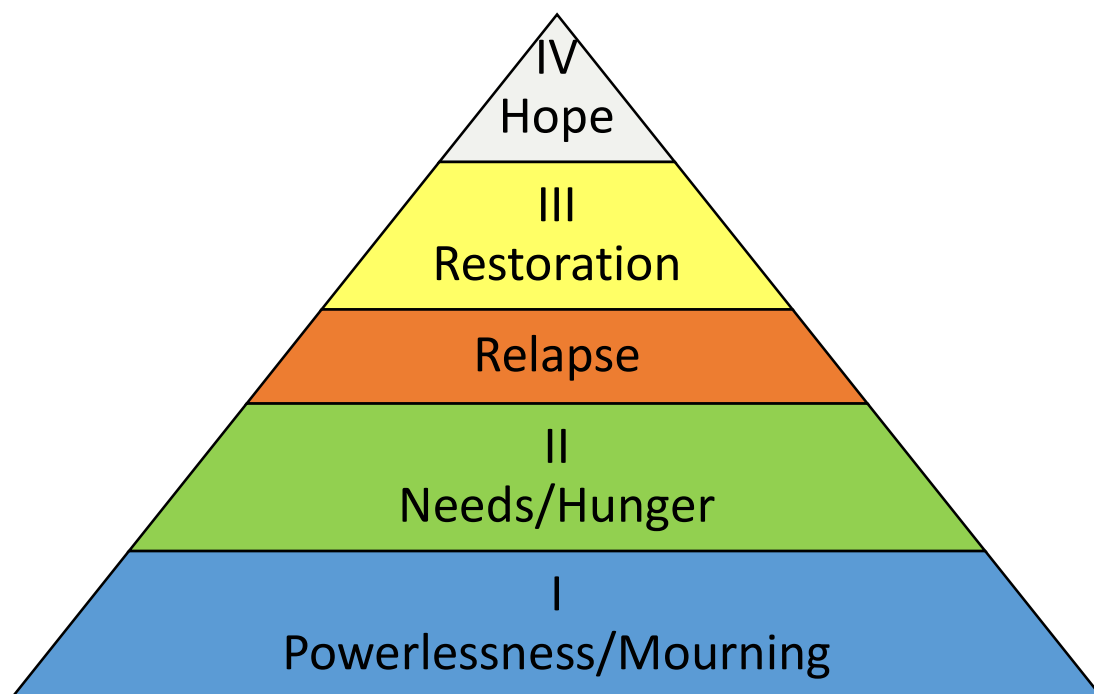
- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Family Therapy
- Faith-Based Therapy
- Experiential Therapy: Art, Body Mindfulness, Mindfulness, Psychodrama
- Multiple Trauma-Based Therapies

## **Levels System (CARF 1A2 Person-Centered Treatment)**

Within the PHP/IOP 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. At various intervals during treatment (dependent on the client's recovery process), we will have a client-

team meeting to discuss the client's progress and needs. This can range from going to a higher level of care within Manna or outside of Manna.

This person-centered approach also extends to OP level of care, in that there are multiple times for fully licensed, partially-licensed, and interns to receive the supervision and feedback that they need. One of our team's strengths is in doing everything as a multi-disciplinary team, and there are many ways in which our team approach supports our clients.



### **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"> <li>• Return/change to new acting out behaviors</li> <li>• “Rationalizing” new behaviors that may be connected with acting out anxiety/feelings</li> <li>• Isolation; shame, self-blame</li> </ul> | <ul style="list-style-type: none"> <li>• Feeling “stuck” in recovery process – believing that you can’t recover, wanting to give up</li> <li>• Frustration, anger, lashing out at others</li> <li>• Minimization of the relapse thoughts/behaviors</li> </ul> |
|---|---|

#### **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

## **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.



### **1C1a-b; i. Expectations of Persons Served/Stakeholders**

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. To assure that Manna is providing such service, we request feedback from clients on an ongoing basis via our website, email blasts, and lobby (e.g., individuals served, families of those served, others in the community making referrals).

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 private managed care companies. At Manna, 98% of our client base depends on utilizing insurance to obtain our services. However, we find that even with insurance, many of our clients cannot even afford their deductibles or copays, so we also provide scholarship opportunities for these clients.

Eating Disorder Treatment PHP-IOP are our flagship programs. Since our initial CARF application, several new treatment options for eating disorder treatment have entered into the Atlanta area, and some have closed their doors due to an over-abundance of treatment centers. 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. Ongoing hopes for expansion include establishing at least one satellite on the south side of Atlanta and possibly a residential treatment program that is dedicated to women with eating disorders and/or trauma.

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, Cenpatco, 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 continues to "knock on doors" of those employed by Medicaid programs in Georgia (DBHDD and DHS) 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 stakeholders, each with their own specific needs. These include:

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

A key growth area for Manna is to market to obtain more stakeholders. We have attempted (during the past 3 years) to hire several different in-person and virtual marketers to “get the good news out” about Manna. However, many of these have not panned out well. Therefore, we have attempted to engage our newly developed front office administrative team to provide both customer service as well as serving as in-person marketing providers. This way, they are able to see from the start of a relationship to the onset of therapy services to the follow up with the providers.

Areas of growth for our entire team:

- Retention of team members/staff
- Clear communication and responsiveness when providers, stakeholders, and clients need initial information and services, ongoing feedback about their referrals, and a “thank you” process at onset and completion of services
- Creating more community relationships that lead to client referrals, donations for scholarships, and bringing those leaders onboard to help lead Manna to continued success

Based on the Manna Treatment mission statement and the SWOT analysis, Leadership at Manna Treatment has identified future goals for the next three years (2023-2025).

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 January 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

### **1C1 c-e. 2023-2025 SWOT Analysis**

SWOT Analysis is the foundation for the Strategic Planning for the Manna Treatment programs and development. 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, trauma, and adolescent mental health programs in Georgia; not corporately owned nor have corporate demands</i>	<i>Marketing efforts have been hit or miss over the past 3 years; have to “re-create” the wheel in order to reach a variety of financial investors/donors</i>	<i>Add ED and Trauma PHP/IOP programs in McDonough, GA (south of the Atlanta area, where there are no resources)</i>	<i>6-7 other PHP/IOP programs in central Atlanta area; others are also creating trauma-based programs</i>
<i>Only nonprofit program with more intensive services in the northeast region of Atlanta (serving Gwinnett, N Fulton, Hall, N Dekalb, Forsyth, Jackson)</i>	<i>Growth is occurring slowly due to difficulty in keeping appropriate staff to help manage the additional programs (due to lack of ongoing donations to make us competitive with the private practice market)</i>	<i>We are seeking church partnerships to provide teaching/education to their congregation and develop these relationships to elicit more clients and funds for scholarships</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 to meet diverse treatment needs (child play therapist, bilingual)</i>	<i>Create another satellite on the south side of Atlanta</i>	<i>Insurance denial due to pre-existing condition, exhausted health benefits and/or inability to meet medical necessity criteria</i>

	<i>therapist, male therapist)</i>		
<i>Strong relationships with residential and inpatient treatment centers (across the nation) for direct referrals to program</i>	<i>Struggles in keeping marketing personnel focused 100% on developing Manna in the community</i>	<i>Create a residential treatment program that is safe for cis-gender females to deal with trauma and eating disorder issues</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>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 allow</i>			

### **1C1 f. Organizational Capabilities**

#### **I. Staff Improvements**

- a. The primary expectation of clients and stakeholders is that Manna Treatment provides excellent services in the PHP, IOP, and OP for those with eating disorders. Manna Treatment has a positive reputation across Gwinnett County, greater Atlanta, and national areas. Dr. Burnett has worked extremely hard with clients to create a stable name and program that others in the community can trust. We have been in existence for 18 years, and it is the founder/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. The past "ongoing conversations" have resulted in identification of five individuals who are great fits to assume the different duties of the CEO. The Clinical Direction has been identified as well as the next CEO, who will take position within the next 1-2 years.
  - b. Manna staff has instituted a monthly leadership meeting that focuses on everyone 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, Clinical Director and Executive Director will take command of the organization.
  - d. A financial plan has been created in which the CEO has purchased a "Bank on Yourself" Whole-Life policy starting in 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. The next CEO will also have such a policy created for her.
- ii. Hiring Practices: Manna has been using online assessments to better understand individuals before they are hired and use a "team approach" to hire. This means that every member of the internal Leadership team can and does have access to the interviewing and onboarding process of new staff. This helps to minimize individuals who have uncooperative personalities, are ill-suited for positions in which they are applying,

- and 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 to support staff through the changes.
  - v. Staff progress and issues are noted in their performance evaluations. These will be reviewed and utilized as positions open in the company.
- b. The clinicians within the Manna Treatment umbrella maintain active licenses with the State of Georgia. Therapists that are virtual and in other states are also obtaining licenses in other states to increase outreach of services. This includes:
- i. Obtaining the minimum number of CEUs in order to maintain licensure
  - ii. Obtaining specialized training in 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 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 training CEUs for our employees as well as others outside of Manna. We have provided in-person training on EMDR in 2020 and a DBT intensive during 2021-2022. The most recent training is in Family Based Therapy, in order to help provide the most appropriate level of care for clients when they are able to use their family resources.
  - 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 to decrease burnout.

### **1C1g-h Social Determinants of Health/Demographics**

Gwinnett County (GC) is a diverse community. According to Georgia-demographics.com, Gwinnett County:



#### **Population**

With 983,526 people, Gwinnett County is the 2nd most populated county in the state of Georgia out of 159 counties (second to its neighbor, Fulton county).



### **Race & Ethnicity**

The most ethnically diverse county in Georgia, the Gwinnett County racial/ethnic groups are White (33.8%) followed by Black (27.9%) and Hispanic (21.8%).



### **Median Income**

In 2022, the median household income of Gwinnett County households was \$82,296. However, 8.2% of Gwinnett County families live in poverty.



### **Median Age**

The median age for Gwinnett County residents is 35.7 years young.

Additionally, GC is growing at a rate of 13,425 residents per year on average.

Gwinnett County is also very progressive, providing numerous resources within the county government (<https://www.gwinnettcountry.com/web/gwinnett/departments/communityservices>) as well as housing a number of nonprofit organizations within the community that provide everything from housing resources to food subsidies to transportation. It is a very thriving community that pulls together and provides for others. The Gwinnett Coalition is a hub that lists services that are provided within the community (<https://gwinnettcoalition.org/>)

Manna tries to work with the vast services and resources that are available to the community. Within the past three years, we have worked with the following organizations (limited, not exhaustive list):

- Gwinnett Chamber of Commerce
- GC Police Department
- GC Sheriff's Department
- GC Juvenile Court
- Viewpoint Health (GC mental health)
- Nonprofits: Rainbow Village, Community Sustainability Enterprise, Northeast Foundation, and more), as well as a member of the GC "Sista CEO" consortium of about 30 nonprofit female leaders.
- Local schools: Gwinnett Community College, Gwinnett Tech, GC public school system

## **1C1j-k. 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
- III. Funding sources – Manna attempts to be inclusive of all clients, whether they are low-income or billionaires. We have been waiting to be a part of the Kaiser Permanente insurance plan, but have been waiting for the state to provide their Medicaid and Medicare funding (allowable) amounts. Additionally, we have been in contact (several times) with the state (DHS and DBHDD) to attempt to procure a contract for specialized services that the state does not cover for their clients. [This has resulted in nothing so far, but we continue to hope for more traction soon!]

### **1C1I. 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. **Iconcontact**
  - 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
- VI. **Techsoup** – Manna has been a part of Techsoup since it has been around. We attempt to get all of our computer programs as well as hardware through this site for better value for our money.



## 1C1m Info from Performance Analysis

### 1N 2023 Results and Future Goals

	Effectiveness – Persons Served 2023	2024 Goals
PHP	Clients are getting better faster, which may be related to our updated levels system; this system has helped to improve therapist coordination and organization. Clients were not in for ~9 weeks; lost a lot of data	Continue to implement treatment models that help clients get better faster, and include more family programming (FBT and Family IOP). Measure their improvement via our Manna Assessment done weekly.
IOP	Desire to re-add our Family IOP to help with clients' process and engage families to support the process. Have established an Adolescent IOP to help transition clients; now we want to re-add the Family IOP to help support families while their kids are in treatment. Also adding a Virtual IOP for ED clients to help bridge distance issues as well as provide a Christian program to serve this underserved population.	
OP	Overall, smaller client load and scores on BAI and BDI are lower than in the previous year.	Create a more cohesive rubric to better assess outpatient client recovery, to include the BAI and BDI, but also perceived value of treatment at Manna
ED	Based on the downward turn in the ED program, we have made plans to create a Virtual IOP to help "fill the gap" in Georgia for Virtual programming. We are also going to make it a unique program that aligns with our values, that of being a Christian-based program. This will be set to launch in Feb 2024	Implement all treatment programs and assess other factors in addition to the Manna Levels assessment (e.g., weight restoration, family cohesiveness)
C&A	Although OP trends are showing an increase in C&A anxiety and depression, program stats suggest that the overall anxiety and depression is lowering as a trend from 2022-2023. What is not included in this data is the Adolescent IOP clients' information, due to a low number of clients. This will be a metric moving forward.	Gain better understanding of adolescent need for IOP in the community and increase population within this program.

	Experience – Persons Served 2023	2024 Goals
PHP	Program LOS has decreased, indicating that clients are getting better in a shorter amount of time. However, there were fewer clients available this year than in the past. Therefore, we will need to increase intakes and have a smoother intake process to help more people. We are also looking into having a connection/payment source come from the state so that we can help their clients with eating disorders recover faster.	For all programs, we need to improve overall experience of all clients by improving the Front office administrative processes, including initial phone calls, scheduling, payment process, and healthy resolution of services. Additionally, implement a referral resource response that is automatic and consistent, which will support referral connections.
IOP	Overall, clients are spending less time in IOP than in the previous two years. They spent an average of 5 weeks less time in all the IOP programs combined. This may be due to the increase in Trauma IOP clients, who tend to have more significant issues with interpersonal pains and tend to spend less time in programs overall. Next year, it would be helpful to split out the different IOP lengths of stay to determine which program is having the longest trajectory and attempt to analyze which programs are not as successful.	
OP	Clients are overall spending less time in OP therapy; this could be due to the increase in transition of therapists in our company, many whom see a combination of OP and PHP/IOP program clients. Running a stat on client appointments and therapist could help better define why this is again a trend for this year.	
ED	In 2023, a reverse pattern from 2021-2022 occurred, which happened across the US, in which several programs lost money, staffing, and closed programs due to a low census. This was a national trend and is likely due to a larger economic problem (unable to afford treatment, too many treatment programs available). This was a large part of the overall loss of funding that Manna battled in 2023. Thus, our "pivot" was to increase our outreach when therapists weren't busy with clients.	
C&A	Despite our loss of the individual who spawned the idea to have an Adolescent IOP program, we found an individual to start this program.	

Experience – Stakeholders - 2023	2024 Goals
Overall, the stats show that far less clients were seeking therapy (based on the trend downward) despite the increase in traffic on our website. This increase is likely due to our marketing team establishing and using the free Google ads because of our nonprofit status. The plan is to continue to heavily market the changes that we are making at Manna, along with maintaining the person-centered, family-focused programs that we have always had. Continue to streamline our referrals and marketing. Take a more detailed approach at responding to referrals and following up.	We are utilizing our front office staff as a two-fold resource; two of three are also learning how to market the practice. This will enable them to have more interaction and contact with the community as well as have more insight as to what the community needs when they reach out to Manna for services. They will be able to be the front line for schools, churches, and other companies that are in need of mental health support.

Efficiency 2023	2024 Goals
Continue to bring on staff that are better aligned with the mission and vision of Manna and that do not have side jobs that are private practice positions. Many of the staff that left this year were also building their private practices and ultimately left as a result. -We did not have a "big" training program this year due to trying to figure out the financial ebbs and flows of our programs. We also did not have excess funds to have a "big" training, so we continued with Body Keeps the Score as a whole staff, which enhances their learning and internal communication.	We are starting to work with another therapist who works in eating disorders using a Family Based Therapeutic approach for eating disorders. As we move to be more holistic and inclusive of the family, we will continue to pursue more training opportunities that involve strategic family therapy concepts, including heavy supervision of these services.

	Service Access 2023	2024 Goals
PHP & ED	The days from intake to treatment started to drop because we started working with a medical clinic to help decrease the number of days for ED program clients to enter program. This took several months to facilitate and streamline, but it is working to help clients with onboarding.	Continue to strategically place therapists in different positions to accommodate needs, such as hiring a therapist to specifically conduct intakes every day of the week, rather than waiting for a therapist to respond to the need as it arises. Empty times can be used to help with other company needs (contacting insurance for program approval, marketing, outreach, etc).

IOP	Slight decrease from intake to treatment last year is likely attributed to fewer clients. However, diversification has been the "blessing" this year, due to fewer clients seeking treatment altogether. This is seen as being due to the economy and fewer people seeking treatment.	We are seeking new relationships with churches and private schools to create healthy relationships between Manna staff and their leadership/attendees. We will also continue to provide treatment in areas that are needed, including Family IOP, Adolescent IOP, and (hopefully) First Responder Trauma Recovery IOP.
OP	Slight decrease from intake to treatment last year is likely attributed to fewer clients. However, we also lost several therapists this year and could not get clients in that we initially believed that we could.	Continue to move forward with hiring full-time therapists only, unless there is a therapist with a different type job (corporate world, jail system). We are attempting to eliminate people that do not want to start their own private practice and are working on ways to increase pay so that we can be competitive with private practice income.
C&A	The lead therapist that was to start AIOP left in February "due to money" as well as being at odds with CEO. We had to decide if we wanted the program, and ultimately decided to bring on an experienced Adolescent therapist. She has been an excellent addition to Manna and has done community outreach to the Dept Juvenile Justice in the county as well as working with other kids from local nonprofit organizations.	As we continue to seek partnerships with schools and churches, we believe that there will be more intakes for all of our programs, including the Adolescent program. As indicated earlier, we are also seeking a registered play therapist as well as another family therapist that can help with the AIOP and Family IOP.

Business Function 2023	2024 Goals
We focused on getting clients into program in a more efficient manner, which would help with increase in income. Therefore, we worked on getting clients into program faster by cutting down medical timeline and partnered with a local Family Medical practice to streamline our clients to their services. Unfortunately, we had a very difficult financial year and because of the increase in expenses (additional office space, 2 marketing people, taking on a possible housing program), we were cash flow negative. this, on top of having significantly lower client intakes (which was	We would like to decrease the balances owed to us by 75% by year-end and have no increase in new outstanding balances. Although we currently do not have a Practice Manager, we are looking for a new one by starting them at the receptionist position. As we think about starting new programs and/or adding new office staff, we are first going to make sure that we are in a cash-flow positive position

<p>also a trend across the country for eating disorder treatment programs), we were cash flow negative ~\$300K. Next year, we are going to be much more financially conservative and have cut most of our extra expenses before the onset of 2023. We are focused on getting clients into programs faster and more efficiently, keeping in touch with our referral sources, and providing excellent treatment. We are also working on internal collections policies to remove current/past clients from owing us money.</p>	<p>for at least a quarter and will again save up a 3-month reserve, “just in case.”</p>
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## Conclusion

In sum, Manna Treatment has come from (barely) surviving, to thriving, and we are well on our way to leading in our state regarding a place for emotional/mental health treatment and recovery. Not that we have any “mental health secret” that is not found in other programs, but because of our service delivery. We see each client as an individual. We strive to discover their personal reasons for how they think, feel, and act. We teach them that they are able to overcome their painful struggles and they are not permanently damaged. We strive to use their uniqueness to help them see their lives in a more functional manner. We strive to not only impact the identified client, but their families and other supports around them.

We also strive to provide clients, families, and other stakeholders in a respectful manner through all business interactions and practices. We strive to anticipate the needs of the client and have developed business practices that support their knowledge of what treatment at any level of care will cost, as well as support them in making the best decision for their socio-emotional-financial well-being.

At Manna, we believe that we have a great thing going. It is also the desire of the leadership to support all staff in not only developing professionally, but also personally. We believe that effective leadership is a trickle-down process that empowers, supports, and leads people to find their leadership style and conquer their part of the world.

## 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 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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