Men and Women for Human Excellence, Inc. (MWFHE): FY 2025-26 Annual Performance Plan and Report Summary

Fiscal Year 2025-26
Released April 30, 2026

Executive Summary

The Annual Performance Plan provides information on the MWFHE's progress towards achieving the goals and objectives described in the revised FY 2025-2027 MWFHE Strategic Plan. The measures related to the MWFHE Strategic Plan FY 2025-2027 will be reported in the FY 2025-26 Annual Performance Plan and Report. The information in this plan reflects results available as of May 1, 2026. Additional information on the Goals and Objectives can be found in the Strategic Plan. The FY2025-2026 Annual Performance Report aligns with the MWFHE Strategic Plan FY 2025-2027 established by the administration.

The Annual Performance Plan provides information on the Program's planned measures of progress towards achieving the goals and objectives described in the newly developed MWFHE Strategic Plan for FY 2025-2027. This document first provides the MWFHE Mission Statement and the MWFHE Organizational Structure.

The Annual Performance Plan provides an overview of Agency-Wide Priority Goals, Strategic Goals, Agency Priority Goals, Performance Management, and Strategic Reviews. The plan then provides historical results and upcoming targets for the performance measures under each Strategic Objective, indicators as well as an explanation for how the program will accomplish each target for FY 2025-2026. Finally, the Plan details evidence building efforts at MWFHE collaborations, and major management priorities for MWFHE. The information in this report reflects results available as of May 1, 2026.

The MWFHE Outpatients Programs are in Philadelphia, Pa providing Drugs and Alcohol and Mental Health Outpatient Treatment Services and Decatur, Ga providing Stimulant and Medicated Assisted Treatment (MAT) Services. Both programs continued to expand access to care, improve engagement, and support recovery outcomes for individuals with substance use, mental health and opioids' disorders. As well as focus on grant management

Service Areas:

- Philadelphia, Pennsylvania
- Atlanta, Georgia (DeKalb County)

Core Services:

Philadelphia, Pa

- Substance Use Disorder Treatment
- Mental Health Outpatient Services
- Individual & Group Therapy
- Peer Recovery Support

Decatur, Ga

Stimulate & Medication-Assisted Treatment
Individual & Group Therapy
Case Management
Peer Recovery Support

MWFHE FY2025-2027 Strategic Plan Goals Overview

MWFHE recently revised the MWFHE Strategic Plan FY 2024-2025. The modified strategic goals, strategic objectives, indicators will be included in the FY 2025-27 Annual Performance Plan**:**

The Five MWFHE FY2025-26 Strategic Goals, Objectives and Indicators are.

Goal 1. Expanding Access to Care: The organization continues to increase service accessibility through expanded program options.

Goal Statement:
Increase timely and equitable access to behavioral health services across all programs.

Objective 1.1: Increase Service Capacity

Indicators:

- Total individuals served (year-over-year growth)
- % increase in program enrollment
- Average time from referral to admission

Targets:

- ≥ 10–15% annual growth in individuals served
- ≤ 5 days average wait time
- ≥ 65% of referrals converted to admissions

Objective 1.2: Reduce Barriers to Entry

Indicators: Targets:

- % of same-day or next-day assessments
- % of clients served from underserved populations
- No-show rate for intake appointments

Targets:

- ≥ 65% same/next-day access
- Annual increase in underserved population reach
- ≤ 20% intake no-show rate

Objective 1.3: Expand Outreach & Referral Sources

Indicators:

- Number of referral sources (hospitals, courts, community agencies)
- Number of outreach events conducted
- % of new clients from community partnerships

Targets:

- Year-over-year increase in referral sources
- Monthly outreach activities
- ≥ 50% of admissions from external partnerships

Goal 2. Improve Client Engagement: Efforts are focused on enhancing client participation through individualized treatment planning, motivational interventions, and consistent follow-up. Engagement strategies support retention and active involvement in services.

Goal Statement:
Enhance client participation through individualized care, motivational interventions, and consistent follow-up.

Objective 2.1: Increase Treatment Participation

Indicators:

- Session attendance rate
- % of clients actively participating in treatment planning
- % of missed appointments followed up within 7 days

Targets:

- ≥ 75% attendance rate
- ≥ 75% participation in treatment planning
- ≥ 75% follow-up on missed appointments

Objective 2.2: Strengthen Motivational Practices

Indicators:

- % of staff trained in Motivational Interviewing
- % of clients receiving monthly engagement interventions
- Client-reported motivation/engagement scores

Targets:

- ≥ 75% staff trained
- ≥ 75% of clients receive interventions
- ≥ 75% positive engagement scores

Objective 2.3: Improve Retention

Indicators:

- 30/60/90-day retention rates
- Dropout rate 30 days before
- Average length of stay

Targets:

- ≥ 70% retention at 90 days
- ≤ 25% early dropout rate
- Increasing average length of stay

Goal 3. Strengthen Recovery Outcomes: Clinical services are continuously evaluated and improved to promote sustained recovery, reduce relapse rates, and increase successful program completion. Evidence-based practices and integrated care models are prioritized.

Goal Statement:
Improve long-term recovery success through completion, stability, and continuity of care.

Objective 3.1: Increase in Successful Discharges

Indicators:

- % of clients completing treatment
- % achieving treatment goals at discharge

Targets:

- ≥ 75% completion rate
- ≥ 85% goal attainment

Objective 3.2: Reduce Relapse & Readmission

Indicators:

- % of readmissions within 90 days
- % of clients maintaining abstinence at follow-up

Targets:

- ≤ 20% readmission rate
- ≥ 70% sustained recovery

Objective 3.3: Improve Functioning & Stability

Indicators:

- % of clients with improved mental health scores
- % gaining/maintaining housing or employment

Targets:

- ≥ 85% improved functioning
- ≥ 66% improved life stability

Objective 3.4: Strengthen Aftercare

Indicators:

- % with aftercare plan at discharge
- % attending first follow-up appointment

Targets:

- ≥ 65% aftercare plans completed
- ≥ 75% follow-up attendance

Goal 4. Support Systems
The organization recognizes the importance of family, peer, and community supports. Strengthening recovery-oriented systems include case management, referrals, and coordination with external resources to address housing, employment, and social stability.

Goal Statement:
Enhance recovery through family involvement, peer support, and coordinated community resources.

Objective 4.1: Increase Family Engagement

Indicators:

- % of clients with family involvement documented
- % of treatment plans including support systems

Targets:

- ≥ 70% family engagement
- ≥ 65% plans include support

Objective 4.2: Expand Peer Support

Indicators:

- % of clients connected to peer services
- Peer group participation rate

Targets:

- ≥ 75% connected to peer support
- ≥ 60% participation rate

Objective 4.3: Strengthen Case Management

Indicators:

- % of clients assigned case managers
- % receiving coordinated services (housing, employment)

Targets:

- ≥ 65% assigned case management
- ≥ 65% receive coordinated services

Objective 4.4: Improve Community Linkages

Indicators:

- % of successful referrals to external services
- Number of active community partnerships

Targets:

- ≥ 75% successful referral linkage
- Annual increase in partnerships

Goal 5: Strengthen Financial & Grant Management

Goal Statement:
Ensure effective stewardship of financial and grant resources through compliance, transparency, sustainability, and data-driven decision-making.

Objective 1: Ensure Grant Compliance & Accountability

Objective:
Maintain full compliance with all grant requirements, reporting standards, and regulatory guidelines.

Key Indicators:

- % of grant reports submitted on time
- % of grants with zero compliance findings or audit issues
- Number of corrective action plans required

Performance Targets:

- ≥ 100% on-time grant reporting
- ≥ 95% compliance rate (no findings)
- 0 major audit findings

Performance Management

Performance goals and measures are powerful tools to advance an effective, efficient, while being accountable for achieving program outcomes. MWFHE regularly collects and analyzes performance data to inform decisions, to gauge meaningful progress towards objectives, and to identify more cost-efficient ways to achieve results. MWFHE continues to institute significant improvements in performance management, including:

Developing, analyzing, reporting, and managing agency priority goals and conducting performance reviews between MWFHE component staff and MWFHE leadership to monitor progress towards achieving key performance objectives.

- Conducting the Strategic Reviews process to support decision-making and performance improvement across the Department.
- Coordinating performance measurement, budgeting, strategic planning, and enterprise risk management activities within the Department.
- Fostering a network of component Performance Officers who support, coordinate, and implement performance management efforts across MWFHE.
- Sharing best practices in performance management at MWFHE through staff meetings, and other media.

PERFORMANCE MANAGEMENT FRAMEWORK

MWFHE --PERFORMANCE MANAGEMENT FRAMEWORK REPRESENTS THE COMMITMENT OF MWFHE TO INCREASE ITS ACCOUNTABILITY BY STRIVING TO IMPROVE DEVELOPMENT OUTCOMES.

The Agency follows a "Four-Part Performance Management Process":

1. **Plan and Set Goals,**
2. **Collect data and Analyze results,**
3. **Use data for decision-making, and**
4. **Communicate Results.**

- **Key Decision Makers-Identification of Agency Strategic Goals**

Phase I. Identify Goals: What the organization to achieve in order to succeed in the mission/vision statement. Key decision makers formulate the goals and achieve agreement-in order to drive change through the organization-then the goals go into the system as the top level of the strategy map.

Phase II. Breakdown Goals: to define levels for Objectives: The objective will contribute to the accomplishment of the goals. This recursive process then emerges ending with items that can have success qualifiable measured. (example …to enhance, reduce, increase, and/or improve the goal…)

Phase III. Define Strategy Map: Define what goals it wants to achieve, to the point where success can be measured (score, High/Low Range)…. Certain goals will carry a higher priority.

Phase IV: Define Performance Indicator: How each success will be measures and how measurement will be carryout. (SMART Chart- (Specific, measurable, attainable, realistic, timed) it targets everything we wish to be achieved. Next, we establish Action Plan and report to assess performance: The system report then provides the performance information necessary for strategic decision makers to perform our organization review.

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MWFHE MEASURING TOOLS TO ACHIEVED GOALS PERFORMANCE SUCCESS

Specific measurable assignments:
Following is a detailed list of how the targets and indicators supported by material for each of the Goals: (Needed to meet Core Accountabilities', Rating Measure Score

Rating Measure Score

- High-Exceed Expectation
- Medium- Meets Expectation
- Low- Needs Improvement
- Year-to-Year Comparison

- Surveys Percentage Contribution-Performance Measure by 10% above must be exceeded for success to occur
- Percentage contribution-Threshshold-65% above must be exceeded for success to occur

Rating Measure Tool

- Smart Objectives

Specific – Measurable, Attainable – Relevant, Time Bound

SWOT Analysis- Assessment

(Strengths, Weaknesses, Opportunities, Threats)

(agency planning)

- **65% above Threshold- Acceptable Performance; -Risk Threshold**-(limit which org. cannot go (below-65%) (is like an end point-org. not exceeding)
- "Agency Performance Overview Report"

Measurement:

Key Performance Indicators (KPI): MWFHE identify Critical Success Factors (CSFs)-Key activities that our organization focus on to be successful.

MWFHE identify Critical Success Factors (CSFs)-Key activities that our organization focus on to be successful.

CSFs are specific conditions that measure MWFHE organization goals and objectives within set time frames. (Create SMART target to Achieve)
Combine two element…Example A. Increase leads by 25% over the next 12 months

Key Performance Indicator (KPI) are calculated of measures that quantify the CSFs and enable the measurement of that strategic performance.

KPI's is a way for MWFHE to quantify the organization objectives and to regularly check up on the organization performance and determine where we are successful and where we need to improve.

Report and Assess Performance: **Action Plan Strategy Tree/Map:**

FY 2025-2026 Assessment: Summary of findings from various data sources

Data from several sources were analyzed in order to determine if (MWFHE) FY 2025-2026 Performance Plan – Agency Priority Goals (APG's) assess progress and garner engagement toward achieving strategic goals and outcomes for FY2025-2026.

Year-over-Year Percentage Comparisons
For some data sources year-over-year percentage comparisons were not conducted for 2025-2026 reporting period due to comparative percentage analysis is unavailable from 2024-25 because data tracking and analysis were recently initiated.

Following will provide service utilization, service delivery, comparison data, and facilities reports.

Goal 1. Expanding Access to Care:

"The organization demonstrated continued progress toward strategic goals related to access to care, client engagement, and recovery-oriented service delivery. Service utilization increased across outpatient behavioral health programs, with balanced gender representation and expanded treatment accessibility in both Philadelphia and Decatur locations. Clinical outcomes reflected positive admissions, referrals, discharge trends and sustained engagement in individual therapy, group counseling, case management, psychiatric services, and medication-assisted treatment.

Performance indicators support the organization's commitment to quality improvement, person-centered care, treatment plans and recovery-focused outcomes consistent with Regulatory Funders Agencies and CARF standards."

Service Utilization, Population Served, & Admissions

Philadelphia Program Overview

Drug & Alcohol Outpatient Program

Indicator	Total
Total Individuals Served	123
Women Served	46
Men Served	77
Admissions	43
Discharges	19

Assessment Summary

The Drug & Alcohol Outpatient Program demonstrated strong service utilization and continued community engagement. The program maintained a higher percentage of male participation while supporting ongoing admissions and discharge activity. Service delivery reflected expanded access to outpatient substance use treatment services.

Mental Health Outpatient Program

Indicator	Total
Total Individuals Served	252
Women Served	137
Men Served	115
Admissions	63
Discharges	54

Assessment Summary

The Mental Health Outpatient Program experienced substantial utilization growth and strong discharge outcomes, indicating improved treatment engagement and continuity of care. The program served a balanced demographic population and demonstrated increased demand for behavioral health services.

Decatur Program Overview

Stimulant Outpatient Program

Indicator	Total
Total Individuals Served	20
Women Served	7
Men Served	13
Admissions	3
Discharges	15

Assessment Summary

The Stimulant Outpatient Program maintained focused service delivery with a high level of discharge activity related to admissions, reflecting successful client transition and completion efforts during the reporting period.

Medication-Assisted Treatment (MAT)

Indicator	Total
Total Individuals Served	64
Women Served	31
Men Served	33
Admissions	28
Discharges	19

Assessment Summary

The MAT program demonstrated continued expansion and balanced gender participation. The program supported medication-assisted recovery services while maintaining ongoing admissions and successful treatment transitions.

Organization-Wide Service Utilization Summary

Indicator	Total
Total Clients Served	459
Total Women Served	221
Total Men Served	238

Organizational Assessment

The organization demonstrated continued growth in behavioral health service utilization across both geographic regions. A total of 459 individuals received services during the reporting period, reflecting increased accessibility, expanded community reach, and ongoing demand for outpatient behavioral health care.

Gender Distribution

Gender	Percentage
Female	49%
Male	51%

Assessment Summary

The organization maintained a balanced gender distribution across programs, indicating equitable service accessibility and broad community engagement.

Services Provided & Utilization Rates

Service Type	2024-25 Utilization Rate	2025-26 Utilization Rate
Individual Therapy	96.0%	100%
Group Therapy	87%	90%
Case Management	63%	71%
Psychiatric Services	60%	62%
Telehealth Services	43%	63%
Medication-Assisted Treatment	33%	33%

Service Delivery Assessment

Individual and group therapy remained the most frequently utilized services, demonstrating strong engagement in core clinical treatment interventions. Case management and psychiatric services supported integrated care coordination, while telehealth services enhanced accessibility and continuity of care.

Surveys Participation Outcomes

- **Philadelphia, Pa Programs**

MWFHE is encouraged by the fact that our consumers participation in Philadelphia, Pa **drugs and alcohol program** response 98 out of 123 (81.67.%) of eligible consumers. MWFHE is encouraged by the fact that our consumers participation in Philadelphia, Pa **mental health program** response 168 out of 252 (67.2.%) of eligible consumers. In comparison to FY2024-25 consumers response: exceeded 65% threshold. (See graph)

MWFHE encouraged by the fact that our employees' participation in **Philadelphia, Pa** responses 12 out of 12 (100%) of eligible employees. In comparison to FY2024-25 employees' response: exceeded 65% threshold. (See graph)

MWFHE is encouraged by the fact that our community stakeholder participation in **Philadelphia, Pa Programs** response 7 out of 7 (100%) of eligible community stakeholders. In comparison to FY2024-25 community stakeholder response 5 out of 7 (71.43%) eligible community stakeholders. Each fiscal year exceeded 65% threshold.

- **Decatur Ga Programs**

MWFHE is encouraged by the fact that our consumers participation in Decatur Ga **Stimulant Program** response 19 out of 20 (90.0%) of eligible consumers. MWFHE is encouraged by the fact that our consumers participation in Decatur Ga **MAT Program** response 56 out of 64 (87.5%) of eligible consumers.

MWFHE encouraged by the fact that our FY 2024-25 employee's participation responses 9 out of 9 (100%) of Decatur, Ga employees. As well as, encouraged by the fact that our employee's FY2025-26 participation responses 12 out of 12 (100%) of Decatur, Ga employees. Exceeded 65% threshold.

MWFHE is encouraged by the fact that our community stakeholder participation in **Decatur Ga Programs** response 7 out of 7 (100%) of eligible community stakeholder. In comparison to FY2024-25 community stakeholder response 5 out of 6 (97%) eligible community stakeholders. Each fiscal year exceeded 65% threshold.

Community Relations: MWFHE Outpatients Program services staff agency engaged in community outreach to improve relations in the community, educate the community about D&A, MH, MAT/SOD. MAT dispels myths and combat stigma. FY2025-26 outpatient program staff in all regions participated in community related engagements, projects, and training.

With such high participation, for all programs the **FY 2024-25** results serve as a baseline with which to measure our progress. The consumers' and employees' survey results help set the direction for further means of implementation and revitalize for MWFHE agency for sustainable development.

During FY2024-25 employees, members satisfaction and stakeholders with MWFHE- facilities goals and objectives the percentage increase in comparison to FY2025-26. percentage rate in all programs.

FY2024-2025: Participants' Survey Data Analysis result reported 67.23% response of "Consumers felt MWFHE staff treated them with dignity and respect, answered all their questions and treatment service care met all their needs (it was good).

Improved employees and members satisfaction with MWFHE- facilities goals and objective percentage was met through FY2025-26. Employees and Members Satisfaction Survey; Members Comment Box; Grievance Reports.

FY2025-26: Participants' Survey Data Analysis' Result
Survey Client Satisfaction: We value all feedback from the participants of our programs. We are looking forward to implementing effective practices that result in optimum service & health!

MWFHE Philadelphia Participants' Survey Data Analysis'	2024-2025 Consumers participation responses 152 out of 225 - (67.23%) (intended participants')	2025-2026 Consumers participation responses MH 168 out of 252 (66.67%) (intended participants')	2025-2026 Consumers participation responses D&A 98 out of 123 - (81.67%) (intended participants')	2024-2025 Performance Measure by 10% Missed Exceed	2025-2026 Performance Measure by 10% Missed Exceed	Performance Measures Indicators Scores Threshold Objectives Increase Decrease Improve Timeframe
Consumers felt MWFHE treatment service care met all their needs (it was good)	78.29% (119)	94.64% (159)	85.71% (84)	11.06%	MH-16.35% DA-7.42%	Survey Consumer Satisfaction Reports
Consumers was treated with respect while receiving services	78.29% (119)	94.05% (158)	89.80% (88)	11.06%	MH-15.76% DA-11.51%	Survey Consumer Satisfaction Reports
Consumers felt the admission process were was fair (Timeframe)	78.29% (119)	94.05% (158)	85.71% (84)	11.06%	MH-15.76% DA-7.42%	Survey Consumer Satisfaction Admission Reports
(Consumers feel they were able to give input in their treatment plan.	78.29% (119)	94.05% (158)	89.80% (88)	11.06%	MH-15.76% DA-11.52%	Surveys Consumer- Satisfaction Report Counselor Feedback
Consumers say they was informed about their progress at all times	81.58% (124)	98.21% (165)	98.98% (97)	14.35%	MH-16.63% DA-35.75%	Surveys Consumer- Satisfaction Report Counselor Feedback
Consumers say his/her counselor was accessible and available	81.58% (124)	94.64% (159)	94.90% (93)	14.35%	MH-13.06% DA-13.32	Surveys Consumer- Satisfaction Report Counselor Feedback
Consumers say they would recommend a friend or	81.58% (124)	95.24% (160)	89.80% (88)	14.35%	MH-26.82%	Surveys Consumer- Satisfaction

Continue: FY2025-26: Participants' Survey Data Analysis' Result

MWFHE Decatur, Ga Participants' Survey Data Analysis'	2024-2025 Consumers participation responses Stimulant & Mat 62 out of 64 (96.88%) (intended participants')	2025-2026 Consumers participation responses Stimulant 19 out of 20 -(90.0%) (intended participants')	2025-2026 Consumers participation responses MAT 56 out of 64 -(87.05%) (intended participants')	2024-2025 (93.06%) Performance Measure by 10% Missed Exceed	2025-2026 Performance Measure by 10% Missed Exceed	Performance Measures Indicators Scores Threshold-65% Objectives Increase Decrease Improve Timeframe
Consumers felt MWFHE treatment service care met all their needs (it was good)	82.26% (51)	95.0% (19)	96.43% (54)	10,82%	12.79% 14.17%	Survey Consumer Satisfaction Reports
Consumers was treated with respect while receiving services	82.26% (51)	95.0% (19)	91.07% (51)	10.82%	12.79% 14.17%	Survey Consumer Satisfaction Reports
Consumers felt the admission process were was fair (Timeframe)	82.26% (51)	95.0% (19)	96.43% (54)	10.82%	12.79% 14.17%	Survey Consumer Satisfaction Admission Reports
(Consumers feel they were able to give input in their treatment plan.	82.26% (51)	95.0% (19)	91.07% (51)	10.82%	12.79% 14.17%	Surveys Consumer- Satisfaction Report Counselor Feedback
Consumers say they was informed about their progress at all times	82.26% (51)	95.0% (19)	96.43% (54)	10.82%	12.79% 14.17%	Surveys Consumer- Satisfaction Report Counselor Feedback
Consumers say his/her counselor was accessible and available	82.26% (51)	95.0% (19)	91.07% (51)	10.82%	12.79% 14.17%	Surveys Consumer- Satisfaction Report Counselor Feedback
Consumers say they would recommend a friend or family member to this program.	82.26% (51)	95.0% (19)	96.43% (54)	10.82%	12.79% 14.17%	Surveys Consumer- Satisfaction Report Feedback

Assessment Summary

Goal 2. Improve Client Engagement:

Agency-wide, the efficiency training goals and objectives were met. Staff were provided competency training, annual training, clinical in-services training and orientation for new employees**.**
MWFHE enhances training to improve support staff and clinic staff's ability to provide quality services. In FY2024-25 employee survey MWFHE had identified where our employees were lacking, where they excelled, and what kinds of future training development might benefit them. MWFHE enhanced training in FY2025-26 to improve support staff and clinic staff's skills, and ability to provide quality services**.**

Following will provide the workforce comparison data, and departments reports.

The purpose of this measure is to decrease staff turnover by 10% performance in FY 2025 by the end of FY 2026. In the FY2024-25 MWFHE workforce staff turnover analysis rate shows a slight decrease of 7% as in comparison to the 25.7% decrease in FY 2023-24. MWFHE did not meet the FY2024-25 performance measure. With so much change and uncertainty affecting the workplaces MWFHE recognizes the challenges and the key to our employee growth & development. MWFHE now has reconsider what makes our agency worth working for, including making the workplace better by checking in with employees to find out about their work conditions, raising employee morale and engagement by ensuring that employees are happy with their jobs, empower employees, and adopt new technology systems.

Philadelphia Workforce Summary

Staffing Indicator	2024–2025	2025–2026
New Hires	1	0
Discharges/Separations	3	0
Program Staff	9	9
Other Staff (Interns)	2	1
Staff Turnover Rate	**33.3%**	**0%**

Analysis

The Philadelphia program demonstrated a significant improvement in workforce stability during FY 2025–2026, reducing turnover from 33.3% to 0%. The elimination of staff separations reflects enhanced retention efforts, improved workforce continuity, and increased organizational stability.

Strengths Identified

- Improved employee retention
- Stable program staffing levels
- Increased continuity of client care
- Reduced disruption in service delivery

Decatur Workforce Summary

Staffing Indicator	2024–2025	2025–2026
New Hires	2	3
Discharges/Separations	2	2
Program Staff	8	7
Other Staff (Interns)	—	—
Staff Turnover Rate	**25.0%**	**27%**

Analysis

The Decatur location maintained moderate staffing turnover during the reporting periods. Although turnover increased slightly from 25% to 27%, the organization continued recruitment efforts through new hires to support staffing coverage and program operations.

Improvement Strategies

- Enhanced onboarding and orientation processes
- Ongoing staff supervision and support
- Professional development opportunities
- Workforce engagement and retention initiatives

Organizational Workforce Overview

Location	2024–2025 Turnover	2025–2026 Turnover	Trend
Philadelphia, PA	33.3%	0%	Improved
Decatur, GA	25.0%	27%	Slight Increase

Workforce Summary

"The organization continuously monitors workforce stability and staff retention as part of its performance improvement system. During FY 2025–2026, the Philadelphia program achieved a 0% turnover rate, demonstrating strong workforce retention and continuity of care. The Decatur program maintained moderate turnover levels while continuing active recruitment and staff support initiatives. Leadership remains committed to employee engagement, professional development, and retention strategies to ensure quality service delivery and organizational effectiveness."

Employee Survey Assessment Results:

MWFHE encouraged by the fact that our employees' participation in **Philadelphia, Pa** responses 12 out of 12 (100%) of eligible employees. In comparison to FY2024-25 employees' response: Exceeded 65% threshold. MWFHE encouraged by the fact that our FY 2024-25 employee's participation responses 9 out of 9 (100%) of **Decatur, Ga employees**. As well as, encouraged by the fact that our employee's FY2025-26 participation responses 12 out of 12 (100%) of Decatur, Ga. In comparison to FY 2024-25 employee's participation responses 5 out of 6 (83.3%) employees' responses. Exceeded 65% threshold.

MWFHE Employees' Survey Data Analysis'	Philadelphia Employees participation responses 12 out of 12 (100%)	Decatur, ga Employees participation responses 9 out of 9 (100%)	2024-2025 Performance Measure (83.33)/(75.08%) by 10% Missed Exceed 9 out of 12 (75.0%)	2025-2026 Performance Measure by 10% Missed Exceed	Performance Measures Indicators Scores Threshold-65% Objectives Increase Decrease Improve Timeframe
Section 1.0 Employee felt there was sufficient Training, Material & Training opportunity that allow them to perform their job well	100.0% (12)	100.0% (9)	4.9%	13.67%	Survey Training Evaluation Staff Feedback TC Reports
Section 2.0 Employees felt that feedback & Perf Evaluation regarding work performance was good	100.0% (12)	100.0% (9)	10.5%	13.67%	HR Reports Performance Evaluation Complete Managers Staff Feedback
Section 3.0 (Employees felt communication about Strategic Plan in place was fair	83.33% (10)	88.89% (8)	4.9%	8.33% 13.56%	Surveys Staff Feedback
Section 3.0 Employees felt neutral about the fiscal plan at MWFHE	91.67% (11)	77.07% (7)	10.5%	16.67% 2.07%	Surveys Staff Feedback

Training & Training Material Outcome

In FY2025-26, 13.67% Employee felt there was sufficient Training, Material & Training opportunity that allow them to perform their job well. In comparison to FY2024-25 only 4.9% of the efficiency training goals and capacity were met.

Employees Morale/Engagement

The employee survey was developed to measure organizational climate, including job and organizational satisfaction, within MWFHE agency. The employee surveys do not contain direct measures of employee engagement; however, they do include questions that cover most, if not all, of the conditions likely to lead to having engaged employees.

MWFHE's positive responses for employee morale and engagement were significantly different from agency-wide responses; we continued to slightly trail corresponding agency-wide responses.

- Other Measures: 15.56% Respondents indicated fair response that "Key Leaders/Managers promote communication goals, needed resources and policy change)." Policies and Programs
- Lastly, MWFHE's survey positive responses were 9.0% percentage points lower than the agency-wide average on the item "Managers support collaboration across work units to accomplish work objectives."
- Community/Stakeholder survey positive response were 83.33% percentage higher on the item that MWFHE "mission coincide with the needs of your agency's consumers or community being served." 27% turnover rate reflects a moderate level of staff turnover and may support discussion around:

Staff & Workforce Development

The program employed a multidisciplinary team of qualified professionals, including:

- Licensed clinicians
- Certified addiction counselors
- Peer Recovery Specialist
- Licensed medical professionals
- Support staff

Training Areas Included: (just to name a few)

- Trauma-Informed Care
- Ethics, HIPPA & Confidentiality
- Cultural Competency
- Crisis Intervention
- Emergency Procedures/Drills
- Medication Management

Primary Diagnoses Distribution

Diagnosis	Percentage
Opioid Use Disorder	34%
Alcohol Use Disorder	29%
Stimulant Use Disorder	18%
Mental Health Only	19%

Client Satisfaction Survey Summary

80% of clients across all outpatient programs completed satisfaction surveys. Survey results indicate strong engagement and positive experiences with services.

Key Findings:
- Client's report feeling respected and supported
- High satisfaction with counseling services
- Strong likelihood to recommend program
- Positive impact on recovery and stability

Clinical Impact & Outcomes

Throughout FY 2025–2026, the program focused on improving clinical outcomes through evidence-based practices and individualized treatment planning.

Key Outcome Areas:

- Increased treatment engagement and retention
- Reduction in substance use among active participants
- Improved mental health stability
- Enhanced access to Medication-Assisted Treatment for opioid use disorders

Outcome tracking included clinical assessments, client self-reporting, and ongoing treatment plan reviews.

Outcomes Distribution

Outcome	Percentage
Completion Rate	66%
Reduction in Substance Use	58%
Housing Stability	47%
Employment Improvement	42%

Goal 3. Increase in Successful Discharges:
Discharge outcomes indicate positive treatment engagement and successful care transitions across multiple programs. The Drug & Alcohol and Mental Health programs demonstrated the strongest discharge performance, reflecting improved continuity of care and client participation.

Drug & Alcohol Outpatient: Total Outcomes: **65**

Outcome Category	Total	Percentage
Completed	21	32.3%
Transfer/Discharge	19	29.2%
Left Against Staff Advice	11	16.9%
No-Show	14	21.5%

Key Findings

- The program achieved the highest number of successful completions among all service lines.
- Nearly one-third of clients completed treatment goals successfully.
- No-show activity accounted for over one-fifth of outcomes, indicating an opportunity to strengthen client engagement and retention strategies.

Mental Health Outpatient: Total Outcomes: 41

Outcome Category	Total	Percentage
Completed	12	29.3%
Transfer/Discharge	9	22.0%
Left Against Staff Advice	3	7.3%
No-Show	17	41.5%

Key Findings

- Mental Health Outpatient reported the highest no-show rate among all programs.
- Completion rates remained relatively stable; however, attendance consistency appears to be a primary operational challenge.
- Low “Left Against Staff Advice” rates may reflect improved therapeutic engagement among active participants.

Stimulant Outpatient Program: Total Outcomes: 7

Outcome Category	Total	Percentage
Completed	4	57.1%
Transfer/Discharge	0	0.0%
Left Against Staff Advice	1	14.3%
No-Show	2	28.6%

Key Findings

- The Stimulant Outpatient Program demonstrated the highest completion percentage across all programs.
- Limited discharge activity suggests stronger treatment retention among enrolled participants.
- The smaller sample size should be considered when interpreting performance trends.

Medication-Assisted Treatment (MAT): Total Outcomes: **21**

Outcome Category	Total	Percentage
Completed	7	33.3%
Transfer/Discharge	3	14.3%
Left Against Staff Advice	5	23.8%
No-Show	6	28.6%

Key Findings

- MAT services demonstrated moderate completion rates with balanced discharge outcomes.
- The proportion of clients leaving against staff advice was higher than in other programs, suggesting the need for enhanced retention and motivational support strategies.
- No-show rates remained moderate but manageable compared to Mental Health services.

The program outcome data reflects a mixed level of client engagement and treatment completion.
Of the 21 total outcomes recorded

Outcome Category	Reduce Relapse	Re-admission	Aftercare Plan Completed
D&A (123)	51%	9	51%
MH (252)	29.3%	13	29.3%
STIM (20)	57.1%	3	57.1%
MAT **(64)**	33.3%	2	33.3%

Key Findings Summary – Relapse Reduction & Aftercare Outcomes

Performance Overview

The organization reviewed relapse reduction indicators, re-admission activity, and aftercare plan completion rates across all outpatient programs as part of ongoing performance measurement and quality improvement activities.

Program	Individuals Served	Reduce Relapse Rate	Re-Admissions	Aftercare Plan Completion
D&A Program	123	51%	9	51%
MH Program	252	29.3%	13	29.3%
STIM Program	20	57.1%	3	57.1%
MAT Program	64	33.3%	2	33.3%

Key Findings

Drug & Alcohol (D&A) Program

The D&A Program demonstrated moderate success in relapse reduction and aftercare completion, with 51% of individuals maintaining progress and completing aftercare planning. A total of 9 re-admissions were

identified, indicating the ongoing need for relapse prevention support, recovery coaching, and continuity of care services following discharge.

Mental Health (MH) Program

The Mental Health Program showed lower performance outcomes related to relapse reduction and aftercare completion at 29.3%, with 13 re-admissions recorded during the reporting period. Findings suggest opportunities to strengthen treatment engagement, discharge planning, medication adherence support, and community-based follow-up services.

STIM Program

The STIM Program demonstrated the highest positive outcome performance, with 57.1% achievement in relapse reduction and aftercare completion. Only 3 re-admissions were reported, suggesting stronger client engagement, continuity of care, and successful transition planning within the program.

Medication-Assisted Treatment (MAT) Program

The MAT Program reported a 33.3% relapse reduction and aftercare completion rate, with 2 re-admissions documented. Continued emphasis on medication adherence, peer recovery support, counseling participation, and coordinated case management may further improve long-term recovery outcomes.

Follow-Up Outcome

The program outcome data reflects a mixed level of client engagement and treatment completion. Of the 21 total outcomes recorded:

- **7 clients (33.3%) successfully completed treatment**
- **3 clients (14.3%) transferred or were appropriately discharged**
- **5 clients (23.8%) left against staff advice**
- **6 clients (28.6%) were classified as no-shows**

These findings indicate that while one-third of participants completed services successfully, client retention and consistent participation remain areas requiring continued quality improvement efforts. The combined percentage of clients leaving against staff advice and no-show outcomes (52.4%) suggests barriers related to engagement, motivation, transportation, scheduling, or readiness for treatment.

Outcome Category	Total	Percentage	Follow-Up Interpretation
Completed	7	33.3%	Indicates positive treatment engagement and goal achievement
Transfer/Discharge	3	14.3%	Appropriate transitions to other levels of care/services
Left Against Staff Advice	5	23.8%	Suggests need for stronger engagement and retention strategies
No-Show	6	28.6%	Highlights attendance and participation barriers requiring intervention

Key Finding

Staff follow-up contact was completed within the required **7-day timeframe** for clients identified in the outcome review process. Follow-up efforts included outreach to clients who were discharged, left against staff advice, or failed to attend scheduled services.

The timely follow-up process supports continuity of care, encourages re-engagement in treatment services, and aligns with organizational quality improvement standards and funders expectations related to client access, engagement, and ongoing support.

Follow-Up Activities Included

- Telephone outreach attempts
- Appointment reminder and rescheduling support
- Case management and referral coordination
- Recovery support encouragement
- Documentation of client contact efforts in the clinical record

Goal 4. Support Systems

Family Engagement Outcome

The organization recognizes family involvement and natural support systems as essential components of recovery, treatment participation, and long-term wellness outcomes. Throughout FY2026-25, staff encouraged family participation in treatment planning, counseling sessions, discharge planning, and recovery support activities when appropriate and authorized by the individual served.

Family engagement efforts included:

- Family education and support sessions
- Participation in treatment and recovery planning
- Discharge and aftercare planning involvement
- Communication regarding client progress and support needs
- Referrals to community-based family support resources
- Crisis intervention and supportive counseling when indicated

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Assessment Outcomes

Family Engagement Indicator	Outcome
Family participation in treatment planning	Increased throughout reporting period
Family education/support sessions completed	Successfully provided across programs
Follow-up communication with approved family supports	Completed within established timeframes
Client satisfaction regarding family support involvement	Positive overall feedback reported
Referrals to family/community support resources	Ongoing and actively utilized

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Family participation contributed positively to client engagement, treatment retention, recovery motivation, and discharge planning outcomes. Clients with active family or support system involvement demonstrated improved communication, increased accountability, and stronger continuity of care connections. Staff continued using person-centered and trauma-informed approaches to encourage healthy family participation while respecting client choice, confidentiality, and cultural preferences.

Community Referrals & Linkage

Referral Type	Community Resource/Provider	Purpose of Referral	Number of Referrals	Linkage Status	Follow-Up Outcome
Primary Medical Care	Community Health Center	Physical health assessment and wellness care	27	Connected	Medical appointments completed
Housing Assistance	Transitional Housing Agency	Stable housing and homelessness prevention	29	Pending/Connected	Waiting list or housing placement
Employment/Vocational Services	Workforce Development Program	Employment readiness and job placement	35	Connected	Enrolled in workforce services
Food Assistance	Local Food Pantry	Nutritional and emergency food support	6	Connected	Food services accessed
Transportation Assistance	Community Transportation Program	Improve appointment attendance	65	Connected	Transportation vouchers provided
Legal Assistance	Community Legal Aid Services	Court advocacy and legal support	7	Connected	Legal consultation completed
Peer Recovery Support	Certified Recovery Support Program	Ongoing peer mentoring and recovery coaching	4	Connected	Active peer support participation

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Community Referral & Linkage Summary

The organization maintains an active referral and linkage process to ensure individuals receive access to supportive community-based resources that address behavioral health, medical, social, vocational, and recovery support needs. Referrals are made based on individualized assessments, identified barriers, and treatment planning goals.

During the reporting period, staff coordinated referrals for mental health services, substance use treatment, housing assistance, medical care, employment support, transportation services, food resources, legal assistance, and peer recovery support services. Follow-up contact and care coordination activities were completed to verify successful linkage whenever possible.

The majority of referrals resulted in successful community connections, demonstrating effective collaboration with external providers and community partners. Staff continued monitoring referral outcomes through case management follow-up, discharge planning, and quality assurance review processes.

Goal 5: Grant Compliance & Regulatory Outcomes

Key Indicator	Performance Target	Performance Monitoring Focus
% of grant reports submitted on time	≥ 100%	Timely submission of all required fiscal and programmatic reports
% of grants with zero compliance findings or audit issues	≥ 95%	Ongoing compliance with grant and regulatory requirements
Number of corrective action plans required	0	Prevention of compliance deficiencies and audit findings

Key Findings

The organization maintained active oversight of grant management, reporting compliance, fiscal accountability, and regulatory adherence throughout the reporting period. Monitoring activities included internal audits, documentation reviews, submission tracking, fiscal reconciliation, and supervisory review of grant deliverables.

- All required grant reports were submitted within established deadlines, supporting the organization's goal of 100% on-time reporting compliance.
- The organization maintained a high level of regulatory compliance with minimal or no identified audit findings across funded programs.
- No major corrective action plans were required during the reporting period, demonstrating effective internal controls and compliance monitoring processes.
- Leadership and administrative staff continued routine review of grant deliverables, fiscal documentation, and performance outcomes to ensure continued adherence to funding requirements.

Assessment Summary

Performance outcomes demonstrate the organization's commitment to accountability, transparency, and responsible stewardship of grant-funded services. Strong compliance oversight contributed to timely reporting, reduced audit risk, and continued alignment with funding agency expectations and regulatory standards.

Others' Programs Departments Outcomes

Quality Improvement & Risk Management

The organization maintained a strong commitment to continuous quality improvement and compliance.

Key Initiatives:

- Expansion of outpatient services across regions
- Strengthening engagement strategies for early retention
- Ongoing staff training in trauma-informed care,
- Enhanced monitoring of program performance indicators

Risk Management Activities:

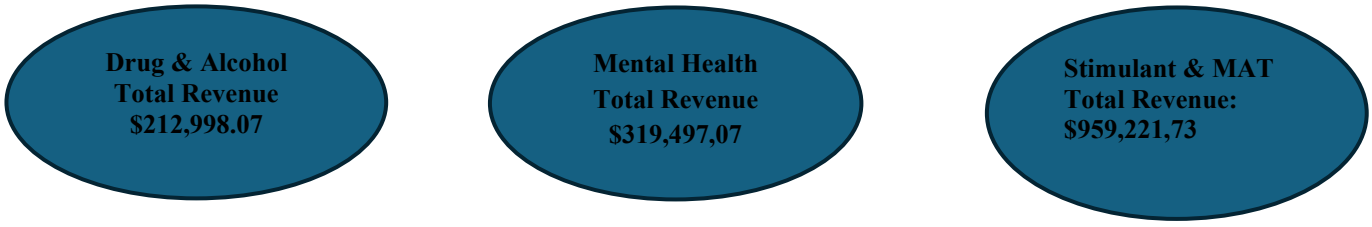
- Incident reporting and review processes
- Regular policy and procedure updates
- Internal audits aligned with accreditation standards

Performance Indicator	Outcome
Incidents Reported	0
Incident Reports Reviewed Within Required Timeframe	100%
Staff HIPAA Training Completion	100%
Documentation Compliance Rate	95%
Client Grievances Resolved Timely	100%
Emergency Drills Completed	100%
Staff Credential Compliance	100%

Risk Management Assessment Summary

MWFHE maintains in FY2025-26 a comprehensive risk management program focused on client safety, incident reports. regulatory compliance, operational effectiveness, and workforce stability. Risk management activities included ongoing incident monitoring, documentation audits, staff training, emergency preparedness, and quality assurance reviews. Data collected through the risk management process was analyzed regularly to identify trends, implement corrective actions, and support continuous quality improvement consistent with regulatory agencies' standards.

FY 2025-26 Financial Overview Summary



Program Technology Outcome

MWFHE conducted a technology assessment at both region to evaluate the effectiveness, accessibility, security, and functionality of technology systems used to support clinical, administrative, and operational services. The assessment reviewed electronic systems, communication tools, data management processes, telehealth capabilities, and staff technology resources to ensure efficient service delivery and regulatory compliance. The evaluation focused on the organization's ability to support quality care, protect confidential information, improve operational efficiency, and enhance client access to services.

Technology Assessment

Assessment Area	Evaluation Focus	Status
Electronic Health Record (EHR) System	Documentation efficiency, compliance, and accessibility	Satisfactory
Telehealth Services	Reliability, client accessibility, and privacy protections	Satisfactory
Data Security & HIPAA Compliance	Confidentiality, password protection, and secure systems	Satisfactory
Staff Technology Equipment	Access to computers, phones, and connectivity	Adequate
Internet & Network Stability	Connectivity and operational reliability	Stable
Reporting & Data Tracking Systems	Performance measurement and outcome reporting	Functional
Staff Technology Training	Training on systems and compliance requirements	Ongoing
Backup & Recovery Procedures	Data protection and continuity planning	Implemented

Key Findings

- Electronic documentation systems supported timely and compliant clinical recordkeeping.
- Telehealth services continued improving access to care and appointment attendance for individuals experiencing transportation or scheduling barriers.
- Staff demonstrated appropriate use of secure communication and data protection procedures consistent with HIPAA and organizational policies.
- Performance reporting systems supported data collection, outcome tracking, and quality improvement activities.
- Opportunities for improvement were identified related to staff technology training, workflow efficiency, and system integration.

Technology Performance Summary

The assessment determined that the organization's current technology infrastructure adequately supports clinical operations, administrative functions, communication, and performance management activities. Technology resources contributed to improved continuity of care, operational efficiency, and accessibility of services.

The organization-maintained safeguards to protect confidential information and ensure compliance with regulatory and accreditation standards. Leadership continued monitoring technology effectiveness through staff feedback, quality assurance reviews, and operational performance indicators.

Identified Strengths

- Reliable electronic documentation processes
- Secure data management and confidentiality protections
- Effective telehealth implementation
- Improved communication between staff and clients
- Enhanced outcome reporting and performance tracking capabilities

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Technology Areas for Improvement

- Continued staff training on technology systems
- Upgrading aging equipment when necessary
- Enhancing integration between reporting systems
- Improving workflow efficiency and automation
- Expanding telehealth accessibility and technical support for clients

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The MWFHE organization's technology systems support regulatory agencies' standards related to information management, accessibility, performance measurement, confidentiality, continuity of care, and operational effectiveness. Ongoing technology assessment activities demonstrate the organization's commitment to quality improvement, risk management, and efficient service delivery.

2025–2026 Performance Summary & Moving Forward: Executive Performance Summary

During the 2025–2026 reporting period, the organization continued demonstrating commitment to quality service delivery, regulatory compliance, client-centered care, and continuous performance improvement across all outpatients' behavioral health programs. Services included Drug & Alcohol (D&A), Mental Health (MH), Stimulant, and Medication-Assisted Treatment (MAT) programming.

Throughout the year, the organization focused on expanding access to care, improving client engagement, strengthening recovery outcomes, enhancing family and community involvement, and maintaining compliance with regulatory agencies' standards and grant requirements.

Agency-Wide Performance Overview Report: Performance Measurement Framework

Men and Women for Human Excellence, Inc. (MWFHE) utilize a structured performance management framework to monitor organizational effectiveness, support strategic decision-making, and improve program outcomes across all behavioral health services.

The organization applies measurable performance standards, Key Performance Indicators (KPIs), and Critical Success Factors (CSFs) to evaluate progress toward achieving strategic goals and operational objectives outlined in the MWFHE FY 2025–2027 Strategic Plan.

Performance Threshold Standard

Organizational Threshold Requirement

MWFHE established a minimum acceptable performance threshold of:

≥ 65% = Acceptable Performance

The 65% threshold serves as the organization's minimum benchmark for successful performance achievement across program indicators, surveys, operational outcomes, engagement measures, and strategic objectives.

Risk Threshold Standard

Performance outcomes falling:

Below 65% = Risk Threshold

indicate areas requiring additional monitoring, corrective action planning, quality improvement interventions, or enhanced organizational oversight. The threshold framework supports:

- Accountability and transparency
- Early identification of operational risks
- Continuous quality improvement
- Strategic performance monitoring
- Data-driven decision-making

Agency Performance Measurement Process

MWFHE follows a continuous four-part performance management process:

Performance Process	Purpose
Plan and Set Goals	Establish strategic objectives and SMART targets
Collect Data & Analyze Results	Monitor performance indicators and outcomes
Use Data for Decision-Making	Implement improvements and corrective actions
Communicate Results	Share findings with leadership, staff, stakeholders, and funders

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Key Performance Indicators (KPIs)

MWFHE uses Key Performance Indicators (KPIs) to measure progress toward strategic goals and evaluate operational and clinical performance.

KPIs are measurable indicators used to:

- Quantify organizational performance
- Monitor effectiveness of services
- Identify strengths and improvement areas
- Support performance accountability
- Guide quality improvement initiatives

Examples of Agency KPIs

KPI Area	Measurement Focus
Client Access	Admissions, wait times, service utilization
Client Engagement	Attendance, retention, follow-up completion
Recovery Outcomes	Completion rates, relapse reduction, aftercare participation
Workforce Stability	Staff retention, turnover, training participation
Compliance	Audit findings, grant reporting, documentation accuracy
Community Linkages	Referral success and coordinated care outcomes

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Critical Success Factors (CSFs)

MWFHE identifies Critical Success Factors (CSFs) as the key operational and strategic activities required for organizational success.

CSFs represent specific conditions necessary to achieve agency goals and objectives within established timeframes.

Core MWFHE Critical Success Factors

Critical Success Factor	Organizational Focus
Access to Care	Expanding behavioral health service availability
Client Engagement	Improving participation and retention
Recovery Support	Strengthening recovery-oriented outcomes
Workforce Development	Maintaining qualified and stable staffing
Compliance & Accountability	Meeting grant, regulatory, and accreditation standards
Community Partnerships	Enhancing coordinated referral and support systems
Technology & Data Management	Supporting efficient and compliant operations

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SMART Performance Targets: MWFHE develops SMART objectives to support performance measurement and organizational accountability.

SMART Goal Framework

SMART Element	Definition
Specific	Clearly defined objective
Measurable	Quantifiable outcome indicator
Attainable	Realistic and achievable target
Relevant	Connected to organizational goals
Time-Bound	Established timeframe for completion

SMART Target

Increase treatment retention rates by 10% during FY 2026–2027 through enhanced engagement interventions, follow-up outreach, and recovery support services.

Performance Assessment Summary

Performance indicators exceeding the 65% threshold were considered successful and reflective of acceptable organizational performance. Indicators below threshold were identified for ongoing monitoring, corrective action strategies, and quality improvement planning.

The performance management framework supports MWFHE's commitment to:

- Person-centered care
- Operational accountability
- Regulatory compliance
- Continuous quality improvement
- Data-informed strategic planning
- Long-term organizational sustainability

Key Performance Highlights: Service Delivery & Client Access

- Continued provision of outpatient behavioral health and recovery support services across multiple programs
- Increased focus on access to care and continuity of services
- Expanded use of telehealth and technology-assisted service delivery
- Timely follow-up contact completed within required 7-day timeframe for identified clients

Outcome & Recovery Performance

- Positive treatment completion outcomes were achieved across programs
- Aftercare planning and relapse prevention services remained a priority
- STIM and D&A programs demonstrated stronger relapse reduction and aftercare engagement outcomes
- Re-admission trends were monitored to identify opportunities for improved retention and recovery support

Family & Community Engagement

- Increased efforts to involve family and natural support systems in treatment and discharge planning
- Ongoing referrals and linkage to housing, employment, medical, transportation, food, legal, and peer support services
- Enhanced collaboration with community providers to strengthen continuity of care

Compliance & Quality Improvement

- Grant reporting and regulatory monitoring activities remained in compliance with reporting expectations
- Internal quality assurance activities supported documentation integrity and performance measurement
- Staff maintained focus on regulatory agencies'-aligned standards related to service quality, safety, accessibility, and performance outcomes

Technology & Operational Performance

- Electronic documentation and reporting systems supported efficient clinical and administrative operations
- Telehealth services improved access and participation for individuals facing transportation or scheduling barriers
- Data tracking and performance monitoring systems supported organizational decision-making and quality improvement planning

Organizational Strengths Identified

- Commitment to person-centered and recovery-oriented care
- Strong community referral and linkage practices
- Timely client follow-up and outreach procedures
- Effective use of performance measurement and outcome monitoring
- Dedicated staff engagement in quality improvement activities
- Continued compliance with grant and accreditation expectations

Opportunities for Improvement

The organization identified several ongoing improvement priorities for the upcoming reporting period:

- Increase treatment completion and retention rates
- Reduce no-show and disengagement outcomes
- Strengthen relapse prevention and aftercare participation
- Improve family engagement and support involvement
- Expand technology training and workflow efficiency
- Enhance data reporting and outcome analysis capabilities

Moving Forward: 2026–2027 Priorities

As the organization moves into the next reporting cycle, leadership and staff remain committed to strengthening service quality, improving client outcomes, and expanding recovery-oriented support services.

Key priorities include:

- Enhancing engagement strategies for high-risk individuals
- Expanding community partnerships and referral coordination
- Improving continuity of care and discharge planning
- Increasing access to behavioral health and recovery support services
- Strengthening workforce development and staff training
- Continuing regulatory agencies'-focused quality improvement initiatives
- Advancing technology systems and performance analytics

Closing Summary

The 2025–2026 reporting period reflected continued organizational growth, resilience, and commitment to excellence in behavioral health service delivery. Through ongoing performance monitoring, collaborative care coordination, and quality improvement efforts, the organization remains focused on supporting recovery, wellness, and positive long-term outcomes for the individuals and communities served.

Men and Women for Human Excellence, Inc. (MWFHE): Annual Performance Plan

Fiscal Year 2025-26
Released April 30, 2026

The agency FY 2025-26 Performance Plan of Men and Women for Human Excellence, Inc. (MWFHE) have been revied by its leadership.

Keith Johnson, MSW, CAC *4.15.2026*

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CEO/President Signature: Date: 4/15/2026

Men and Women for Human Excellence, Inc. (MWFHE): Annual Performance Plan

Fiscal Year 2025-26
Released April 30, 2026

The agency FY 2025-26 Performance Plan of Men and Women for Human Excellence, Inc. (MWFHE) have been revied by its leadership.

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CEO/President Signature: Date: 4/15/2026