SCO FAMILY OF SERVICES
Strategic Priorities 2017-2020
Action Plan 2018
Mission

SCO Family of Services helps New Yorkers build a strong foundation for the future. We get young children off to a good start, launch youth into adulthood, stabilize and strengthen families, and unlock potential for children and adults with special needs.
Our Values

• **EFFECTIVENESS** – we produce results by motivating and supporting each person and family we serve so they can meet and exceed their personal goals
• **RESPONSIVENESS** – we anticipate and strive to meet the needs of every person and every community we serve, responding to moments of crisis and preventing crises before they occur
• **EXCELLENCE** – we dedicate ourselves to the highest standards of practice and performance and strive to achieve excellence and professionalism in all we do
• **INTEGRITY** – we pride ourselves on prudence, commitment and accountability
• **ACCEPTANCE** – we embrace each individual’s unique identity
• **FAMILY** – we embrace families as our partners believing that families are essential for individuals and communities to flourish
• **DEDICATION** – we do whatever it takes to help people thrive, standing by them no matter the obstacles they face or the challenges they must overcome
• **EMPOWERMENT** – we enhance the strengths of individuals, families and communities, by providing opportunities to succeed and participate fully in community life
• **COMPASSION** – we provide a safe, caring environment that enriches each life we touch
Our Guiding Strategic Principles

We must remain mission and value aligned

We must foster a culture of change that ensures our continued ability to achieve quality results efficiently, and maintain a person-centered approach to care

In Everything We Do
Contextual Overview

1. We are in the midst of systems-level transformational change driven by a fundamental shift in the way funders are going to pay for services, particularly those funded by Medicaid (30% of annual budget).

2. We need to take a more proactive and formal approach to risk mitigation and ensuring consistent high quality services are provided to our clients. Our performance measurement model aims to set new and improved standards of quality across the agency, and across our greater industry.

3. The further development of an integrated, coordinated care model is key to our remaining relevant in this new operating environment. We must provide a single point of entry to services that ensures access to a complete continuum of care, where feasible, in order to both maximize revenue and present SCO as a provider of choice to payors.

4. Significant investments in technology are going to be required – along with the skills to both implement and manage them.

5. Many of our core processes need to be analyzed and streamlined in conjunction with our technology transformation.

6. Decisions will need to be made regarding our entire portfolio concerning mission alignment and long-term viability.
2017 Strategic Priorities

We have identified four primary areas in which to focus our 2017 -2020 Strategic Plan:

1. Quality
2. Financial Sustainability
3. Leveraging our Size and Program Mix
4. Managing Risk
QUALITY

Quality is not an act. It is a habit.

- Aristotle
Quality – Defined

The competent and safe delivery of integrated services, leveraging the best talent available in order to deliver best possible outcomes for the people we serve.
Quality

Three major themes encompass our measurement of Quality:

1. Program Quality and Execution
2. Compliance and Adherence to Government Standards
3. Staff Recruitment, Retention & Training
Quality – Goals

1. PROGRAM QUALITY AND EXECUTION
   Our program diversity, broad geographic footprint, and ongoing funding challenges, require a system of continuous quality improvement, vigilant supervision, outcome measurement, and accountability to ensure quality of care is maintained across all locations and programs. Our Board’s investment and oversight in quality requires Executive Leadership to ensure high standards of excellence are met and full accreditation from both Praesidium and the Council on Accreditation.

2. COMPLIANCE AND ADHERENCE TO GOVERNMENT STANDARDS AND FOUNDATION COMMITMENTS
   We must ensure that we meeting all federal, state, and local regulatory and contractual requirements and foundation commitments in the execution of all programs.

3. STAFF RECRUITMENT, RETENTION & TRAINING
   We must recruit and retain the best people, and ensure they have the training & tools to provide consistently high quality care, driven by evidence-based/informed practices.
Quality – Action Plan

1. PROGRAM QUALITY AND EXECUTION

Establish a model of Person-Centered Care that provides a 360 degree view of our clients and incorporates:

- Best Practices in Quality Improvement
- Evidence-based/informed practices across the agency
- Electronic Client Record
- Electronic Incident Management System
- Key Performance Indicators (KPIs)
- Data Warehouse and Dashboards
2. COMPLIANCE AND ADHERENCE TO GOVERNMENT STANDARDS AND FOUNDATION COMMITMENTS

Define and implement targets and measures of optimal performance for all programs. These will be carefully aligned with regulatory and contractual requirements, foundation commitments, performance improvement objectives, and our Key Performance Indicators framework of Learning, Work and Well-being.
3. STAFF RECRUITMENT, RETENTION & TRAINING

Invest in Human Capital by aligning performance evaluations and training /development opportunities with measurements of optimal outcomes. Regularly measure employee performance against well-defined expectations. Track and trend staff retention across the organization to determine factors that contribute to high staff turnover. Provide and support opportunities for continuing education. In support of these goals, we should:

- Develop a culture to support the goal of Anti-Racism
- Leverage staff training resources
- Maximize Human Resources Information Services (HRIS)
- Routinely evaluate compensation and benefit packages
- Develop and implement an aggressive staff recruitment and retention plan
FINANCIAL SUSTAINABILITY

We cannot solve our problems with the same thinking we used when we created them.

- Albert Einstein
Ensuring our long-term viability through programs and services that are mission aligned, efficiently delivered, and fiscally responsible; adopting practices, procedures, and technologies that improve our quality as well as the bottom line.
Financial Sustainability – Goal

A re-examination and realignment of our program portfolio and underlying cost structure will improve our revenue and financial performance. Improved quality of care will provide increased revenue opportunities.
Financial Sustainability

The path to achieving financial sustainability requires both an internal review of our operations and an external review of challenges, opportunities and market-forces.
Financial Sustainability

INTERNAL
Develop Person-Centered Environment that is both Comprehensive and supports a Continuum of Care

By linking our clients’ complex needs with SCO’s diversity of programs and payors, where appropriate, it will be possible to maximize cross-agency utilization of services.

Examples:
1. Develop adult residential opportunities for our youth with special needs who are aging-out of care.
2. Link all eligible children and families to a Care Manager.

EXTERNAL
Preparing for Transition to a Value Based Payment Environment

Continued transition to “value based” (from volume-driven to outcomes-driven methodology) payments and the growing dominance of managed care translates into “doing more with less,” increased competition, and pressures to consolidate services system-wide via strategic partnerships, affiliations, and mergers.
Financial Sustainability

Existing technology infrastructure must be optimized to enable a competitive cost structure and ensure ongoing financial sustainability. Investment in technology is vital to ensuring:

1. Optimal Client Service
   A digital platform and tools to collect and analyze client and program level data, it will enable SCO to manage and meet client needs to the best of our abilities. By adequately addressing our clients’ needs our programs will meet and exceed performance targets and engender the trust of our funders.

2. Efficiencies
   Maintaining records, managing referrals, and measuring outcomes will transition from a manual, process to one that is streamlined with improved accuracy.

3. Revenue Opportunities
   A holistic view of each client could create additional revenue opportunities through internal referrals and new program development.
Financial Sustainability - Action Plan

We are planning a series of actions to ensure long-term Financial Sustainability and Reduce Structural Deficits including:

1. Program Portfolio Review and Realignment
2. Technology Investments
3. Process Improvements
Financial Sustainability - Action Plan

1. PROGRAM PORTFOLIO REVIEW AND REALIGNMENT

Targeted investment and divestment in programs and services will be driven by accepted decision rules. We will pursue smart growth opportunities that are determined to be mission aligned, high impact and financially responsible as per key determining criteria.

We will better utilize existing program capacity, and where feasible, establish a single point of entry approach to intake & referral processes, define quality measures and targets, and implement ongoing service reviews.
2. TECHNOLOGY INVESTMENTS

Infrastructure & Process Management

We need more efficient and cost effective internal processes for maintaining records and managing processes:

1. Accounts Payable and Purchasing System
2. Facilities Management System
3. Contract Management System
4. Electronic Client Record System
5. Incident Management System
6. Digital Document Storage System
7. Payroll & HR Benefits System

Technology Skills and Resources

Additional Technology support including internal staff and Board expertise, temporary contractors and / or external consulting will be required in order to implement and support a more robust technology infrastructure / environment.
3. PROCESS IMPROVEMENTS

Our program growth and legacy cost structure has become inefficient in some areas. A review of core processes will be performed to identify those areas in which:

- Technology can be used to efficiently streamline execution of key business processes.

- Further opportunities to centralize shared services and investigate cost sharing solutions with other organizations will be investigated.

- A real estate evaluation plan can be developed, focused on maximizing our utilization of existing space and where appropriate incorporating plans to support a mobile workforce.
LEVERAGE SIZE AND PROGRAM MIX

When we leverage, we aggregate and organize existing resources to achieve success

- Richie Norton, Motivational Speaker
Leverage Size and Program Mix - Defined

Leveraging our size and program mix will lead to an integrated and coordinated system of care - addressing the full range of services that our clients need - while sharpening our contract negotiating position and competitive edge.
Leverage Size and Program Mix - Goal

Improve access to care for the clients we serve through:

• Fluid communication and regular coordination within SCO’s service network in order to expedite client referrals, and more easily share valuable resources and skills;

• Key strategic linkages with colleague agencies, health systems and community medical providers;

• Establishing new SCO operated treatment and supportive services that complement and supplement existing services.
Leverage Size and Program Mix
Action Plan

1. Identify and initiate discussions with strategic health care partners to address the full range of SCO clients’ primary care and specialty medical needs.

2. Work to identify service shortfalls and corresponding opportunities to introduce new programs and services that benefit our clients, communities and financial health.
MANAGING RISK

Risk is like fire: If controlled it will help you; if uncontrolled it will rise up and destroy you.

- Theodore Roosevelt
The key to managing risk, is identifying and mitigating unacceptable levels of risk before they become problems.

Quality Control and Risk Mitigation are inextricably linked. Mitigating Risk falls within two categories:

- Preventing Risk
- Detecting Risk
Managing Risk - Goals

PREVENTING RISK

Ensure that the programs, procedures, facilities and staff that we have are inherently fit for purpose – that is, they meet and exceed all of our internally defined, government mandated and external accreditation standards. An ongoing reassessment of standards with the goal of raising the bar must be a priority at the Executive level and across the agency.

DETECTING RISK

Maintain a program of regular reviews to ensure that what we think is fit for purpose – actually is – and is sustained over time - with early ‘warning bells’ and trending analysis (e.g. insurance claims data, HR litigation) enabled by technology to implement improvement plans before a risk becomes a problem.
Managing Risk – Action Plan

PROGRAM RISK MITIGATION

• Develop an enterprise level risk mitigation strategy
• Design Regular Outcome Reviews to ensure our standards of service are met and exceeded, thereby providing positive outcomes for our clients
• Define and trend KPIs and establish, implement, and evaluate improvement plans as needed
• Conduct regular multidisciplinary peer reviews to monitor and affirm the quality of service across the organization
Managing Risk – Action Plan

FACILITIES RISK MITIGATION

• Conduct Regular Facility Reviews to ensure that our facilities are safe and suitable for our practice, service and care

• Develop an Improvement Plan that not only addresses pressing facility issues but sets and meets high standards related to safety, technology, utilization and the appearance/branding of our buildings

• Identify and implement Technology Solutions including a Facilities Management System to help monitor and proactively maintain our facilities to ensure they meet and exceed regulatory requirements and standards for optimal operation
Managing Risk – Action Plan

FINANCIAL RISK MITIGATION

• Maintain a Diverse Funding Stream that is appropriately aligned to mission
• Ensure that new programs are Adequately Funded in the short- and long-term in order to deliver quality care
• Maintain a Healthy Investment Portfolio that can be used in challenging periods or to make needed infrastructure upgrades
A PROGRAM OF POSITIVE CHANGE
A Program of Positive Change

Initiatives listed below that require an expenditure, must be approved by the Finance Committee.

<table>
<thead>
<tr>
<th>Qualities</th>
<th>People</th>
<th>Technology</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUALITY</td>
<td>• Analyze Staff Recruitment and Retention and review compensation and benefits</td>
<td>• Implement and Integrate, Electronic Client Record, AP &amp; Purchasing, Contract Management, Facilities and Data Warehouse/ Dashboard systems and Electronic Document Storage</td>
<td>• Develop a Comprehensive -Continuum of Care</td>
</tr>
<tr>
<td>FINANCIAL</td>
<td>• Further develop a Continuing Education Program focusing on consistent quality of care</td>
<td>• Develop and implement Incident Management System</td>
<td>• Prepare for Transition to a Value Based Payment Environment</td>
</tr>
<tr>
<td>SUSTAINABILITY</td>
<td>• Implement Training and Development Needs Assessment</td>
<td>• Enhance utilization of the LMS</td>
<td>• Define Early Warning Signs and develop the use of PDSA in Continuous Quality Improvement</td>
</tr>
<tr>
<td>LEVERAGE SIZE AND</td>
<td>• Adhere to Evidence-Based/Informed Practice Standards</td>
<td>• Maximize the HRIS</td>
<td>• Define and implement targets and measures of optimal performance for all programs; enhance utilization of KPIs</td>
</tr>
<tr>
<td>PROGRAM MIX</td>
<td>• Embed Expectations into Performance Evaluations</td>
<td>• Develop a culture to support the goal of Ant-Racism</td>
<td>• Review Program Portfolio</td>
</tr>
<tr>
<td>MANAGE RISK</td>
<td>• Identify and Resolve Technology Skills Deficit</td>
<td>• Develop an enterprise level risk mitigation strategy</td>
<td>• Develop Real Estate Evaluation and Capital Improvement Plan</td>
</tr>
<tr>
<td></td>
<td>• Develop an enterprise level risk mitigation strategy</td>
<td>• Maximize the HRIS</td>
<td>• Analyze Core Processes and Establish Efficiencies and Centralize Shared Services Services when Possible</td>
</tr>
<tr>
<td></td>
<td>• Develop a culture to support the goal of Ant-Racism</td>
<td>• Enable a more mobile work-force</td>
<td>• Develop Strategic Partnerships and Cost Sharing Opportunities</td>
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<td></td>
<td></td>
<td></td>
<td>• Identify New Service Opportunities</td>
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<td></td>
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<td></td>
<td>• Develop Multidisciplinary Peer Review Program</td>
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ACTION PLAN 2018
Building the Infrastructure for Change
Our 2018 Action Plan provides the operational framework needed in order to address key strategic priorities identified for the coming year.

- It reflects the context in which we operate: both the internal and external conditions that affect short- and long-term decision making;
- It defines clear operational targets associated with our four priority areas for both administrative departments and programs;
- It will enable us to be responsive to our changing environment as opposed to reactive;
- It affirms our commitment to operate from a proactive stance as we position SCO for the future: we must be able to not only problem solve, but to problem seek.
Our Focus in 2018

• We must further develop the infrastructure necessary for us to fully realize our Program of Positive Change.

• In 2018, our efforts will focus on SCO’s ability to:

  1. Harness the power of Information Technology to collect data and apply them to decision making accurately and efficiently;

  2. Better understand where the agency currently stands with respect to Quality, Performance and Outcomes; Financial Sustainability; Leveraging our Size and Program Mix; and Managing Risk;

  3. Begin implementing operational solutions to address areas of weakness and seize new opportunities.
Investment in Information Technology

• SCO will make significant investments in the IT systems essential to improving organizational efficiency, streamlining the flow of information, and achieving better client outcomes:
  • Accounts Payable and Purchasing System
  • Facilities Management System
  • Contract Management System
  • Electronic Client Record System
  • Incident Management System
  • Digital Document Storage System
  • Payroll, HR, Benefits System
  • Data Warehouse/Dashboard System
Investment in Information Technology

• In 2018, leadership will develop and begin to roll-out a Technology Integration and Implementation Plan to ensure that our IT systems:
  • Are interoperable- data can be aggregated and easily shared among agency stakeholders;
  • Tell us what we need to know, when we need to know it- data can readily inform short- and long-term decision making at all levels within the agency;
  • Are properly integrated within day-to-day life at SCO- staff are fully trained on and acclimated to new technologies in a thoughtful and gradual way;
  • Are fully supported- our systems are reliable and users can access the help they need;
  • Support workforce flexibility- off-site and mobile workers can use the systems they need seamlessly.
Improve Quality, Performance & Outcomes

1. Gain a better understanding of consumers’ experience with SCO services.

2018 Targets

- 100% program participation in the Consumer Experience Survey process;
- Minimum of 50% rate of return on completed Consumer Experience Surveys.
2. Embrace a Culture of Humility, and with a focus on Anti-Racism, increasing our awareness of how power, privilege and prejudices affect relationships.

**2018 Targets**

- Establish a Steering Committee tasked with developing a plan to implement an Anti-Racism initiative agency-wide;
- 100% of the Steering Committee, Executive Cabinet and Executive Council members participate in the Anti-Racism initiative.
3. Promote client health and wellness through connection to preventive and primary medical care; decrease utilization of unnecessary or avoidable inpatient services.

2018 Targets

- Develop a plan to assess and address SCO clients’ current level of engagement with primary care physicians;
- In anticipation of the roll-out of an Electronic Health Record system, begin to collect baseline data relating to client Emergency Room and inpatient bed utilization.
Improve Quality, Performance & Outcomes

4. Increase the use of Evidence-Based and Evidence-Informed Practices agency-wide.

2018 Targets

- Executive Council, in coordination with the Quality Improvement Dept, will ensure that every SCO program identifies at least one Evidence-Based or Evidence-Informed practice for implementation, identifying any initial and ongoing costs;
- Any ongoing costs relating to sustainability will be considered in FY19 budgets, grants & foundation requests;
- Develop a sustainability plan with identified leaders and outcomes measurements.
5. Re-envision our approach to finding and keeping the best staff possible.

2018 Targets

- The Human Resources Department will convene a workgroup tasked with: 1) identifying challenges to retention, recruitment and avoidable use of contract staff; and 2) developing recommendations to inform an Agency-wide Recruitment and Retention Plan.

- In partnership with the Executive Council, the HR Dept will conduct a comprehensive review of turnover rates, exit interview results, time to hire, staff satisfaction, contract staff utilization, compensation, and benefits.
6. Fully adopt an agency-wide framework for defining and monitoring Continuous Quality Improvement.

2018 Targets
- Implement the Institute for Health Care Improvement’s (IHI) “Plan, Do, Study, Act” methodology agency-wide.
7. Further develop valid and reliable agency performance measures.

2018 Targets

- Refine Key Performance Indicators to ensure alignment with program and department priorities and goals.
Financial Sustainability

1. Apply objective criteria to better inform our business decision making.

2018 Targets

- SCO’s new Decision Rules will be used to evaluate all potential new contract and grant pursuits;
- Decision Rules will be used to determine short- and long-term program viability for existing programs.
Financial Sustainability

2. Promote optimal performance on new and existing contracts and grants.

2018 Targets

• In partnership with program operations, the Finance and Development Departments will establish a more proactive award stewardship process to ensure grant deliverables are met and funding is maximized in accordance with requirements.
Leverage Size and Program Mix

1. Improve clients’ access to services provided by SCO and other valued community partners.

2018 Targets

- Screen 100% of children served by SCO for Care Management eligibility;
- Better integrate and coordinate services by developing: 1) a centralized agency intake process; and 2) a standardized inter- and intra-agency referral process;
- Develop a plan to promote relationships among SCO programs in order to better utilize existing service capacity and increase supports for clients;
- Establish external health and human service partnerships that expand our ability to respond to the full range of client needs in an integrated and coordinated way.
Managing Risk

1. Ensure that all staff have the knowledge and skills required to do their jobs well.

2018 Target

- Mandate utilization of the Learning Management System for identifying all training requirements, tracking, and reporting.
2. Ensure that all SCO programs and facilities meet or exceed industry standards.

2018 Target

- Prepare for and pass Praesidium reaccreditation;
- Prepare for FY 19 COA reaccreditation;
- Develop a more proactive approach to assessing and addressing facility maintenance needs.
Managing Risk

3. Improve Case Record Review performance and processes.

2018 Target
• Achieve 95% compliance with case record review requirements.
Managing Risk

4. Improve our internal controls and compliance through increased vigilance.

2018 Target

• Develop an Enterprise Level Risk Management Strategy.
APPENDIX

FY18 Initiatives & Action Plans
# Administrative Department Initiatives; Action Plans

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Target</th>
<th>Department</th>
<th>Lead</th>
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<tbody>
<tr>
<td></td>
<td><strong>Finance</strong></td>
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<tr>
<td>1</td>
<td>Apply objective criteria to better inform our business decision making.</td>
<td>● Decision Rules will be used to evaluate 100% of all potential new contracts and grants; and</td>
<td>Executive Director; Finance; Executive Council; Development</td>
<td>Lisa Sammon</td>
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<tr>
<td></td>
<td></td>
<td>● Decision Rules will be used to determine short-and long-term program viability for existing programs. (33% of existing programs will be reviewed in FY18)</td>
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<td></td>
<td><strong>Development</strong></td>
<td>Establish a more proactive award stewardship process to ensure grant deliverables</td>
<td>Development; Executive Council</td>
<td>Brian Leidy</td>
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<td>2</td>
<td>Promote optimal performance on new and existing contracts and grants.</td>
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<td>3</td>
<td>Increase the use of Evidence-Based and Evidence-Informed Practices agency-wide.</td>
<td>Any ongoing costs relating to sustainability of and EB/IP will be considered in FY19 budgets, grants and foundation requests.</td>
<td>Development</td>
<td>Brian Leidy</td>
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<td></td>
<td><strong>Business Operations</strong></td>
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<td>4</td>
<td>Ensure that all SCO programs and facilities meet or exceed industry standards.</td>
<td>● Develop a more proactive approach to assessing and addressing facility maintenance needs.</td>
<td>Business Ops</td>
<td>Hayden Blades</td>
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<td></td>
<td></td>
<td>● Review utilization of existing space and where appropriate incorporate plans to support a mobile workforce</td>
<td>IT; Business Ops; and Leadership throughout SCO</td>
<td>Hayden Blades</td>
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<tr>
<td></td>
<td><strong>Information Technology</strong></td>
<td>Netsmart implementation. Collaborate on the development of a centralized enrollment and inter-agency referral mechanism.</td>
<td>IT; Executive Council; and Program QI</td>
<td>Laurel Carpenter</td>
</tr>
<tr>
<td>5</td>
<td>SCO will make significant investments in the IT system essential to improving organizational efficiency, streamlining the flow of information, and achieving better client outcomes.</td>
<td>Implement and integrate: Digital Document Storage</td>
<td>IT and Program Leadership</td>
<td>Joseph Fatuzzo</td>
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<td>6</td>
<td></td>
<td>Implement and integrate: Data Warehouse/Dashboard System</td>
<td>IT and Executive Council</td>
<td>Joseph Fatuzzo</td>
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<tr>
<td>7</td>
<td></td>
<td>Implement and integrate: ADP (Payroll, HR, Benefits)</td>
<td>IT; Finance; HR/Payroll/ Benefits</td>
<td>Diana Perone</td>
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<tr>
<td>8</td>
<td></td>
<td>Develop and implement an Incident Management System</td>
<td>IT and QI</td>
<td>Christopher Spence</td>
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<td>9</td>
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### Administrative Department Initiatives; Action Plans

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<th>Lead</th>
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<tbody>
<tr>
<td>10</td>
<td><strong>Human Resources</strong></td>
<td>● HR will convene a workgroup tasked with: (Beginning Nov-17)</td>
<td>HR</td>
<td>Diana Perone</td>
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<tr>
<td></td>
<td>1) Identifying challenges to retention, recruitment and avoidable use of contract staff; and</td>
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<td></td>
<td>2) Developing recommendations to inform an Agency-wide Recruitment &amp; Retention Plan.</td>
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<td></td>
<td>● By March 2018, recommendations are forwarded to Executive Council and Cabinet</td>
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<td></td>
<td>● Beginning in January HR annually provides AEDs with the following information/reports:</td>
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<tr>
<td></td>
<td>1) Turnover (voluntary and involuntary)</td>
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<td></td>
<td>2) Time-to-hire</td>
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<td></td>
<td>3) Staff Satisfaction</td>
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<td></td>
<td>4) Contract staff (Provided by Finance)</td>
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<tr>
<td></td>
<td>● Routinely review compensation and benefits</td>
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<td></td>
<td>● On a quarterly basis, HR Performance Indicators will include, but not be limited to, vacancies, exit interviews and new hires, with acknowledgement of effective recruitment strategies.</td>
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<tr>
<td>11</td>
<td>Re-envision our approach to finding and keeping the best staff possible.</td>
<td></td>
<td>HR</td>
<td>Diana Perone</td>
</tr>
<tr>
<td>12</td>
<td><strong>Quality Improvement</strong></td>
<td>Implement targets and measures of optimal performance for all programs; enhance utilization of Key Performance Indicators</td>
<td>QI and Executive Council</td>
<td>Christopher Spence</td>
</tr>
<tr>
<td>13</td>
<td>Fully adopt an agency-wide framework for defining and monitoring Continuous Quality Improvement.</td>
<td>● Establish best practice in QI to address needed improvements;</td>
<td>QI and Executive Council</td>
<td>Vivian Floch</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>● Define early warning signs and develop the use of IHI/PDSA;</td>
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<td></td>
<td></td>
<td>● Implement the Institute for Health Care Improvement's (IHI) &quot;Plan, Do, Study, Act&quot; methodology agency-wide.</td>
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<tr>
<td>15</td>
<td>Increase the use of Evidence-Based and Evidence-Informed Practices agency-wide.</td>
<td>Coordinate and support the training component of EB/IP implementation</td>
<td>CPD</td>
<td>Christina Calabrese</td>
</tr>
<tr>
<td>16</td>
<td>Fully adopt an agency-wide framework for defining and monitoring Continuous Quality Improvement.</td>
<td>Provide the training component to embed the use of IHI/PDSA in CQI</td>
<td>QI; CPD; and Executive Council</td>
<td>Mary Noto-Gilroy</td>
</tr>
<tr>
<td>17</td>
<td>Ensure that all staff have the knowledge and skills required to do their jobs well.</td>
<td>● Mandate utilization of the Learning Management System for identifying all training requirements, tracking, and reporting;</td>
<td>CPD and Executive Council</td>
<td>Christina Calabrese</td>
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<td>● In collaboration with IT, support technology skills training across all programs/departments;</td>
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<td>● CPD to lead a professional development plan for emerging leaders.</td>
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<td>18</td>
<td>Improve clients' access to services provided by SCO and other valued community partners.</td>
<td>● Develop a template for programs to utilize in meetings with: community boards, police precincts and potential community partners and referral sources.</td>
<td>Communications</td>
<td>Leslie Johnson</td>
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<td>● Collaborate on the PSR/SCO directory update to facilitate client referrals</td>
<td>Comm;/IT;/Admin Council</td>
<td>Leslie Johnson</td>
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## Program Leadership Initiatives; Action Plans

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<th>Objective</th>
<th>Target</th>
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| 1  | **Gain a better understanding of consumers’ experience with SCO services.**                                                                 | ● 100% of SCO programs and consumers have the opportunity to participate in the distribution of the Consumer Experience survey process;  
● A minimum 50% rate of return on completed Consumer Experience Surveys.                                                                                                                                                                                                  |
| 2  | **Promote client health and wellness through connection to preventive and primary medical care; decrease utilization of unnecessary or avoidable inpatient services:**  
- ER medical  
- ER psychiatric  
- Hospitalizations                                                                                                    | ● Develop a plan to assess and address SCO clients’ current level of engagement with primary care physicians; and  
● In anticipation of the roll-out of Netsmart, begin to collect baseline data relating to client Emergency Room and inpatient bed utilization and report quarterly. (KPIs now)                                                                 |
| 3  | **Increase the use of Evidence Based/Informed Practices agency-wide.**                                                                       | ● AEDs and QI Directors, identify one Evidence Based/Informed Practice for each program and establish implementation and sustainability costs; embed the EB/IP in contract rebids and foundation proposals.  
● Any ongoing costs relating to sustainability will be factored into FY19 budgets, grants and foundation requests.  
● Develop a sustainability plan with identified leaders and outcome measurements.                                                                                                                                                                                          |
| 4  | **Improve clients’ access to services provided by SCO and other valued community partners.**                                                 | ● Screen 100% of all children in SCO programs for Care Management eligibility *(Excludes OPWDD)* *(A screening tool and referral packet are in development)*;  
● Develop a plan to promote relationships among SCO programs in order to better utilize existing service capacity and increase supports for clients; and  
● Program Directors to customize a template developed by Communications to present to: community boards, police precincts and potential community partners and referral sources.                                                                 |
| 5  | **Ensure that all staff have the knowledge and skills required to do their jobs well.**                                                      | Mandate utilization of the Learning Management System for identifying all training requirements, tracking, and reporting.                                                                                                                                                                                                                     |
2017-2020 Strategic Planning Process

**January**
- **Executive Cabinet** January 9th
- Kick off meeting to begin developing Situational Analysis

**Executive Director** January 18th
- Strategic Planning process review with Douglas O’Dell, Executive Director

**Executive Council** January 20th
- Kick-off and focus group

**Administrative Council** January 26th
- Kick-off and focus groups

**February-March**
- **Executive Cabinet** March 22nd
- Review of market conditions, transition to Medicaid Managed Care, and integrated healthcare

**Executive Cabinet** March 22nd
- Review draft of the 2017 Situational Analysis with Executive Cabinet

**Executive Council** March 23rd
- Review draft of the 2017 Situational Analysis during meeting with AEDs

**Executive Cabinet** March 27th
- Review draft of the 2017 Situational Analysis and discuss future of government policy and funding, healthcare transformation and its impact on SCO programming

**April**
- **Executive Cabinet** April 4th
- Review draft of the 2017 Situational Analysis and discuss future of government policy and funding, healthcare transformation and its impact on SCO programming

**Executive Cabinet** April 14th
- Review Strategic Questions and review the draft 2017 Situational Analysis

**Executive Cabinet** April 28th
- Review and update the Decision Rules: Criteria for Business Development, Consolidation or Closure

**Executive Cabinet** May 21st
- Review and approve the final Strategic Priorities 2017-2020

**Executive Cabinet** May 9th
- Review with Douglas O’Dell, Executive Director; and Keith Little, Deputy Executive Director

**Executive Council** May 15th
- Review final Strategic Priorities 2017-2020

**Executive Cabinet** August 17th
- Introduce Strategic Plan operational initiatives

**September-October**
- **Executive Cabinet** August 14th
- Strategic Planning operationalization review with Douglas O’Dell, Executive Director; and Keith Little, Deputy Executive Director

**Executive Cabinet** October 19th
- Review and discuss operational initiatives

**November-December**
- **Admin Council** TBD
- Final Strategic Plan briefing

**January-February**
- Roll out of the 2017-2020 Strategic Plan to all SCO staff

**Executive Council** TBD
- Present a Strategic Plan to the QI Board

**Executive Council** February 28th
- Progress on FY18 Action Plans

**Executive Council** May-June
- Develop, post, and distribute a Strategic Plan brochure

**May-June**
- May 23rd Annual presentation to the QI Board
- Council on Strategic Plan progress and key activities

**June 19th**
- Annual presentation to the Board of Directors Committee on Strategic Plan progress and key activities

**Admin Council** TBD
- Present Administration Council on Strategic Plan progress and key activities

**March-April**
- Executive Council
- April 30th
- Year-End progress on FY18 targets reported in SharePoint tracking document

**Executive Council** TBD
- Present to Executive Council on Strategic Plan progress and key activities

**May-June**
- Executive Council
- TBD
- Annually Executive Council will discuss and develop initiatives and actions plans for the upcoming Fiscal Year (FY19 & FY20)

**Key**
- Grey Boxes – Meetings
- White Boxes – Deliverables
Extraordinary reach.
Unconditional care.
Life-changing results.