Sample Strategic Plan
Elements from various Development Network Grantees

Technical Assistance for Network Grantee Project

October, 2017
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Description

This Guide has been prepared to demonstrate clear and succinct components of an effective strategic plan. Portions of strategic plans from four Rural Health Networks have been assembled to show two samples of each plan component. This guide has been created using a compilation of different plans, therefore the content between sections may seem disjointed. The intent is for you to read each section independently as a demonstration of a well-developed component. They are to be used as guides and inspiration for writing your network’s Strategic Plan. Materials that complement this tool include the Project Strategic Plan Webinar, Project Strategic Plan Template and the Project Strategic Plan Guide; they can be located on RHI’s Strategic Planning for Network Programs online resources.

Acknowledgements

We would like to thank the following Networks for contributing to this Guide:

- Chronic Care Plus of Polk County \ ABC for Rural Health, Inc.
- Rural Health Network \ Kreider Services
- Children’s Village Trustees \ Yakima Valley Farm Workers Clinic
- Southeast Health District \ South Central Health District Tele-Dentistry Project
PROGRAM DESCRIPTION AND SHARED VISION
Program Description and shared visions (Sample A)

Three Guiding Concerns

This plan depends on a dynamic balance of three guiding concerns: 1) the health and well-being of children ages birth to 18 years living in (list counties), 2) the successes of the care providers and 3) the responsible allocation and oversight of resources to enhance the quality of life for, and inclusion of, children and families in the communities in which they live.

Key stakeholders, who worked together over a span of seven years, developed vision and mission statements while committing to review and renew these statements on an annual basis. Stakeholders have adhered to a signed Memorandum of Understanding (MOU) and have had by-laws in place since the project’s conception.

The following vision and mission statements were formulated:

**Vision:** To be a collaborative community where children and families flourish.

**Mission:** To be an accessible system of care that promotes early identification of resources and services for children at risk for developmental, medical, emotional, social and/or behavioral difficulties, enhancing families’ ability to ensure the healthiest outcomes for their children while strengthening and promoting inclusive practices in our community. (Throughout this document, “children and their families” stands for “at risk”, as defined in the mission statement).
Goals

I. Develop a governance structure and diversified funding streams to ensure long-term sustainability of [Network]
II. Establish a system of care that provides support and resources to children at risk and their families
III. Educate professionals (physicians, service providers, school personnel, child welfare professionals, etc.) about issues related to children at risk and their families
IV. Educate the community about issues related to children at risk and their families
Program Description and Shared Vision (Sample B)

- **Program Description including Network Mission**
  - *(Insert Network)* provides care for Children with Special Health Care Needs (CSCHN) and their families in *(insert region and/or state).*
  - *(Insert Network)*’s Mission: “Crossing the bridge together...connecting children with special needs and their families to supportive services.”
  - The U.S. Department of Health and Human Services defines CSHCN as “those who have, or are at increased risk, for a chronic physical, developmental, behavioral, and/or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.” In 2014, *(insert Network)* served 4,938 CSHCN.

- **Program and/or Organization History**
  - *(Insert Network)* has shared administrative, clinical and financial systems of care since 1997. Members are co-located in a 37,745-square foot clinic, jointly fund administrative staff, exchange clinical data in patient care summaries and inter-professional care team conferences, and jointly fund operating expenses. In addition to individual Network member(s), providers and staff, the following shared *(insert Network)* staff run the Network: 1.0 FTE Director, 1.0 FTE Fiscal Coordinator, 8.0 FTE Schedulers, 1.5 FTE Childcare Aides (for siblings of CSHCN) and 2.7 FTE Housekeepers. Due to *(insert Network)* not being a non-profit corporation, each Network member agency follows its own personnel, financial policies and procedures for its operations and budget at *(insert Network)*.

- **Program and/or Organization Members**
  - *(Insert Network)* members are *(insert Network members/partners and what they provide).*

- **Include a brief description of the process for review and consensus of the shared program or organization vision**
  - When members and partners began planning *(insert Network)* in 1993, they agreed to leverage individual resources in order to collaboratively “respond to the unmet needs of children and families, facilitate family and community wellness, increase awareness of and access to services, provide family-centered services in a culturally sensitive manner, enhance services through decreased fragmentation, enhance relationships between organizations that provide services and provide cost-effective services.” *(insert Network)* Memorandum of Agreement, 1995. These values guide the Network’s Vision: “Children and youth, along with their families, with special health care needs will have access to a family-centered and integrated system of services.”
ENVIRONMENTAL SCAN AND ANALYSIS
Environmental Scan and Analysis (Sample A)

Strengths
- Mission-driven collaboration (families, staff, providers, community partners, Trustees)
- Philanthropic support (fundraising, grant writing)
- Culturally appropriate, evidence-based, innovative services
- Health professions training
- Family-centered facility

Weaknesses
- Lack of vision, data-driven strategic/business plan
- No interoperability
- Decreased integration (families, staff)
- Low profit margin
- Lack of coordination with community-based services
- Access barriers (workforce, technology, cultural)

Opportunities
- New partnerships (families, providers, community partners, Trustees, health plans)
- New revenue sources (value-based purchasing, Medicaid Health Home, ACA billable services)
- Technology (HIE, mobile [decision aids], patient portal, telemedicine)
  - Delivery system alignment (population health, Triple Aim, team-based care, top of license, self-management)
- New quality standards (AMCHP, NCQA)

Threats
- Governance change (YVMH affiliation, CEO turnover)
- Decreased revenue (families, public, private)
- Community partner competition (services, resources)
- Worsening social determinants of health
- Different HIEs
- Workforce shortage/training
## Environmental Scan Analysis Documentation

### Network Strategic Planning

**Focus Question:** What are the levers and blocks that we will either leverage or work around in moving toward our project goals?

**Objective and Method:** In this discussion we will begin by first brainstorming those events and happenings that will assist our Network as it moves toward its project goals (levers) and those that will get in its way (blocks). We will begin working in small groups and then reforming with the entire group while clustering our ideas and looking for insight on the environmental factors that we will need to be aware of and think strategically about when planning for the strategic paths along with direction we will take toward our vision.

### Vision Goal Topic: Complete Expansion of Service into Dental Clinic and Mobil Units

<table>
<thead>
<tr>
<th>Environmental Levers</th>
<th>Environmental Blocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• PCs available for use in dental clinics</td>
<td>• Decision between client or server model or autonomous</td>
</tr>
<tr>
<td>• Possible alternative data networks available for use in</td>
<td>for dental EMR</td>
</tr>
<tr>
<td>(insert community) area; possibility of additional</td>
<td>• Additional equipment needs not present in the original</td>
</tr>
<tr>
<td>remote sites to improve coverage</td>
<td>budget (Intra-Oral camera)</td>
</tr>
<tr>
<td>• Installation is currently on schedule</td>
<td>• Jabber remote accounts still require authorization</td>
</tr>
<tr>
<td></td>
<td>forms and account set-up</td>
</tr>
</tbody>
</table>

### Vision Goal Topic: Recruitment of Full-Time or Part-Time Dentist to Expand Capacity of Treatment

- New graduates; retired or near-retirement dentist or local community dentist as the target pool of candidates
- Opportunities with local Dental School to promote and educate new students on tele-dentistry services as an alternative employment venue to traditional dentistry
- Several options to advertise the position through our partners such as local School of Dentistry, State Dental, Association of State and Territorial Dental Directors and personal contacts
- Available budget for salary may decrease applicant pool for full-time employee
- Dental professionals may lack knowledge of tele-dentistry services as their practice is still new
STRATEGIC OBJECTIVES
## Strategic Objective Documentation: Network Strategic Planning

**Network Vision:** Improving access to dental care in underserved areas by utilizing technology to leverage existing resources.

<table>
<thead>
<tr>
<th>Consensus Strategic Objectives</th>
<th>Continued Pursuit of Medicaid Reimbursement for Tele-Dental Services to Improve Sustainability</th>
<th>Complete Expansion of Service into Dental Office and Mobile Clinic</th>
<th>Recruitment of Part or Full-Time Dentist to Expand Capacity of Treatment</th>
<th>Further Development of Tele-Dentistry Protocol for Adoption by the State Department of Health</th>
<th>Implementation of Student Rotation of Tele-Dentistry Services</th>
<th>Finalize the Method for Staff to Provide Oversight and Consultation Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Group Ideas and Actions Data</td>
<td>• Examine the best practices of other states with billing codes; e.g. California</td>
<td>• Finish installation of circuit and equipment once circuit is available</td>
<td>• Target new graduates, retired or near retired dentist, or dentist from local area with ties to community</td>
<td>• Additional chapter to existing State Public Health Dental Protocol specific to tele-dentistry building on components already in place</td>
<td>• Use the rotation to familiarize students with the technology and tele-dental services</td>
<td>• Utilize teleconferencing technology to allow easy access of dentist by network members to provide live interaction and consultation of outstanding cases</td>
</tr>
<tr>
<td></td>
<td>• Continue advocacy of tele-dental billing codes from State Department of Health</td>
<td>• Review all equipment needs to ensure full functionality</td>
<td>• Pursue a loan repayment program to attract new graduates</td>
<td>• Review and revise current intake packets</td>
<td></td>
<td>• Explore additional use of system capabilities such as providing CEU credits to dentist and hygienist</td>
</tr>
<tr>
<td></td>
<td>• Advocate to recognize the hygienist as a provider of services under protocol</td>
<td>• Review facilities for possible remote dental sites</td>
<td>• Leverage our partners at local dental school to educate students on Public Health and inform them of employment opportunities</td>
<td>• Develop method of supervision for dental students that are in rotation by a pediatric dentist</td>
<td></td>
<td>• Utilize teledental tools such as digital x-ray and intra oral cameras via teleconferencing to relay dental images to dentist</td>
</tr>
<tr>
<td></td>
<td>• Explore additional funding opportunities such as Ryan White, state oral health, and tobacco prevention funding</td>
<td>• Explore the possibility of utilizing additional community data and network resources to expand accessibility to tele-dental program</td>
<td>• Advertise via newspaper ads, State Dental Association publication, State’s School of Dentistry, and the Association of State and Territorial Dental Directors</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Strategic Objectives (Sample B)

**Vision:** Children and youth with special health care needs and their families will have access to a family-centered and integrated system of services.

**Mission:** Crossing the bridge together...connecting children with special needs and their families to supportive services

<table>
<thead>
<tr>
<th>Develop Family-Centered and Integrated Services at <em>(insert Network)</em></th>
<th>Develop Family-Centered and Integrated Systems at <em>(insert Network)</em></th>
<th>Sustain Family-Centered and Integrated Services and Systems at <em>(insert Network)</em></th>
</tr>
</thead>
</table>
| • Develop Family Voices Structure  
  o Develop charter  
  o Recruit, orient and train members  
• Develop Scope of Services  
  o Conduct needs assessment and gap analysis  
  o Standardize target population and services  
  o Develop policy and procedure manual  
  o Develop capacity to meet needs  
• Provide Care Coordination  
  o Add care coordinators to medical home teams  
  o Use mobile technology and telehealth  | • Provide Continuity of Care  
  o Develop shared access to appointment scheduling systems and EHRs  
  o Use common health information exchange (HIE)  
  o Study development of single bill  
• Provide Quality Care  
  o Select performance measures  
  o Develop capacity to collect, analyze and report data  
  o Develop Quality Committee  
  o Study research partnership opportunities  | • Develop Business Structure  
  o Review CLA findings and conclusions  
  o Collect additional information  
  o Determine business structure  
• Recruit Strategic Partners  
  o Identify prospective organizations  
  o Add members to Board of Directors  
  o Address Board succession planning  
• Maximize Revenue  
  o Negotiate with managed care organizations  
  o Maximize billing  
  o Jointly funded grant writing  
  o Maximize fundraising efforts |
COMMUNICATION PLAN
### Communication Plan (Sample A)

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Need/Use</th>
<th>Mode</th>
<th>Method</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Providers</td>
<td>Alignment with universal development screening training</td>
<td>Public Relations</td>
<td>Organization Outreach</td>
<td>Y1Q1</td>
</tr>
<tr>
<td>Children’s Village Leadership and Clinical Committees</td>
<td>Alignment with operational policies and procedures</td>
<td>Word of Mouth; Monthly Meetings</td>
<td>Internal/Employee Relations</td>
<td>Y1Q1</td>
</tr>
<tr>
<td>Children’s Village Medical Advisory Committee</td>
<td>Alignment with medical policies and procedures</td>
<td>Word of Mouth; Quarterly Meetings</td>
<td>Internal/Employee Relations</td>
<td>Y1Q1</td>
</tr>
<tr>
<td>Children’s Village Parent to Parent Advisory Board</td>
<td>Alignment with parent support</td>
<td>Word of Mouth; Quarterly Meetings</td>
<td>Internal/Employee Relations</td>
<td>Y1Q1</td>
</tr>
<tr>
<td>Children’s Village Partners</td>
<td>Alignment with service delivery</td>
<td>Word of Mouth; Quarterly Meetings</td>
<td>Internal/Employee Relations</td>
<td>Y1Q1</td>
</tr>
<tr>
<td>Children’s Village Staff and Providers</td>
<td>Alignment with service delivery</td>
<td>Word of Mouth; Quarterly Meetings</td>
<td>Internal/Employee Relations</td>
<td>Y1Q1</td>
</tr>
<tr>
<td>Early Learning Centers</td>
<td>Alignment with early intervention consultation</td>
<td>Public Relations</td>
<td>Organization Outreach</td>
<td>Y1Q1</td>
</tr>
<tr>
<td>Health Plans</td>
<td>Alignment with home health care coordination</td>
<td>Public Relations</td>
<td>Organization Outreach</td>
<td>Y1Q1</td>
</tr>
<tr>
<td>Health Professions Schools</td>
<td>Alignment with interprofessional care team training</td>
<td>Public Relations</td>
<td>Organization Outreach</td>
<td>Y1Q1</td>
</tr>
<tr>
<td>Medical Homes</td>
<td>Alignment with universal developmental screening training</td>
<td>Public Relations</td>
<td>Organization Outreach</td>
<td>Y1Q1</td>
</tr>
<tr>
<td>Regional Children’s Hospital</td>
<td>Alignment with HIE interface</td>
<td>Public Relations</td>
<td>Organization Outreach</td>
<td>Y1Q3</td>
</tr>
<tr>
<td>Regional Clinically Integrated Network</td>
<td>Alignment with pediatric clinical practice guidelines</td>
<td>Public Relations</td>
<td>Organization Outreach</td>
<td>Y1Q1</td>
</tr>
<tr>
<td>State Agencies</td>
<td>Contracts and grants management</td>
<td>Public Relations</td>
<td>Organization Outreach</td>
<td>Y1Q1</td>
</tr>
<tr>
<td>State University Center on Disabilities</td>
<td>Program evaluation</td>
<td>Public Relations</td>
<td>Organization Outreach</td>
<td>Y1Q1</td>
</tr>
</tbody>
</table>
Communication Plan (Sample B)

Gathering and sharing information is vital to the growth and effective development of the project. The types of information, frequency and modes of communication are described by stakeholder group. Information will feed into the evaluation process to improve and adjust ways to better serve children, their families and community.

**Governing Board and Partners Communication Plan Format**

Quarterly Communication will be provided in written reports including:

1. Progress on process objectives and outcomes including clients served by type of service (intake, assessment or diagnostics, consultation)
2. Number of social skills groups and number of participants
3. Utilization of the Resource Center

Annual Communication will be provided through written summaries reporting on:

1. Surveys of client satisfaction with services provided
2. Time between initial intake to service recommendation
3. For complex cases, the time between referral and consultation
4. Number of training events conducted (for service providers, schools and community training and awareness events)
5. Evaluation surveys after training events

**Communication Plan for Staff, Parent, Family, Forum and Community Members**

Annual updates will be provided through written summaries in partner newsletters, annual reports for stakeholders and posted on partner websites. Reporting will provide information on:

1. Achievement of key processes (i.e. becoming an independent center, charitable donation structure established, etc.).
2. Utilization by type of service and demographics of the individuals who utilized a service
3. Overview of training events conducted, inclusive of the number of training events, number of participants, topics covered and utilization of the Resource Center.
Communication Format

Data and findings, as presented by the four goals outlined in the strategic plan, will including the following:

<table>
<thead>
<tr>
<th>GOAL I</th>
<th>GOAL II</th>
<th>GOAL III</th>
<th>GOAL IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance &amp; Funding</td>
<td>System of Care</td>
<td>Educate Professionals</td>
<td>Educate the Community</td>
</tr>
<tr>
<td>• Governing board representation</td>
<td>• Referrals</td>
<td>• Training events and participants</td>
<td>• Training events</td>
</tr>
<tr>
<td>• Budget</td>
<td>• Service utilization by type and demographics</td>
<td>• Evaluation of training</td>
<td>• Evaluation of training</td>
</tr>
<tr>
<td>• Funding</td>
<td>• Efficiency (time between points of care process)</td>
<td></td>
<td>• Resource center utilization</td>
</tr>
<tr>
<td></td>
<td>• Social skills groups</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>