

Sample Strategic Plan Elements from various Development Network Grantees

Technical Assistance for Network Grantee Project

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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.

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- 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 (CSHCN) 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)



Environmental Scan: Network Planning (Sample B)

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

Environmental Levers	Environmental Blocks
<ul style="list-style-type: none">• PCs available for use in dental clinics• Possible alternative data networks available for use in (<i>insert community</i>) area; possibility of additional remote sites to improve coverage• Installation is currently on schedule	<ul style="list-style-type: none">• Decision between client or server model or autonomous for dental EMR• Additional equipment needs not present in the original budget (Intra-Oral camera)• Jabber remote accounts still require authorization forms and account set-up

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 objectives (Sample A)

Strategic Objective Documentation: Network Strategic Planning						
Network Vision: Improving access to dental care in underserved areas by utilizing technology to leverage existing resources.						
Consensus Strategic Objectives	Continued Pursuit of Medicaid Reimbursement for Tele-Dental Services to Improve Sustainability	Complete Expansion of Service into Dental Office and Mobile Clinic	Recruitment of Part or Full-Time Dentist to Expand Capacity of Treatment	Further Development of Tele-Dentistry Protocol for Adoption by the State Department of Health	Implementation of Student Rotation of Tele-Dentistry Services	Finalize the Method for Staff to Provide Oversight and Consultation Services
Small Group Ideas and Actions Data	<ul style="list-style-type: none"> Examine the best practices of other states with billing codes; e.g. California Continue advocacy of tele-dental billing codes from State Department of Health Advocate to recognize the hygienist as a provider of services under protocol Explore additional funding opportunities such as Ryan White, state oral health, and tobacco prevention funding 	<ul style="list-style-type: none"> Finish installation of circuit and equipment once circuit is available Review all equipment needs to ensure full functionality Review facilities for possible remote dental sites Explore the possibility of utilizing additional community data and network resources to expand accessibility to tele-dental program 	<ul style="list-style-type: none"> Target new graduates, retired or near retired dentist, or dentist from local area with ties to community Pursue a loan repayment program to attract new graduates Leverage our partners at local dental school to educate students on Public Health and inform them of employment opportunities Advertise via newspaper ads, State Dental Association publication, State's School of Dentistry, and the Association of State and Territorial Dental Directors 	<ul style="list-style-type: none"> Additional chapter to existing State Public Health Dental Protocol specific to tele-dentistry building on components already in place Review and revise current intake packets 	<ul style="list-style-type: none"> Use the rotation to familiarize students with the technology and tele-dental services Explore additional use of system capabilities such as providing CEU credits to dentist and hygienist Develop method of supervision for dental students that are in rotation by a pediatric dentist 	<ul style="list-style-type: none"> Utilize teleconferencing technology to allow easy access of dentist by network members to provide live interaction and consultation of outstanding cases Utilize tele-dental tools such as digital x-ray and intra oral cameras via teleconferencing to relay dental images to dentist

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

Develop Family-Centered and Integrated Services at (<i>insert Network</i>)	Develop Family-Centered and Integrated Systems at (<i>insert Network</i>)	Sustain Family-Centered and Integrated Services and Systems at (<i>insert Network</i>)
<ul style="list-style-type: none">• Develop Family Voices Structure<ul style="list-style-type: none">◦ Develop charter◦ Recruit, orient and train members• Develop Scope of Services<ul style="list-style-type: none">◦ Conduct needs assessment and gap analysis◦ Standardize target population and services◦ Develop policy and procedure manual◦ Develop capacity to meet needs• Provide Care Coordination<ul style="list-style-type: none">◦ Add care coordinators to medical home teams◦ Use mobile technology and telehealth	<ul style="list-style-type: none">• Provide Continuity of Care<ul style="list-style-type: none">◦ Develop shared access to appointment scheduling systems and EHRs◦ Use common health information exchange (HIE)◦ Study development of single bill• Provide Quality Care<ul style="list-style-type: none">◦ Select performance measures◦ Develop capacity to collect, analyze and report data◦ Develop Quality Committee◦ Study research partnership opportunities	<ul style="list-style-type: none">• Develop Business Structure<ul style="list-style-type: none">◦ Review CLA findings and conclusions◦ Collect additional information◦ Determine business structure• Recruit Strategic Partners<ul style="list-style-type: none">◦ Identify prospective organizations◦ Add members to Board of Directors◦ Address Board succession planning• Maximize Revenue<ul style="list-style-type: none">◦ Negotiate with managed care organizations◦ Maximize billing◦ Jointly funded grant writing◦ Maximize fundraising efforts

COMMUNICATION PLAN

Communication Plan (Sample A)

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

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 include the following:

GOAL I Governance & Funding	GOAL II System of Care	GOAL III Educate Professionals	GOAL IV Educate the Community
<ul style="list-style-type: none">• Governing board representation• Budget• Funding	<ul style="list-style-type: none">• Referrals• Service utilization by type and demographics• Efficiency (time between points of care process)• Social skills groups	<ul style="list-style-type: none">• Training events and participants• Evaluation of training	<ul style="list-style-type: none">• Training events• Evaluation of training• Resource center utilization