

Strategic Planning For Post-Disruption Recovery & Sustainability

The Coalition for Behavioral Health Business Recovery Initiative



Presented by Joe Naughton-Travers, Senior Associate, *OPEN MINDS*

Wednesday, August 5th, 2020

Agenda

1. The Big Picture
2. The *OPEN MINDS* Four Phase Model For Successful Strategic Planning & Implementation
3. Scenario-Based Planning In Times Of Uncertainty
4. Sample External & Internal Strategic Planning Data
5. Putting It All Together: Synthesis and Plan Development



1. The Big Picture

Strategy In An Uncertain Landscape

The strategic plan for the current market

- Should focus on optimizing the performance of current operations (market positioning, market share, revenue, margins, etc.)

The strategic plan for the future market

- Should have a vision for your organization in its 'next generation' – and determine the time and resources required to make that change

The transition plan to the future market


- The framework for moving from current market to future market

A solid plan frees up the management team to focus on optimizing the performance of current operations and building cash reserves to fund future development

2020 – A Year When Strategy Matters More Than Ever

- **Reopening Is Not Recovery**
 - Reopening during the COVID-19 pandemic is tactical, but recovery is strategic.
- **Leadership Is Adaptability In The Face Of Uncertainty**
 - “The most important factor in survival is neither intelligence nor strength but adaptability.” – Charles Darwin
- **Virtual Is The “New Normal”**
 - Post-pandemic health care will be a blend of face-to-face and virtual care.
 - Organizations will likely continue to keep some administrative operations virtual rather than office-based.
- **20% Or More Of Provider Organizations Are Not Likely To Financially Survive The Pandemic**
 - Cash and access to credit are critical.
 - Aggressive new competition from existing health and human service organizations requires a post-pandemic strategy, not just crisis management.


Value Of Strategic Planning For Your Organization

- 
- Interprets the mission and vision, providing clear direction for the short-term and for the future

- 
- Serves as a formal process to allocate limited resources

- 
- Establishes strategic priorities

- 
- Ensures organizational alignment

- 
- Establishes the basis for on-going performance reporting on organizational status provided by the chief executive officer to the board

Value Of Planning For CEO & Management Team

Provides clarity from the board regarding organizational priorities and performance expectations

Serves as the basis for development of organizational infrastructure and operating plans

Serves as the basis for departmental and program plans



Strategy Development – Common Strategic Options For Consideration

Closure of services or service lines that are not profitable, affordable, and/or a “good fit”

Strategies to improve margins of existing service lines

Building “value-added” products to increase margins

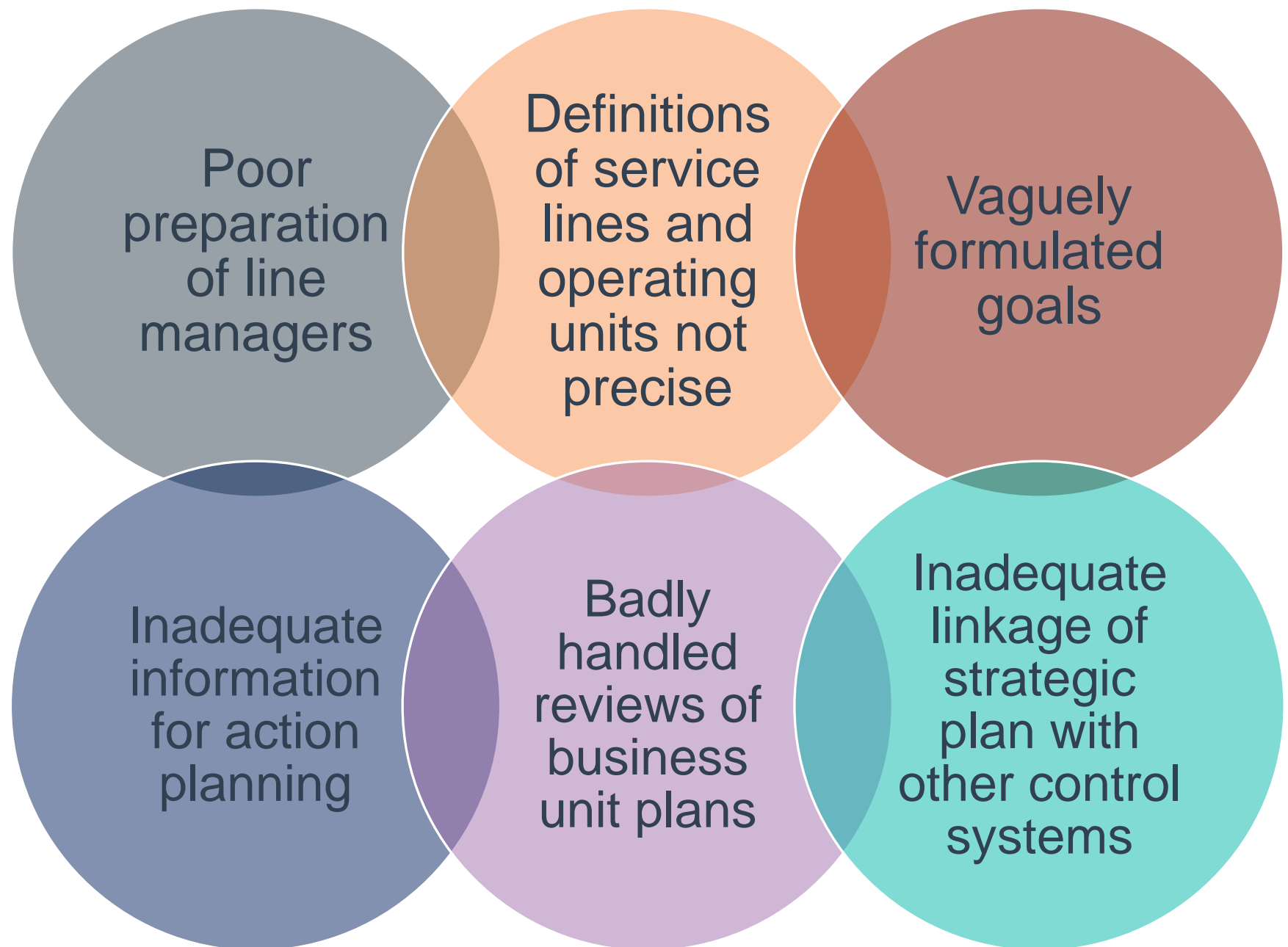
Expansion of successful service lines (geographic expansion, new customer base, etc.)

Diversification of revenue sources

Reconfiguration of services within the “value chain”

Strategies to address shifting “economy of scale” issues

Factors Contributing To Failed Plan Implementation





2. The *OPEN MINDS* Four Phase Model For Successful Strategic Planning & Implementation

Phase I: Understanding Where We Are & Where We Want To Be

1. The “vision and mission” for the future
2. Organizational objectives for the next few years
3. The map of the service line portfolio—services, revenue, consumers, payer mix, margins
4. Organizational performance metrics
5. Key competitors by service line
6. Key payer profiles
7. The strategic scenarios—the most likely, the best case, and problematic cases
8. SWOT – Perspective on strategic positioning
9. Understanding stakeholder perspectives—executive team, board, payers, employees, consumers, and community—using surveys and focus groups

Phase II: Developing Strategy & Tactics

1. Developing key strategic initiatives—the options and the priorities
2. Selecting a set of key strategies for the most likely market scenario
3. Developing high-level tactics and timelines for key strategies

Phase III: Strategy Feasibility Assessment

1. Incorporating the strategy into budgets for the next fiscal year
2. Revenue projections
3. Detailed implementation tactics and cost
4. Preliminary budget model
5. Iterative changes to strategy and budget until final

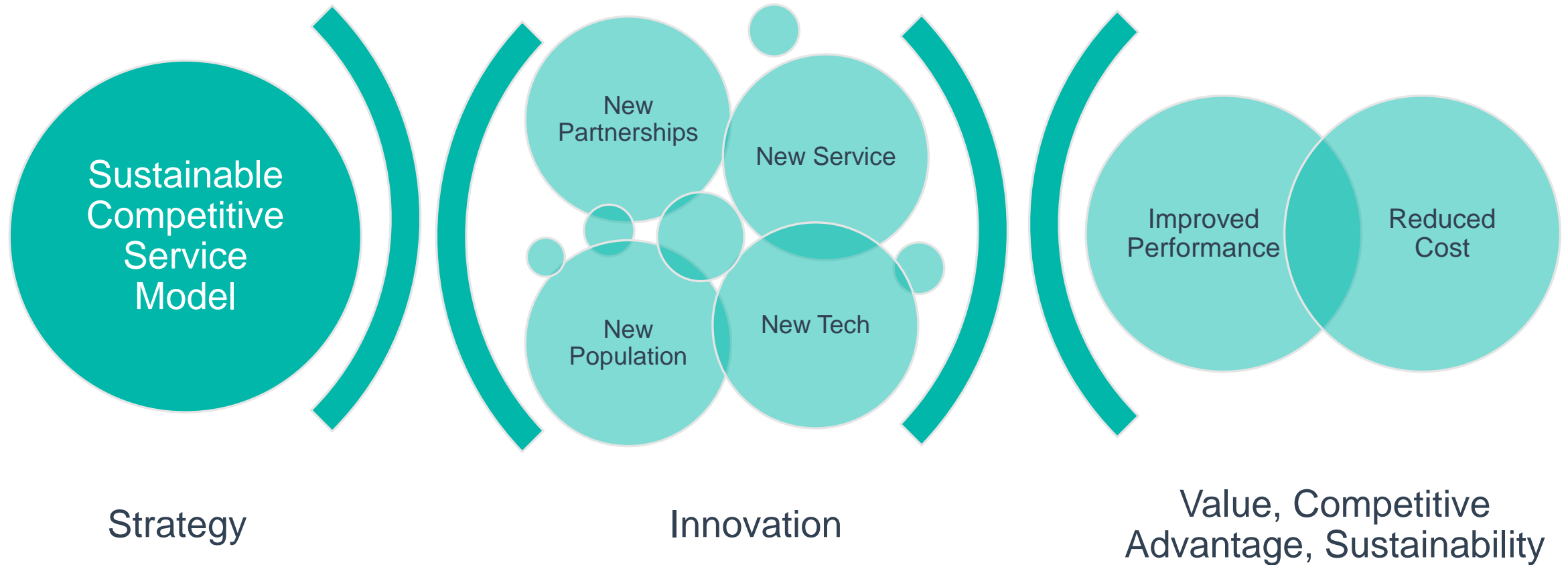
Phase IV: Strategy Implementation

1. Develop key performance indicators for tracking strategy success
2. Create a metrics-based strategy implementation oversight process

The *OPEN MINDS* Best Practice Process For Strategic Planning



Implementing A Strategy For Sustainability In Health & Human Services





3. Scenario-Based Planning In Times Of Uncertainty

Scenario-Based Planning Is A Tool For Planning In A Chaotic Market

Most organizations need to move forward with implementation without “final” information.

Most practical option is concurrent scenario building and planning.

- A Scenario Is...
 - An outline of a hypothesized chain of events
 - Depictions of a future that are useful to clarify thinking—not predictions or forecasts of what will happen, rather, a suggestion of what might happen
 - Several (usually three to five) descriptions of hypothetical situations – interspersed with extrapolations of trends; more useful for understanding options and dealing with uncertainty than predicting specific events

Scenario-Based Planning Process

1. Build scenarios of likely future situations and high-level implementation plans for each
2. Determine the “common elements” in the scenario implementation plans—common organizational capabilities, resource investments, partnerships, etc.
3. Select the “most likely” scenario to occur as the basis for the strategic plan
4. Implement the “common elements to all scenarios” first when building the operational implementation plan
5. Monitor events to update scenarios and action plans
6. Continuously update both the scenarios and the implementation plans based on new developments

Harvard Business Review: Developing Strategy Under Uncertainty



Level One: A Clear Enough Future

- This one is easy. Use a standard strategy toolkit for planning.

Level Two: Alternate Futures

- Define the 2 to 3 likely scenarios and plan for all of them.

Level Three: A Range Of Futures

- Here there are a wider range of possible scenarios. Identify market triggers for the wider range of scenarios and build a plan focused on the most probable ones like in Level Two.

Level Four: True Ambiguity

- Don't give up here and act on gut instinct! Here you need to plan for shorter time periods, monitoring market metrics, and quickly adapting to market changes and helping to SHAPE the future market.

Half of the strategy problems for organizations typically fall into Level Two or Level Three



4. Sample External & Internal Strategic Planning Data

Common Components Of External Analysis

National Trends

State & Local Trends

Key Competitor/Potential Partner Information

Payer Information

Qualitative Interviews With Leaders & Stakeholders

Community Focus Groups

National Trends Impacting Human Services

1

- Impact Of The COVID-19 Pandemic

2

- Expansion Of Managed Care Models

3

- Continued Shift To Value-Based Contracting (VBC) Focusing On Reducing Health Care Costs & Improving Health Outcomes

4

- Increased Development & Utilization Of Integrated Care Models

5

- Increased Competition & Consolidation Of Provider Organizations

6

- On-Going Changes To The Nature Of Services & Competition Due To Technology

Texas State & Local Trends Example

- 1 • 1115 Waiver
- 2 • Provider Shortage
- 3 • Addiction Service Gaps
- 4 • School-Based Mental Health
- 5 • Intellectual & Developmental Disability Funding Challenges
- 6 • Crisis Response & Community Preparedness
- 7 • CCBHC Certification

State & Local Trends Example: New Jersey

New Jersey Trend #1

- New Jersey is likely to move reimbursement for many of its public sector behavioral health services from a contract-based and cost-based financing to a fee-for-service for provider organizations.

New Jersey Trend #2

- New Jersey's implementation of the Comprehensive Medicaid Waiver is likely to fundamentally change provider organization revenue streams; billing, reporting, and compliance requirements; and clinical operations.

New Jersey Trend #3

- New Jersey's deinstitutionalization movement, in compliance with the Supreme Court's Olmstead decision, will continue to drive the demand for specialized, community-based, behavioral health services.

Key Competitors

Key Competitor	Annual Revenue	Branding Assessment
Bay Cove Community Service	\$92 million	The brand is focused on people served and those hired, and is the antithesis of Riverside's institutionally-flavored brand. Bay Cove's voice is strong, personal and steady—a good model. The content featured in the website showcases the agency's people-centered approach, as does the use of photos. Messages are relatively jargon-free, which emphasizes the human focus. Graphic identity is limited to the use of the color blue and the logo (which is unintelligible).
Community Healthlink	\$62 million	While core values include partnering with individuals served and families, program descriptions use clinical jargon and do not include collaborative language. The result is a feeling more of the staff doing "for" rather than "with" the clients.
Eliot Community Services	\$79 million	Eliot's branding is very limited. Its meaningful logo conveys its focus on, and value of, human growth. The color blue is the only other element of graphic identity and conveys stability and reliability. There is no real integration of a brand into Eliot's messages, although key messages for each target audience segment are strong.
Riverside Community Care	\$60 million	The limited branding is very corporate. Blue color conveys a sense of cool and formality. Photos are so clearly stock photos, a.k.a. inauthentic. Messages are impersonal and focused far more on Riverside than on clients, partners or supporters. Location (i.e. close to home) is presented as the greatest differentiator from other agencies.
Seven Hills	\$160 million	Brand is centered around the concept of dignity and individual supports as the way to get there. Doesn't get much deeper than that but this message is used consistently throughout the site. The only graphic element is the logo (seven hills) which isn't memorable or linked in any way to the brand concept.
TLL - Toward Independent Living & Learning	\$35 million	Branding is conveyed graphically through the use of bold, energized colors that convey TILL's approach to its' work. Messages are accessible and emphasis that approach - responsive, collaborative, listeners. Strong focus on the way TILL does its work which is unique among the brands reviewed. This is an important messages but ultimately, the result/impact on clients and their lives is far more important—For TILL that is covered strongly and memorably in its full name.

Sample Competitor Information

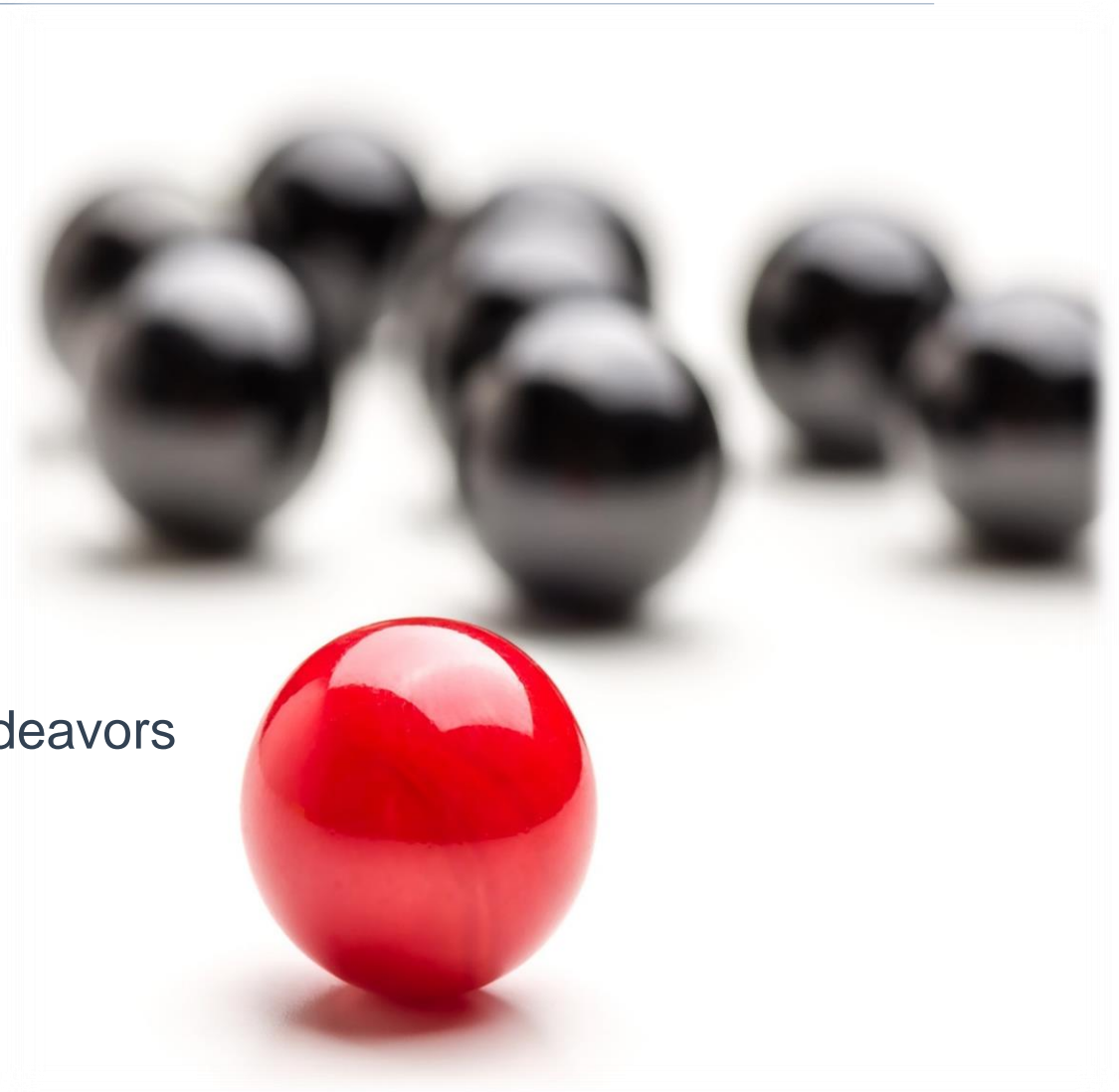
County	Riverside
Key Competitors	
	Inland Psychiatric Medical Group
	Oasis Rehabilitation Center
	Loma Linda University Behavioral Medicine Center; Department
	Vista Pacific Enterprises, Inc.
	Palomar Health
	West End Family Counseling Service
Inland Psychiatric Medical Group	
Headquarters Street Address	1809 W Redlands Blvd.
City	Redlands
State	CA
Zip	92373
Telephone	951-652-8107
Web Site	http://www.inlandpsych.com/
# of Service Locations	7
	Adolescent and young adult psychiatry Adult psychiatry Behavioral Health Services Psychiatric Consultation Services Evaluation and treatment Child, Adolescent and Adult therapy Board Certified Psychiatrists Licensed Clinical Psychologists Marriage Family Therapists / Licensed Clinical Social Workers 24 Hour On Call Clinicians Bilingual Therapists Same Day Appointments (When available) Evening Appointments Emergency Consultations Lectures and Presentations Psychological Testing Eating and Sexual Problems Stress and Migraine Management Sleeping and Mood Problems
Describe Service Locations/Delivery	
Estimated Service Revenue	
Estimated Service Volume, in Units	
CEO First Name	Syam
CEO Last Name	Kunam, MD
CEO Email Address	kunam@inlandpsych.com
Partnerships & Collaborations	Insurance Accepted: Aetna HMO/PPO Blue Cross Blue Shield
Payer Contracts & Relationships	

Key Competitors & Potential Partners

- Active Day
- Boundless
- Echoing Hills
- Hattie Larlham
- Help Foundation
- Jewish Family Service Association of Cleveland
- NCC Solutions
- New Avenues to Independence
- New Leaf
- Rem Ohio
- ResCare
- Rose Mary Center
- United Cerebral Palsy Association of Greater Cleveland, Inc.
- United Disability Services
- Viaquest
- Weaver Industries
- Welcome Home

Potential Partners & Collaborators Identified

1. Aliviane
2. Atlantis Behavioral Health
3. Centro de San Vicente
4. El Paso Behavioral Health Systems
5. El Paso Mental Health
6. Family Service of El Paso
7. Project Vida
8. Rio Vista Behavioral Health Hospital
9. Steven A. Cohen Military Family Clinic at Endeavors
10. Tenet Health
11. Texas Tech Physicians of El Paso
12. University Medical Center of El Paso



Sample Payer Information

Government Insurers	Total Enrollment (CA)	Enrollment, San Diego	Enrollment, Imperial	Enrollment, Orange	Enrollment, San Bernardino	Enrollment, Riverside	Headquarters Street Address	City	State	Zip	Telephone	Web Site	Behavioral Health Management Organization
Medicare	5,000,198	178,583	2,466	189,292	123,223	152,359						http://www.medicare.gov/	n/a
MediCal	7,339,984	453,494	55,519	469,970	484,988	410,932	1501 Capitol Ave., MS 4400	Sacramento	CA	95814	916- 449-5000	http://www.medi-cal.ca.gov/	n/a
Tri-Care/Military (UnitedHealth)		290,219	1,823	20,586	49,946	43,653	425 Market St., 27th Fl.	San Francisco	CA	94105	877-988-9378	uhcmilitarywest.com	Optum Health

Blue Shading indicates plan with enrollment ≥ 1000 - threshold to complete demographic research for this plan

Note: Medicare Advantage Enrollment data does not include numbers <10 in each county according to Health Plan

Some Medicare Advantage plans are under same plan name/entity but have a different contract number with CMS, therefore under separate columns (Plan ID included in the last column)

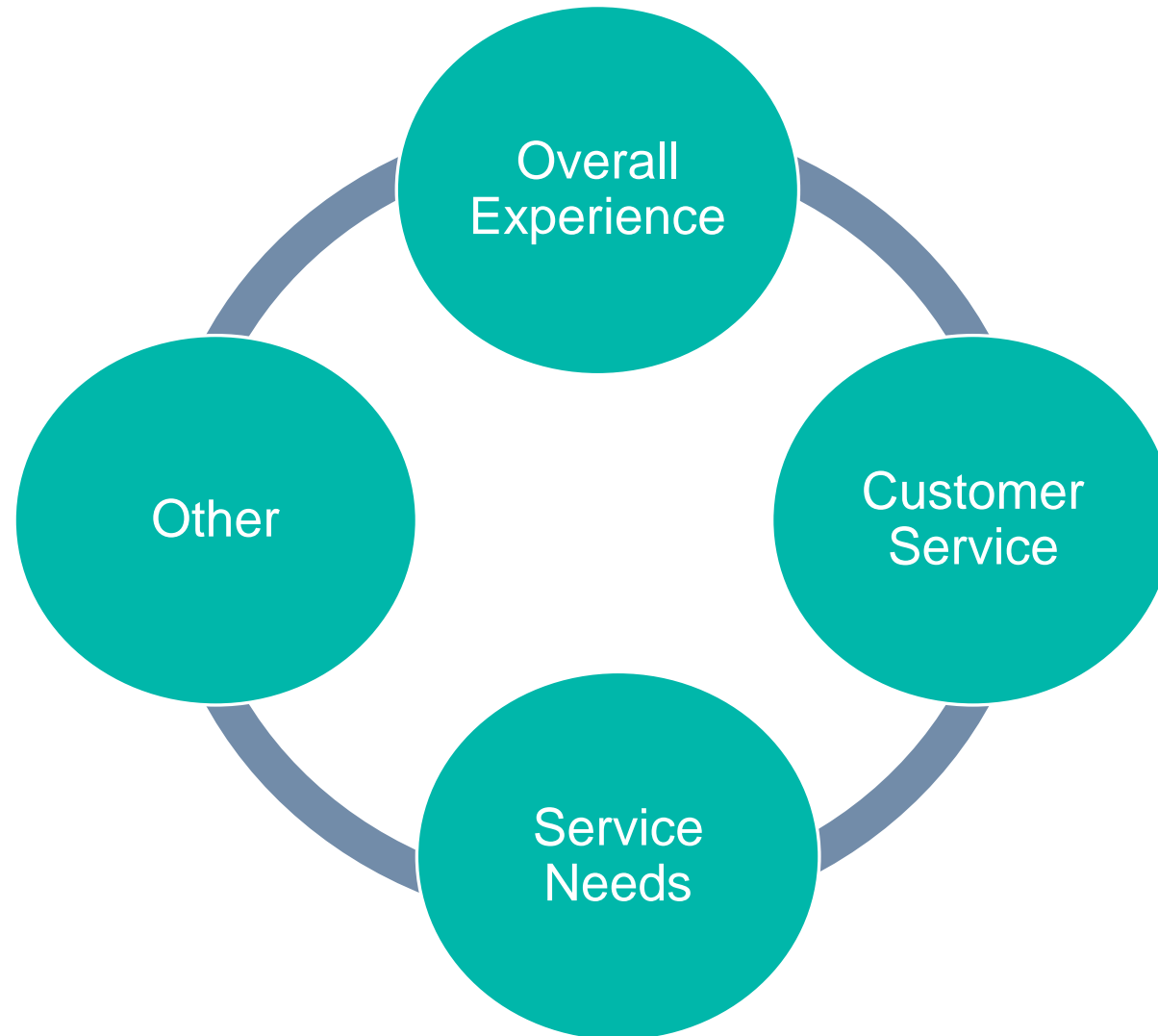
Medicare Advantage	Total Enrollment (CA)	Enrollment, San Diego	Enrollment, Imperial	Enrollment, Orange	Enrollment, San Bernardino	Enrollment, Riverside	Headquarters Street Address	City	State	Zip	Telephone	Web Site	Behavioral Health Management Organization
Aetna Health Of California, Inc.	25,452	1,844		2,410	5,837	6,813	P.O. Box 10169	Van Nuys	CA	91410	800-756-7039	http://www.aetnamedicare.com/	Magellan
Anthem Blue Cross Life And Health	37,375	4,668	294	7,457	116	2,080	50 Beale Street	San Francisco	CA	94105	415-229-5000	https://www.anthem.com/ca	Anthem Behavioral
Blue Cross Of California	12,251	1,746	16	945	1,420	2,463	50 Beale Street	San Francisco	CA	94105	415-229-5000	https://www.anthem.com/ca	Anthem Behavioral
California Physicians' Service	66,727	569	118	18,124	4,422	2,522	50 Beale Street	San Francisco	CA	94105	415-229-5000	http://www.blueshieldca.com	Magellan
Care1st Health Plan	30,369	7,288		1,075	445	219	601 Potrero Grande Drive	Monterey Park	CA	91755	323-889-6638	https://www.care1st.com/ca/	CompCare
Caremore Health Plan	51,262	27		8,321	3,835		12900 Park Plaza Drive, Suite 150	Cerritos	CA	90703	562-741-4552	http://www.caremore.com	in house
Central Health Plan Of California	12,211			748	1,320	31	1540 Bridgegate Drive	Diamond Bar	CA	91765	626-388-2300	https://www.centralhealthplan.com/	in house
Citizens Choice Healthplan	14,388			1,113	1,543	3,271	17315 Studebaker Road, Suite 200	Cerritos	CA	90703	323-728-7232	http://citizenschoicehealth.com/	
Community Health Group	1,221	1,221					740 Bay Blvd	Chula vista	CA	91910	619-498-6589	http://www.chgsd.com	in house
Easy Choice Health Pla Inc.	53,767	1,643	593	7,569	3,220	7,634	180 East Ocean Boulevard, Suite 700	Long Beach	CA	90802	562-343-9713	http://www.easychoicehealthplan.ca	ValueOptions

Sample Payer Information

CEO First Name	CEO Middle Name	CEO Last Name	Suffix	CEO Email Address	Provider Contracting Contact First Name	Provider Contracting Contact Middle Name	Provider Contracting Contact Last Name	Title	Provider Contracting Contact Telephone	Provider Contracting Contact Email Address	Provider Contracting Contact Web Site	Notes/Source
												Kaiser: 2012 (http://www.statehealthf
												http://www.dhcs.ca.gov/dataandstats
Andrew		Sekel	Ph.D.	andrew.sekel@optumhealth.com	Scott		Craven	Vice President, Behavioral Health	651-283-6693	scott.m.craven@uhc.com		Enrollment numbers as of July 2012 fo

CEO First Name	CEO Middle Name	CEO Last Name	Suffix	CEO Email Address	Provider Contracting Contact First Name	Provider Contracting Contact Middle Name	Provider Contracting Contact Last Name	Title	Provider Contracting Contact Telephone	Provider Contracting Contact Email Address	Provider Contracting Contact Web Site	Notes/Source
Barry	M	Smith			Jaymi		Wiley	Provider Relations Director, West	619-681-0020	jjwiley@magellanhealth.com	www.magellanhealth.com	Enrollment Data: cms.gov, As of Marc
Joseph		Swedish	(current Interim CEO is John Cannon; JS to-be CEO,		Aldo		De La Torre	Vice President, Provider Contracti	818-234-5146	aldo.delatorre@wellpoint.com		Enrollment Data: cms.gov, As of Marc
Pam		Kehaly			Tina		Shabanian	Director of Provider Contracting a	818-228-2547	Tina.shabanian@blueshieldca.com		Enrollment Data: cms.gov, As of Marc
Barry	M	Smith			Jaymi		Wiley	Provider Relations Director, West	619-681-0020	jjwiley@magellanhealth.com	www.magellanhealth.com	Enrollment Data: cms.gov, As of Marc
Clark	A	Marcus		cmarcus@compcare.com	Michelle	A	Brochu	VP, Project Management	813-367-4348	mbrochu@compcare.com	www.compcare.com	Enrollment Data: cms.gov, As of Marc
Leeba		Lessin	(President)	leeba.lessin@caremore.com						Interestedprovider@www.caremore.com		Enrollment Data: cms.gov, As of Marc
Sam		Kam	(President)	cphinfo@centralhealthplan.com								Enrollment Data: cms.gov, As of Marc
Parvis		Kahen		parvis32@aol.com						ProvContr@mycchp.com		Enrollment Data: cms.gov, As of Marc
Norma		Diaz		ndiaz@chgsd.com	Victor		Gonzalez	Provider Relations Supervisor	619-498-6457	vgonza@chgsd.com		Contract Contact info from: http://www
Heyward	R	Donigan	(President)	HEYWARD.DONIGAN@valueoptions.com	Michelle		White	PR Director, Pacific Region	714-763-2441	Michelle.White@valueoptions.com	www.valueoptions.com	Steve Ramsland; Email for CEO from h

Stakeholder/Partner Focus Group Areas Explored



Qualitative Interviews With Leaders & Stakeholders

Typically, these are qualitative telephone interviews conducted by a knowledgeable interviewer.

Common categories of questions:

- Brand and image in the marketplace
- Key competitors and best practice provider organizations
- Service demand and capacity needs
- Changing payment models

Community Focus Groups

Typically, these are 1 to 1.5-hour meetings in the community, with a focus group leader and a note-taker. Ideally, the groups have 30 individuals or less.

Common categories of questions:

- Overall experience with the agency
- Ease of access to care
- Brand and image in the marketplace
- Service demand and capacity needs
- Other feedback – positive or negative

Common Components Of Internal Analysis

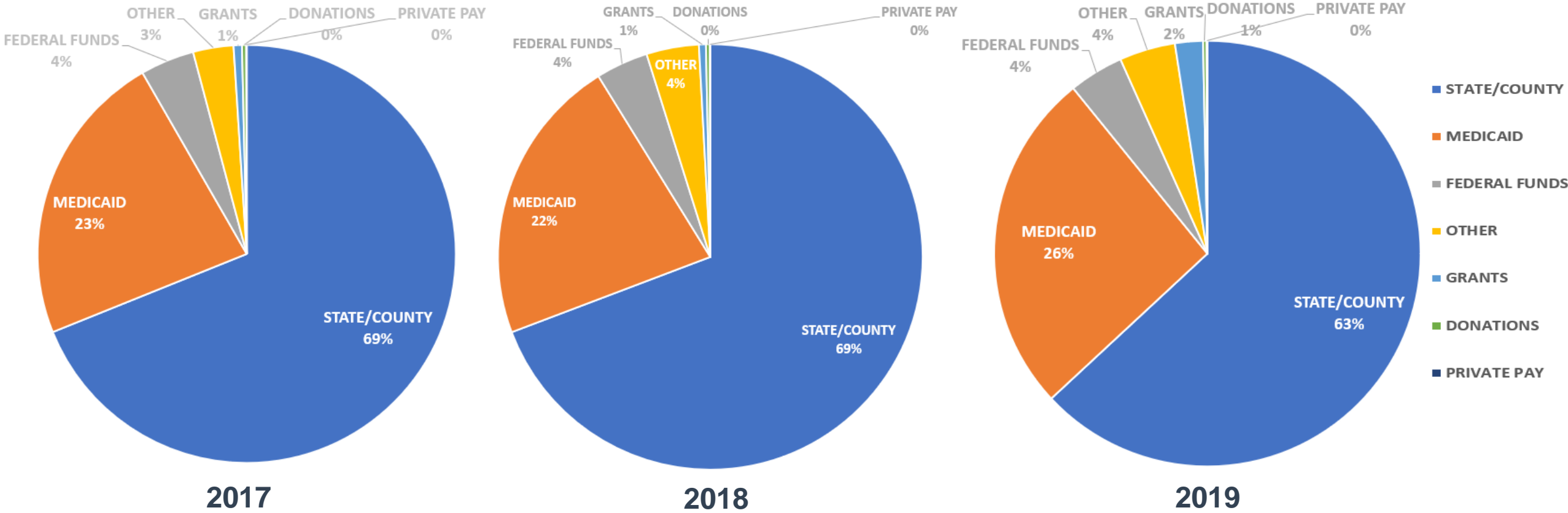


Revenue Mix By Payer & Service Line

Profit & Loss

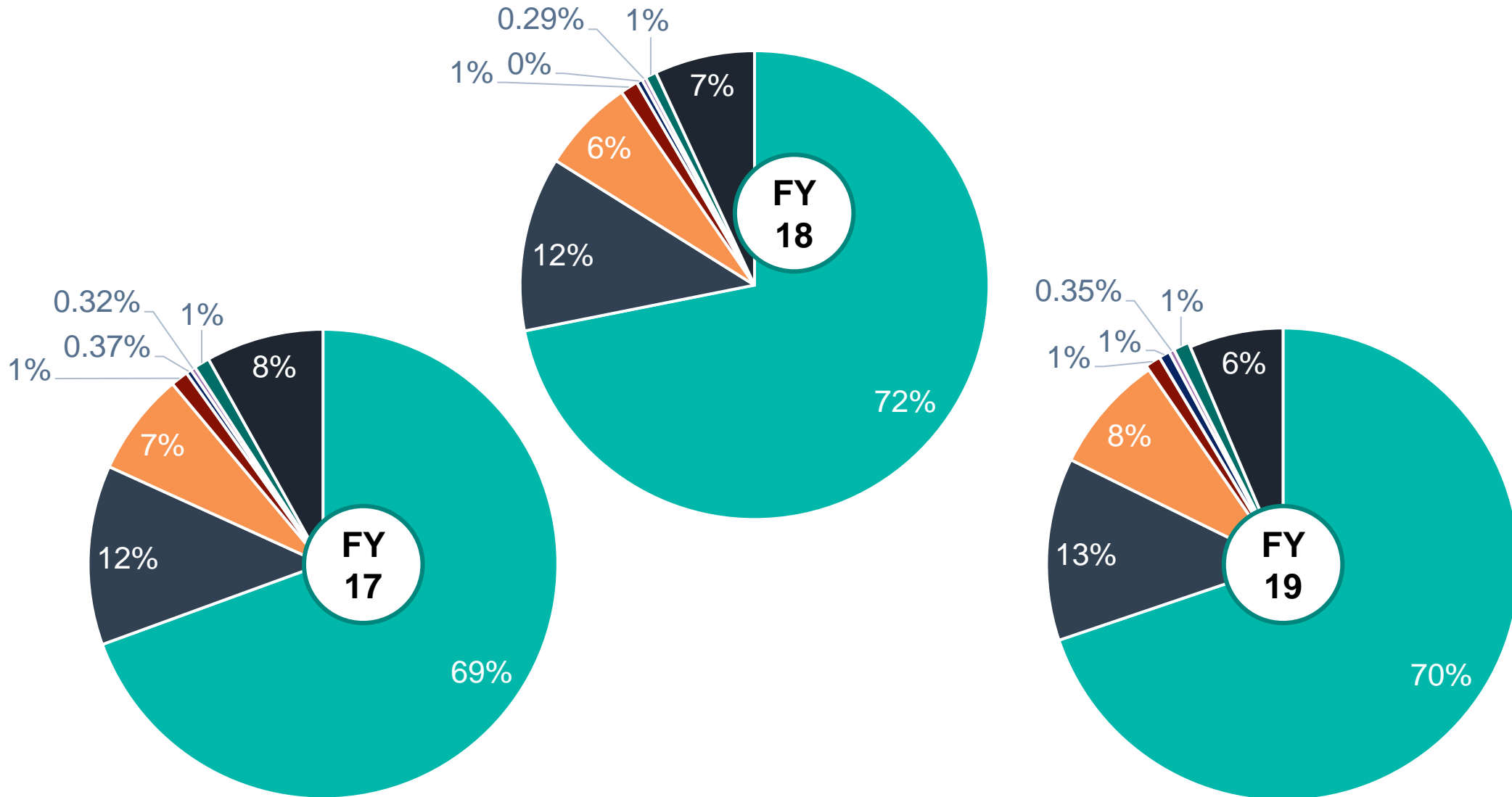
Staff & Board SWOT Analysis

Program Revenue By Payer

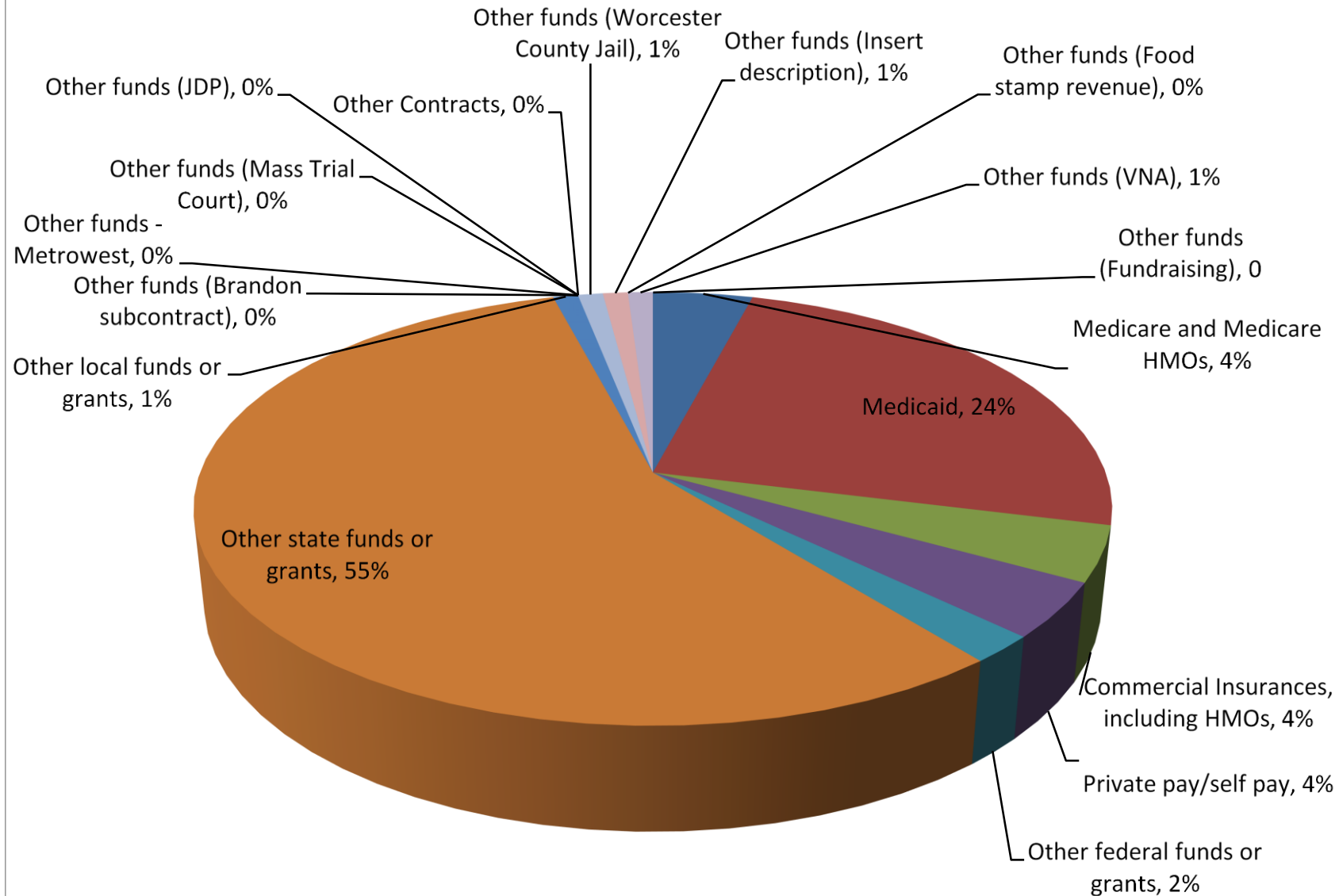


Payer Mix: FY17 To FY19

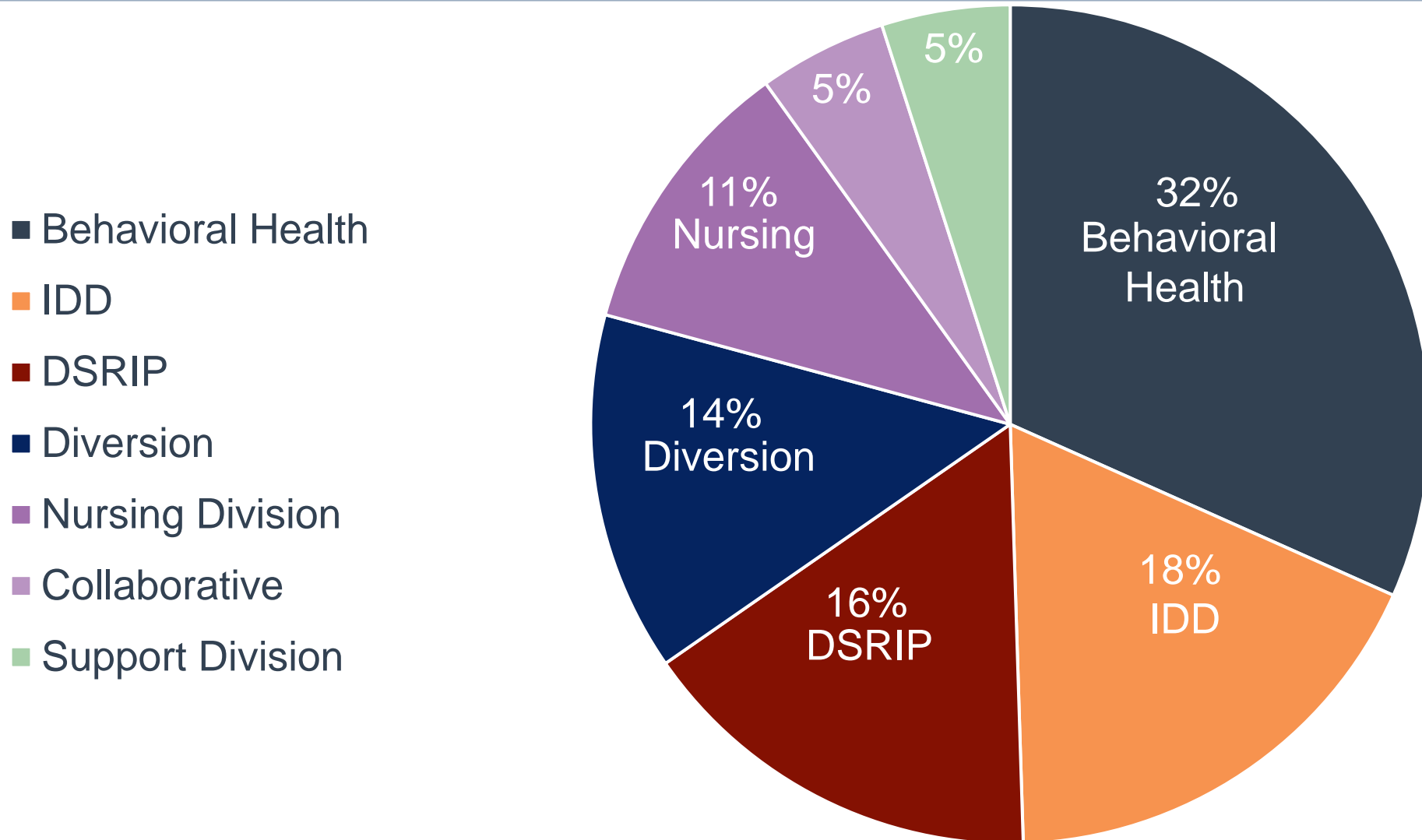
- Medicaid
- DBHDID
- State & Local
- Industrial
- Self Pay
- Commercial
- Investments
- Other



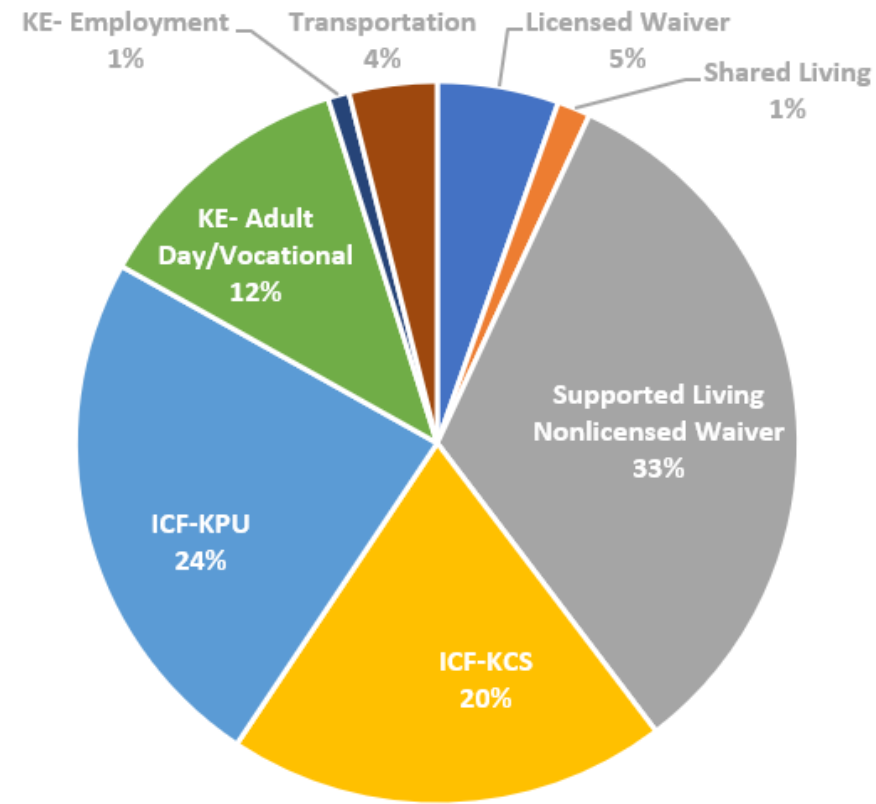
Revenue Mix By Payer, 2012



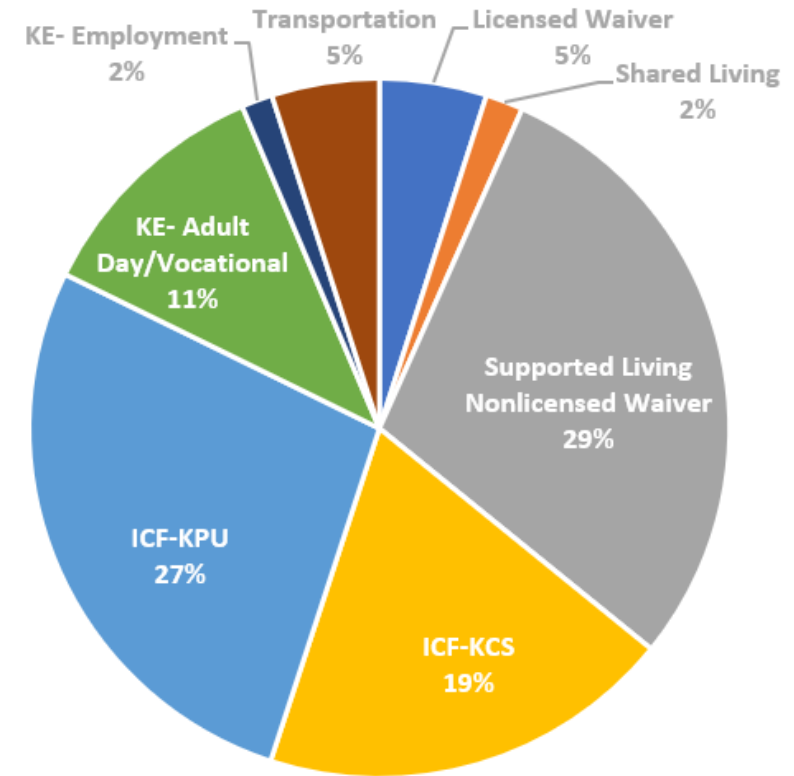
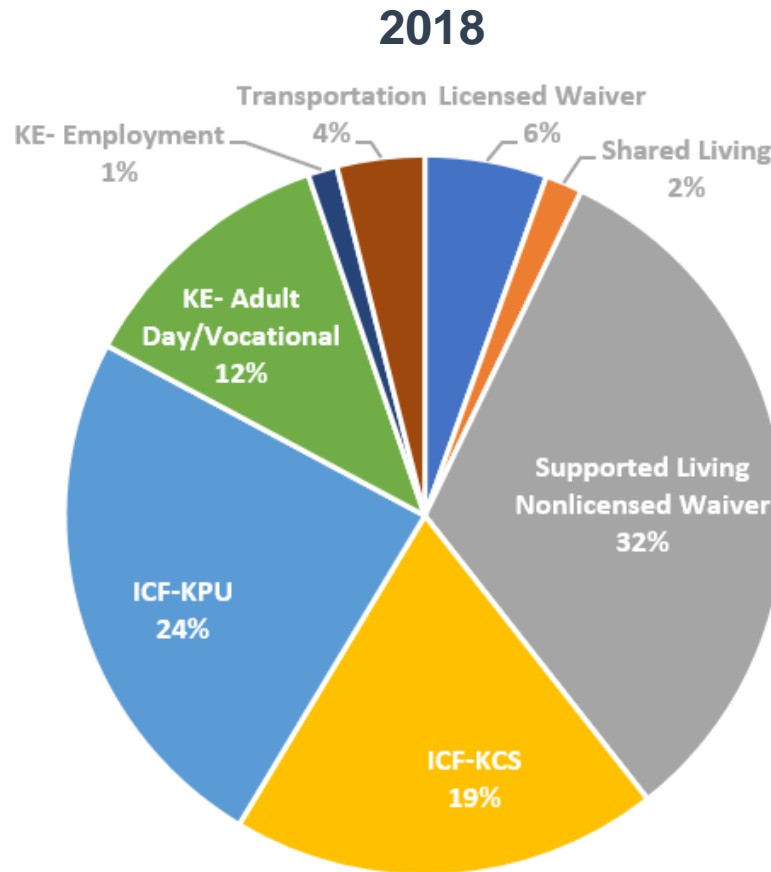
Service Division Revenue Mix FY19



Revenue By Program All

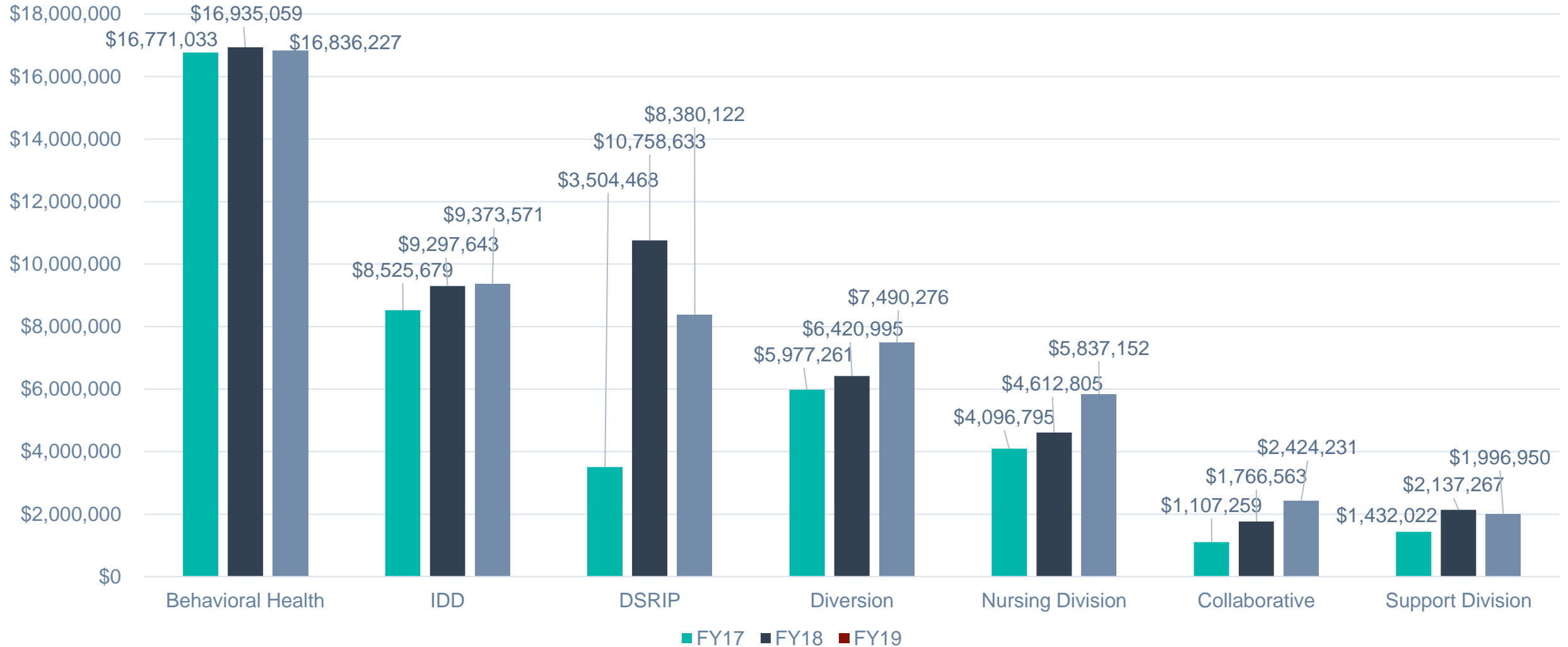


2017



2019

Service Division Revenue Mix FY17 To FY19



Profit/Loss FY17 To FY19

	FY 17	FY 18	FY 19
Total Revenue	\$41,414,517	\$51,928,965	\$52,105,333
Total Expenses	\$47,276,303	\$49,388,234	\$51,213,742
Profit/Loss	(\$5,861,786) (-14%)	\$2,540,731 (5%)	\$1,124,787 (2%)

Revenue & Profitability By Program FY 2019

Service Line	Revenues	Direct Expenses	Protected Expenses	Indirect & Capital	Alloc OH Expenses	Profit/(Loss) Margin	Margin (Percentage)
Shared Living	\$564,266	\$283,204	\$0	\$11,225	\$46,540	\$223,296	39.57%
Adult/Day Vocational	\$3,683,246	\$1,781,658	\$100,173	\$857,850	\$462,466	\$481,099	13.06%
Licensed Waiver	\$1,609,415	\$1,118,349	\$36,288	\$261,315	\$240,596	\$-47,134	-2.93%
ICF	\$8,847,614	\$5,652,893	\$703,076	\$1,331,806	\$1,112,755	\$47,083	0.53%
ICF	\$6,232,086	\$4,169,381	\$150,976	\$946,780	\$954,005	\$10,943	0.18%
Supported Living No Waiver	\$9,477,204	\$8,089,045	\$-172	\$450,874	\$1,466,506	\$-529,049	-5.58%
Employment	\$465,619	\$407,637	\$0	\$73,428	\$83,138	\$-98,583	-21.17%
Transportation	\$1,542,637	\$606,159	\$3,975	\$438,583	\$175,155	\$318,765	20.66%
Grand Totals	\$32,422,086	\$22,108,328	\$994,317	\$4,371,862	\$4,541,161	\$406,419	1.25%

Profit & Loss By Service Line

	Revenue	Expenses	Other Program Expenses	Profit/Loss Before M&G	M&G Expenses	Profit/Loss	M&G Expense % Of Expenses
Outpatient Mental Health	\$8,569,673	\$6,458,648	\$3,377,076	(\$1,266,051)	\$2,027,798	(\$3,293,849)	17%
Residential Services	\$2,885,525	\$2,284,799	\$1,828,403	(\$1,227,677)	\$850,113	(\$2,077,790)	17%
Community-Based Services	\$6,134,152	\$3,917,012	\$1,011,406	\$1,205,733	\$1,016,615	\$189,118	17%
Crisis Stabilization	\$636,778	\$967,370	\$80,796.05	(\$411,387)	\$216,651	(\$628,038)	17%
Total For Service Lines	\$18,226,130	\$13,627,830	\$6,297,682	(\$1,699,382)	\$4,111,177	(\$5,810,559)	17%

Survey & SWOT Analysis

	Senior Management	Board & ELT
Strengths	<ul style="list-style-type: none"> • Innovative • Reputation for high quality services • Strong leadership that supports staff • Clear organizational vision and mission 	<ul style="list-style-type: none"> • Financial management • Clear mission, values, and statement of philosophy that guides our work across the organization
Weaknesses	<ul style="list-style-type: none"> • Internal communication • Lack of data and outcomes reporting • Expansive growth has stretched operations systems • Holding all staff accountable in a consistent and fair manner • Need better vision of agency direction 	<ul style="list-style-type: none"> • Leadership – both turnover and depth of senior/middle management • Outcomes measures and weaknesses in data collection and analysis • Slow to implement and use new technology

	Senior Management	Board & ELT
Opportunities	<ul style="list-style-type: none"> • Look for opportunity to grow through merger/partnerships • Health care reform and initiatives • Room for advancement and building Advocates reputation 	<ul style="list-style-type: none"> • Services for individuals with autism • Integrated care and working with primary care • Services for the aging and elderly population
Threats	<ul style="list-style-type: none"> • Keeping the focus on employment and recruitment of quality diverse staff • Economic landscape changes • 	<ul style="list-style-type: none"> • Government funding • Changes in the health care market brought on by the ACA • Staff turnover and ability to hire and retain quality staff members



5. Putting It All Together: Synthesis and Plan Development

So What's Next?

- **#1 Synthesize the internal and external analysis.**
 - What are the key findings? (This the elevator speech – the short list of what all the internal and external data means.)
 - What are the landscape issues that impact our ability to be successful?
- **#2 Develop a short list (3-5) of high-level strategic objectives.**
 - These are not management or operational goals, they are strategic objectives.
- **#3 Flesh out the details of how to make it happen.**
 - What are the detailed operational initiatives or tactics that need to occur to accomplish the objectives?
 - What are the budget implications? Does this modify the initiatives and tactics?
- **#4 Develop key performance indicators (KPIs) to monitor progress and success.**
 - Implement a dashboard to report the metrics to the executive team as well as other key stakeholders.

Sample Key Findings From The Strategic Analysis

- **Finding #1:** The pandemic and its aftermath will have lasting impacts on the demand for health care services, operations, and available funding for provider organizations like ours.
- **Finding #3:** The organization has a reputation of service excellence, particularly in crisis management, and its brand is more recognized in the community than it was previously.
- **Finding #4:** The organization is in a strong financial position but will need to take a close look at how the pandemic and its aftermath impact service demand, operations, and finances.
- **Finding #6:** There is a strong push for the organization to be able to demonstrate quality and value with data, and an opportunity to be a leader in developing best practices.
- **Finding #7:** Continued efforts on primary care integration and “whole person” care (and CCBHC requirements) are likely to be critical parts of the new strategic plan.

Sample Strategic Objectives

Service Excellence:

To maintain, enhance, and celebrate our position as a premier provider organization of behavioral health services to individuals, families, and our community.

Family-Centered, Holistic Care:

To ensure that all our organization's clinical programs treat the whole person and his or her needs—including mental health, addiction disorder, intellectual and developmental disability, primary care, and social environment conditions.

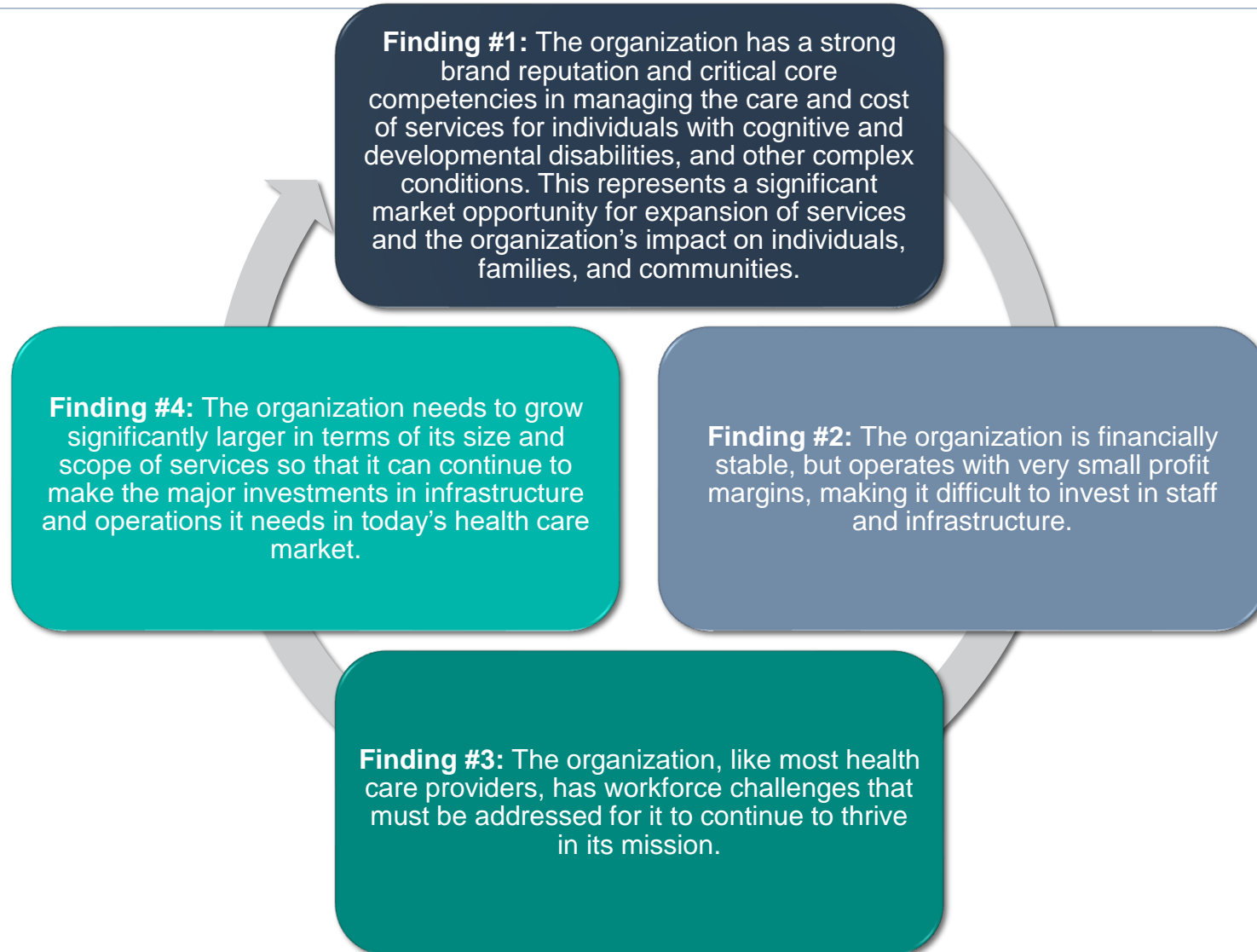
Visionary, Advocate & Community Partner:

To establish our organization as a leading organization in the research, development, and training for clinical and administrative best practices; an advocate for consumer-centered, quality health care services; and a community partner in enhancing the system of care in our community.

Service Expansion:

To continue to expand the array of services provided in our community and broaden our positive impact on individuals, families, and communities.

Sample Key Findings From The Strategic Analysis



Sample Strategic Objectives

Objective #1

To establish the organization as a “premier provider” of services to people with cognitive, developmental disabilities, or other complex conditions.

Objective #2

To diversify and significantly grow revenues and services while ensuring the financial performance at the organization for the long-term financial sustainability of the organization.

Objective #3

To position the organization as an “Employer of Choice” by continuing to invest in its human capital resources to recruit, develop, and retain the qualified workforce it needs to achieve its mission.

Objective #4

To enhance both clinical and administrative systems and operations so that the organization will remain competitive and continue to thrive in managed care and value-based purchasing reimbursement environments.

Example Strategic Initiatives, Tactics, and Timelines

Strategic Initiative	Phase One	Phase Two	Phase Three	Phase Four
<u>Overall Strategic Initiative A:</u> Implement a formal “balanced scorecard” performance measurement system and performance dashboard.		X	X	X
<u>Overall Strategic Initiative B:</u> Develop a key stakeholder reporting and communication system to communicate our performance and reputation as a Center of Excellence and Employer or Choice		X	X	X
<u>Overall Strategic Initiative C:</u> Develop, communicate and implement a comprehensive communication plan between leaders, management and all other staff.	X	X	X	X

Example Strategic Initiatives, Tactics, and Timelines

Strategic Initiative #2.B: Enhance and implement formal processes for monitoring staff feedback and satisfaction, incorporating 360° feedback models into staff evaluations, and recognizing superior employee performance.			X	X
Strategic Initiative #2.C: Enhance staff recruitment and retention efforts.	X	X	X	X
Strategic Initiative #2.D: Enhance and broaden our “Miniversity” to increase the availability and effectiveness of training for staff across the corporation, and expand Leadership Development supports and supervisory training for current and aspiring leaders.	X	X	X	X
Strategic Initiative #2.E: Develop and implement a performance-based appraisal model for staff that utilizes strategic key indicators (KPIs) for improved performance and accountability.				X
Strategic Initiative #3.A: Restructure our organization chart into 4-8 service divisions, with a single individual responsible for the quality and financial performance of each division.	X			
Strategic Initiative #3.B: Restructure ours shared administrative and local administrative services so that they are efficient, cost-effective, and incorporate the strategic initiatives in this plan.		X	X	X

Example Performance Metrics

- **#1 Center of Excellence**

- Number of new admissions to services this month
- Total number of consumers served this month
- Number of consumer critical incidents this month

- **#2 Human Resource**

- Number of equal employment opportunity complaints (EEOC)
- Number of new staff hires this month
- Number of staff discharges this month
- Number of staff promoted this month
- Percentage of staff positions vacant at month end (vacancy rate)
- Average number of days to fill staff positions for new hire this month
- Number of employee grievances this month
- Percentage of staff having staff training or other staff development this month
- Rolling staff turnover rate (90-days), year-to-date

Questions From Our Circle Members

1. How do you prioritize strategic planning when we are in crisis management mode?
2. What sources would you suggest for market/landscape assessment?
3. At what point should you involve your board in strategic planning? And how?
4. Can you do strategic planning without an external consultant? Who should lead the process?
5. Any tips on how to communicate your strategic plan to stakeholders?

More Resources

1. [Making The Right Tech Investments For Your Organization: An *OPEN MINDS* Executive Seminar On Technology Budgeting & Planning](#)
2. [Strategy In A Crisis – Staying Afloat Vs. Navigating; Keys To Planning & Managing For Recovery](#)
3. [How To Develop A Strategic Plan: An *OPEN MINDS* Executive Seminar On Best Practices In Strategy, Portfolio Management & Scenario-Based Planning](#)
4. [Building & Executing Strategy In A Complex Market—A Three-Phase Best Practice Model For Success](#)
5. [Management Newsletter: The Strategic Planning Edition: Going From Strategy To Success](#)
6. [August 20 Web Briefing, Sign Up Now: From Ideas To Action – How To Assess Feasibility & Implement Your Strategic Plan.](#)
7. [Making Change Happen — From Strategic Planning To Successful Implementation](#)
8. [Making Change Happen — From Strategic Planning To Successful Implementation](#)

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