



# STRATEGIC PLAN

July 1, 2010 to June 30, 2013



*Approved by the Board of Directors April 26, 2010*

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***“Effective leaders  
have learned  
that moving from  
vision to reality  
requires a road map,  
a business plan  
for the future.”***

*Frances Hesselbein  
CEO Peter Drucker Institute*

## INTRODUCTION

*Strategic Roadmap*

This Strategic Plan is a new strategic *roadmap* for ChildServe. This *roadmap* provides a view of the future and how what we need to accomplish to get there. The Strategic Plan provides a vision of what ChildServe will be in 2013 as well as 12 key strategies that will help make that vision a reality.

The development of the new Strategic Plan began in August 2009 when we began the Strategic Plan Development Design process (Appendix E). Two key groups provided critical leadership in guiding ChildServe through the Strategic Plan Development Design process. The two groups and its membership are:

### STRATEGIC PLANNING COMMITTEE

**A board committee of directors, trustees and executive leaders:**  
*Bill Lepley EdD, Chair, Jay Byers, Karen Gerdes, MD, Pat McGoldrick, Frank Stork, John Temple, Teri Wahlig, MD, Lloyd VanderKwaak, Dave McKenzie, and Tammy Stapp.*

### STRATEGIC PLANNING GROUP

**A staff committee of executive, director, and management leaders:**  
*Lloyd VanderKwaak, Chair, Dave McKenzie, Tammy Stapp, Scott Atwood, Cheri Burns, Linda Brown, Dave Comstock, Rachelle Flory, Gaye Johnson, Tracey Page, Amanda Smith, and Jay Winger.*

The Strategic Planning Committee presented the proposed Strategic Plan to the Board of Directors at the April 26th meeting for a *first reading*. The Board of Directors then unanimously approved the Strategic Plan, thereby cancelling the planned *second reading* at the May 24th meeting as suggested in the Strategic Plan Development Design.

The Strategic Plan as *roadmap* will enable governance and organizational leaders to work together as partners to ensure that ChildServe will become a leader in providing *great* care to children with special health care needs.

## BRAND STATEMENT

### *Our Promise*

The brand describes our fundamental promise to children, families and the community. Every action, activity or decision is designed to deliver on the brand promise.

**The Brand Promise**  
**Believing in the spirit of a child.**

## VALUES

### *The Cultural Fabric*

The organizational values are descriptions of our shared conviction about ChildServe. These values remain constant and steadfast providing guidance to the many staff and volunteers who help each child live a *great* life.

**The Values**  
**Care • Trust • Integrity • Excellence • Partnership**

## VISION STATEMENT

### *Our Preferred Future*

The vision statement offers a picture of what ChildServe wants to be in 2013. This picture describes our *preferred future*. The strategic plan is the *roadmap* that will guide our strategic and operational efforts as we move forward to the future.

#### **The Vision**

**ChildServe will be a leader in providing *great* care to children with special health care needs.**

## MISSION STATEMENT

### *What We Do Everyday*

The mission statement describes the purpose of ChildServe. The mission engages every person associated with ChildServe in helping each child to live a *great* life.

#### **The Mission**

**We partner with families to help children with special health care needs live a *great* life.**



# STRATEGIC GOALS

## *The Strategic Road Markers*

The purpose of the strategic goals is to focus the energy and resources of the organization for a sustained period of time to achieve the Vision. The 12 strategic goals in this strategic plan will drive the strategic transformation of ChildServe over the next three years.

## **The 12 Strategic Goals**

1. Accreditation
2. Autism
3. Day Health Services
4. Facilities & Space
5. Family Partnership
6. Health Information Management
7. Marketing
8. Pediatric Palliative Care
9. Physician Services
10. Positive Behavior Support
11. Strategic Resources
12. Talent Management

## We will seek accreditation from CARF for day health services and pediatric rehabilitation services.

### ***Explanation & Detail:***

CARF is an international accrediting organization located in Tucson, Arizona. Formerly known as the Commission on Accreditation of Rehabilitation Facilities, CARF is internationally recognized as the premier accrediting body for rehabilitation programs and services. In addition, CARF is recommended as one of three preferred accrediting organizations by the Iowa Department of Human Services. Historically, none of the services offered by ChildServe have required national accreditation. That is about to change. The Iowa Department of Human Services requires that Day Habilitation, a unit of Day Health Services, be accredited by CARF. In addition, the market place including payers and referral agents are expecting that the pediatric rehabilitation program be accredited by CARF. We will also look at other services offered by ChildServe and determine the cost/benefit of CARF accreditation.

### **INITIATIVE 1.1 – DAY HEALTH SERVICES:**

**We will achieve CARF accreditation for Day Habilitation, a unit of the Day Health Services program at the Woodland Center by June 2011.**

#### *Explanation & Detail:*

The Day Health Services program at the Woodland Center includes three services: Day Habilitation, Nursing Day Health, and Behavioral Day Health. The Day Habilitation Service is required by Iowa Department of Human Services to be accredited by CARF within one year of initial program certification. We anticipate that the Day Habilitation Service will begin in the summer of 2010.

### **INITIATIVE 1.2 – PEDIATRIC REHABILITATION SERVICES:**

**We will achieve CARF accreditation for Pediatric Rehabilitation Services by June 2013.**

#### *Explanation & Detail:*

Pediatric Rehabilitation Services includes the rehabilitation therapy offered in the inpatient Transitional Care Unit and the outpatient Therapy Service. We will be seeking accreditation in the following CARF program areas: Comprehensive Integrated Inpatient Rehabilitation Program, Outpatient Medical Rehabilitation Program, and Pediatric Specialty Program.

### **INITIATIVE 1.3 – OTHER SERVICES:**

**We will identify other core services that would benefit from CARF accreditation by June 2012.**

#### *Explanation & Detail:*

Many of the community based services offered by ChildServe could also benefit from CARF accreditation. We will complete a cost/benefit analysis to determine which services might be included in the Pediatric Rehabilitation Service survey in 2012/13, or the Day Habilitation re-survey in 2014/15.

## We will develop a specialized program for children with an autism spectrum disorder.

### ***Explanation & Detail:***

The number of children diagnosed with an autism spectrum disorder is growing, according to Autism Speaks, a national advocacy organization. 1 in 91 children are likely to be diagnosed with an autism spectrum disorder and for boys the number is 1 in 59. ChildServe is seeing a corresponding increase in demand for services. Families are asking ChildServe to adopt new treatment options for children with autism that go beyond what we are doing today. This strategic goal directs us to go beyond the current service approach and develop a program that will incorporate diagnosis and evaluation as well as new and innovative treatment options that will enable children with autism to function more effectively in their community.

### **INITIATIVE 2.1 – AUTISM PROGRAM MODEL:**

**We will define a new autism program model that integrates accepted autism care and treatment standards with ChildServe care constructs that include: family partnership, care management, and great life by June 2012.**

#### *Explanation & Detail:*

We hope to develop a new autism program that effectively aligns new diagnostic and treatment options with current service opportunities at ChildServe. The new program will be developed by a team of ChildServe staff with expertise in autism, parents who have children with autism, and external expertise in Autism program development.

### **INITIATIVE 2.2 – AUTISM LEADERSHIP STRUCTURE:**

**We will develop a leadership and staff structure needed to provide evaluation, diagnosis, care management, and treatment options for children with autism spectrum disorders by June 2012.**

#### *Explanation & Detail:*

The Autism Program Development Team will address leadership and staffing issues as part of their new program development. The Team will conduct an analysis of the current staffing expertise and make recommendations on how to address the identified talent and service gaps.

### **INITIATIVE 2.3 – BUSINESS MODEL:**

**We will develop a sustainable business model for the autism program by June 2012.**

#### *Explanation & Detail:*

Once the program model has been developed, we will develop the systems and access the resources needed to implement the Autism program.

# DAY HEALTH SERVICES

## We will develop a day health service program for children with chronic health and/or behavioral needs at the Woodland Center.

***Explanation & Detail:***

The Woodland Center, formerly known as Daycare for Exceptional Children, became part of ChildServe in the fall of 2008. Due to changes in the way the Center has been funded by the Iowa legislature and the likelihood that this funding will not continue, the Woodland Center will redesign its program to be a Medicaid provider of Day Health services. We anticipate that the transition from a daycare model to a new Day Health Services model will begin July 1, 2010.

**INITIATIVE 3.1 – DAY HEALTH SERVICES MODEL:**

**We will complete the transition to the day health services model for the care, treatment and support of children with health and/or behavioral needs by June 2011.**

*Explanation & Detail:*

The Day Health Services model will include three new components: Nursing Day Health Services, Behavioral Day Health, and Day Habilitation. The therapeutic services that may be in the new Day Health model include: positive behavior support, nursing care, functional life skills, recreational therapy, occupational therapy, physical therapy, and speech therapy.

**INITIATIVE 3.2 – DAY HEALTH SERVICES MODEL:**

**We will develop a sustainable business model for Day Health Services by June 2011.**

*Explanation & Detail:*

The new Day Health Services program at the Woodland Center will be primarily funded through the Medicaid program. As such, it will require new business systems and processes to manage the increased level of accountability and oversight that comes with the receipt of Medicaid funds.

# FACILITIES & SPACE

## We will address facility and space needs in the Continuing Care Unit, Ankeny Home, and Douglas Home.

### *Explanation & Detail:*

There are three living units that have significant facility and space needs that impact our ability to serve children. Two of the living units are group homes, and the third is the Continuing Care Unit (CCU). Each unit has insufficient living and bedroom space as well as a shortage of space for staff and storage.

### **INITIATIVE 4.1 – CONTINUING CARE UNIT:**

**We will develop a Facility and Space plan that addresses the living, bedroom and storage space needed by the 37 children living in the Continuing Care Unit. The Plan will address space options, timelines, and costs by June 2012.**

#### *Explanation & Detail:*

The Continuing Care Unit footprint needs to be expanded to address the current space needs. While the Facility and Space Plan will be completed by June 2012, actual construction will not begin until the project funding has been identified and/or secured. Possible sources of funds include tax-exempt financing and capital fundraising.

### **INITIATIVE 4.2 – HOME REPLACEMENT:**

**We will begin the process of replacing the Ankeny Home and the Douglas Home by June 2013.**

#### *Explanation & Detail:*

While the Ankeny and Douglas Homes are licensed to serve four children, they only have three bedrooms. While these bedroom arrangements have been acceptable in the past, the children referred to us today need their own bedrooms. Since both homes are located on small lots, remodeling or adding to the home is not the best solution. This initiative proposes to replicate the process we used for the Keystone, Morningside and Stonecrest Homes. Each of these homes are located in Johnston neighborhoods, they have a common floor plan as well as four bedrooms. We would re-use the construction design documents developed for these Homes. Actual replacement of the Ankeny and Douglas Homes would not begin until project funding has been secured and necessary approvals have been obtained from the Iowa Department of Inspection and Appeals.

## We will expand our capacity to support families who have children at ChildServe.

### *Explanation & Detail:*

When children reach the age of 21 and are finished with their education program, they must move from ChildServe and transition to an adult service provider. The process of transition which varies from child to child and family to family can be a significant source of frustration and dissatisfaction. The variance of transition experiences and the factors that create barriers to an effective transition process will be the focus of the first strategic initiative. The second initiative will examine the feasibility of offering additional support services to families while their children are being served by ChildServe. We know that the well-being of children served is impacted by the well-being of their families.

### **INITIATIVE 5.1 – TRANSITION/BRIDGE MODEL:**

**We will identify the factors that negatively impact the transition experience of children and families and develop a transition model that provides a bridge to adult services by June 2012.**

#### *Explanation & Detail:*

The transition of a child from children's services to adult services can be quite complex since it includes multiple service providers, changes in funding, as well as many developmental and family changes associated with becoming an adult. While many of the current challenges that need to be addressed are beyond our control, we believe we can develop a more systematic and formal process that will serve as a transition bridge for most of the children who leave ChildServe.

### **INITIATIVE 5.2 – FAMILY SERVICES:**

**We will examine the feasibility of establishing a support program for families who have children at ChildServe by June 2013.**

#### *Explanation & Detail:*

While most of the families that we partner with are healthy, some families need help. Our current practice is to refer those families to other family services and/or mental health providers in the community. At times these community providers do not have the capacity to support these families and are left with no options. As a result, we will conduct a feasibility study to determine if ChildServe should begin filling in this emerging gap and offer a Family Support Program.

# HEALTH INFORMATION MANAGEMENT

We will address the management of health information within the context of the evolving needs, increased regulation, and changing expectations of physicians, clinicians, staff, families and payers.

***Explanation & Detail:***

We maintain a care file on every child we serve. The regulations on how the child's care file must be managed vary by the eleven core services and this creates multiple variations in the management of ChildServe's health information system. The purpose of this strategic goal is to focus on the ongoing improvement of our current health information service system and how it responds to changing internal expectations and external regulatory changes, as well as becoming prepared for the inevitable transition from paper to digital media.

**INITIATIVE 6.1 – PROCESS IMPROVEMENT ASSESSMENT:**

**We will assess the current health information management system to identify process improvement opportunities by June 2011.**

***Explanation & Detail:***

We will complete an organization-wide assessment of the health information management system as the first step in the improvement process. The results of this assessment will be used to develop a Health Information Plan.

**INITIATIVE 6.2 – HEALTH INFORMATION PLAN:**

**We will develop a Health Information Management Plan that aligns the process improvement opportunities with technology solutions and standards for health documentation by June 2012.**

***Explanation & Detail:***

The Health Information Plan will set the stage for process improvement as well as identifying possible technology solutions. We are aware that the external environment is unfolding very rapidly as it relates to viable technology solutions and we want to ensure that these external developments are considered as we make changes and improvements.

## We will develop a targeted marketing plan designed to engage the key partners and stakeholder groups in the mission of ChildServe.

### ***Explanation & Detail:***

There are many individuals and groups familiar with ChildServe and its brand. Many, however, do not know the full extent of what ChildServe offers to children and families. Others who need to know about ChildServe do not, which could negatively affect them or ChildServe. This strategy is designed to identify the individuals and groups and determine how we can fully engage them in the mission of ChildServe. We anticipate that an organizational marketing plan will be developed that will detail targeted marketing efforts designed to engage the key partners and stakeholders. The targeted marketing plan will focus on effective deployment of limited marketing resources.

### **INITIATIVE 7.1 – KEY PARTNERS AND STAKEHOLDERS:**

**We will identify the key partner and stakeholder groups, clarify their interest in and perception of ChildServe, and determine how we can engage them by June 2011.**

#### *Explanation & Detail:*

Key partners and/or stakeholders could include: medical and human service providers, parents and families, individual and group donors, executive and legislative policy makers and regulators. The process will include the compilation of past and current marketing efforts to the partner and stakeholder groups and a review of the methods to manage this information.

### **INITIATIVE 7.2 – TARGETED MARKETING PLAN:**

**We will develop a targeted marketing plan that will include defined expectations and results by partners and stakeholders; clear roles and accountabilities of staff; and access to needed resources to implement the plan by June 2012.**

#### *Explanation & Detail:*

The marketing plan will include all of the organizational marketing efforts. We anticipate that while targeted efforts will continue, there may be opportunities for efficiency that might extend resources and increase effectiveness. There may be additional opportunities to improve the management of market based information related to the key partners and stakeholders.

## We will develop a pediatric palliative care model for children served in the Continuing Care Unit, Transitional Care Unit, and/or Homecare.

### *Explanation & Detail:*

ChildServe has a long history of providing skilled care in the Continuing Care Unit to children with complex medical conditions and multiple disabilities. We have recently learned that our model of skilled care closely aligns with an emerging pediatric Palliative Care model. By integrating pediatric palliative care standards into our skilled care model we may create greater opportunities to serve additional children who have complex health conditions.

### **INITIATIVE 8.1 – PALLIATIVE CARE MODEL:**

**We will define a pediatric palliative care model that integrates accepted pediatric palliative care standards with ChildServe care constructs that include: family partnership, care management, and great life by June 2011.**

#### *Explanation & Detail:*

The more we learn about the pediatric palliative care model, the more we realize that we have been providing palliative care in the Continuing Care Unit. We would like to formalize our understanding of pediatric palliative care and determine how we can extend its impact into the Transitional Care Unit and Homecare.

### **INITIATIVE 8.2 – PALLIATIVE CARE LEADERSHIP STRUCTURE & RESOURCES:**

**We will identify the leadership and staff structure and resources needed to provide pediatric palliative care to children served in the Continuing Care Unit, Transitional Care Unit, and Homecare by June 2011.**

#### *Explanation & Detail:*

We will use the emerging pediatric palliative care model to revise the leadership and staff structure to better support its implementation.

### **INITIATIVE 8.3 – CHILDREN NEEDING PALLIATIVE CARE:**

**We will identify opportunities to care for children we have not served before who may benefit from palliative care by June 2011.**

#### *Explanation & Detail:*

We are becoming aware of children who have complex illnesses that might benefit from ChildServe. As this awareness is growing at ChildServe, and by our key referral partners, we will have new opportunities to help children live a great life. Changes and adjustments will be made to our admission and referral standards and processes.

## We will strengthen our medical and clinical capacities to care for children needing skilled care, developmental and/or rehabilitative services.

### *Explanation & Detail:*

The many physician leaders and practitioners associated with ChildServe do a great job in caring for children with special health care needs. Their roles, however, have been part-time and, in some cases, off-site. As the children we serve have more complex needs, it is becoming increasingly apparent that we need to extend the role and presence of our Medical Director to oversee and manage the medical care. In addition, there are several other medical sub-specialists needed to assist in serving children with specialized needs. A pediatric physiatrist is necessary to continue the growth and development of the pediatric rehabilitation program, and a neuropsychologist/child psychologist is necessary to assist in the treatment of children with autism, disruptive behavior and other mental health needs.

### **INITIATIVE 9.1 – MEDICAL DIRECTOR:**

**We will transition to an expanded role of the Medical Director to include: care coordination, medical care and treatment, clinical review, and oversight of the care system by June 2012.**

#### *Explanation & Detail:*

The presence of a full time Medical Director who is a pediatrician will enhance the day-to-day oversight and provide increased consistency in the delivery of medical care coordination and treatment. We hope to address this need as soon as possible, but no later than June 2012.

### **INITIATIVE 9.2 – PEDIATRIC PHYSIATRIST:**

**We will add a pediatric physiatrist to provide onsite specialty medical care and care coordination of children needing rehabilitation services by June 2012.**

#### *Explanation & Detail:*

The pediatric physiatrist will provide medical rehabilitative care to children in the Transitional Care Unit and outpatient Therapy Services. We hope to address this need as soon as possible, but no later than June 2012.

### **INITIATIVE 9.3 – NEUROPSYCHOLOGIST:**

**We will add a pediatric psychologist or neuropsychologist to provide evaluation, diagnosis, and the treatment of children with autism, behavior support needs, and/or other mental health concerns by June 2013.**

#### *Explanation & Detail:*

The neuropsychologist or pediatric psychologist will assist in the treatment of children with autism, disruptive behavior and other mental health needs who live in our residential settings or at home with their families. Adding a psychologist will also enable us to begin the development of a Developmental Evaluation Clinic. We hope to address this need as soon as possible, but no later than June 2013.

### **INITIATIVE 9.4 – BUSINESS SYSTEMS:**

**We will develop a sustainable business model and related systems for physician services by June 2012.**

#### *Explanation & Detail:*

We will add additional business systems and services to support the business side of Physician Services. Business services address systems issues involving billing, scheduling, health records management, and practice management.

# POSITIVE BEHAVIOR SUPPORT

## We will expand the use of the Positive Behavior Support in those core services that serve children with disruptive behaviors.

### *Explanation & Detail:*

Positive Behavior Support (PBS) is a philosophy of supporting children with disruptive behaviors that aligns with the mission and organizational values. We have successfully used PBS with children living in ChildServe Homes. Implementing this strategy will expand the use of PBS in any of ChildServe settings that serve children with disruptive behaviors that range from hitting and biting to social inappropriate behaviors in public places.

### **INITIATIVE 10.1 – PBS LEADERSHIP:**

**We will identify a leadership and staff structure to expand the use of positive behavior support by June 2011.**

#### *Explanation & Detail:*

The implementation of PBS will require additional training and support of the leaders, managers and staff. The information collected for this initiative will be used to develop an organizational plan to implement PBS.

### **INITIATIVE 10.2 – PBS ORGANIZATIONAL PLAN:**

**We will implement an organizational plan to implement Positive Behavior Support in those core services that serve children with disruptive behaviors by June 2012.**

#### *Explanation & Detail:*

The organizational plan will address the leadership and staff structure needs as well as the results of a PBS Retreat conducted in November 2009. The members of the retreat identified the following priorities: professional consultant support, an increase in the number of PBS specialists, and ongoing training for staff.

## We will acquire the strategic resources needed to financially support the implementation of the strategic plan.

### *Explanation & Detail:*

There are several strategic initiatives in this plan that require significant capital support to be successful. This strategy focuses at exploring the feasibility of acquiring resources from multiple sources ensuring the long-term sustainability of ChildServe.

### **INITIATIVE 11.1 – CAPITAL CAMPAIGN:**

**We will work with a fundraising consultant to complete a capital campaign assessment by June 2013.**

#### *Explanation & Detail:*

A possible source of capital is charitable contributions from individuals, groups and businesses. To engage this potential group of supporters, ChildServe will begin the process of designing a community-wide capital fundraising campaign. The first step in that process is a readiness assessment. The assessment information will help us determine if a capital campaign is feasible. The community assessment will not begin until we have the necessary information to define the scope and impact of a proposed capital campaign.

### **INITIATIVE 11.2 – TAX-EXEMPT FINANCING:**

**We will work with a Tax Exempt Financing consultant to complete an analysis of our current debt structure and the feasibility of obtaining additional financing by June 2013.**

#### *Explanation & Detail:*

A possible source of capital is through tax-exempt financing. To determine if additional financing will negatively impact our current debt structure, we will engage tax exempt financing counsel to assist in an analysis of the current debt structure and a risk analysis relating to adding new additional debt. This assessment will not begin until we have the necessary information to define the scope and cost of the strategic projects requiring additional capital. These resources would only be used for the Facility & Space strategic goals and initiatives.

### **INITIATIVE 11.3 – PUBLIC SUPPORT:**

**We will work with a state and/or federal legislators to determine the feasibility of securing the needed resources for capital projects by June 2013.**

#### *Explanation & Detail:*

A possible source of capital is through public support from state and or federal government. We will work with state and federal legislative leaders and their staff to identify possible sources of funds that could be used to implement the strategies outlined in this plan.

### **INITIATIVE 11.4 – FOUNDATION SUPPORT:**

**We will identify opportunities to secure charitable support from local, state and national foundations to secure the needed resources for capital projects by June 2013.**

#### *Explanation & Detail:*

A possible source of capital is through charitable support from individual, family, and corporate foundations.

# TALENT MANAGEMENT

**We will implement an integrated talent management system by developing a model for acquiring, developing, aligning, and assessing people that have the required skills and aptitude to achieve the strategic vision.**

***Explanation & Detail:***

The Talent Management system as it is developing at ChildServe includes four dimensions: acquiring, developing, aligning and assessing staff.

**INITIATIVE 12.1 – TALENT MANAGEMENT MODEL:**

**We will develop a Talent Management Model that defines how we acquire, develop, access and align staff to achieve organizational goals by June 2011.**

***Explanation & Detail:***

We are in the beginning stages of developing a Talent Management model based on four dimensions: acquiring, developing, aligning and assessing staff.

**INITIATIVE 12.2 – TALENT MANAGEMENT ANALYSIS:**

**We will conduct a needs analysis to identify the gaps between the actual and desired organizational performance by June 2012.**

***Explanation & Detail:***

Once the Talent Management model has been developed we will conduct a needs analysis to determine the gaps between our current practice and our future needs.

**INITIATIVE 12.3 – TALENT MANAGEMENT PLAN:**

**We will develop an organizational plan to implement the Talent Management Model by June 2013.**

***Explanation & Detail:***

The organizational plan will address the implementation and deployment of the Talent Management model and the various components associated with the acquiring, developing, aligning and assessing quadrants.



# APPENDIX A:

## *Strategic Plan Timeline Summary*

| <b>STRATEGIC GOALS &amp; INITIATIVES</b> | <b>YEAR 1</b><br><i>July 2010 to June 2011</i> | <b>YEAR 2</b><br><i>July 2011 to June 2012</i> | <b>YEAR 3</b><br><i>July 2012 to June 2013</i> |
|--|--|--|--|
| 1. Accreditation                         | 1.1  | 1.2, 1.3                                       |  |
| 2. Autism                                |  | 2.1, 2.2, 2.3                                  |  |
| 3. Day Health Services                   | 3.1, 3.2                                       |  |  |
| 4. Facility & Space                      |  | 4.1  | 4.2  |
| 5. Family Partnership                    |  | 5.1  | 5.2  |
| 6. Health Information Management         | 6.1  | 6.2  |  |
| 7. Marketing                             | 7.1  | 7.2  |  |
| 8. Pediatric Palliative Care             | 8.1, 8.2, 8.3                                  |  |  |
| 9. Physician Services                    | 9.2  | 9.1, 9.4                                       | 9.3  |
| 10. Positive Behavior Support            | 10.1   | 10.2   |  |
| 11. Strategic Resources                  |  |  | 11.1, 11.2, 11.3                               |
| 12. Talent Management                    | 12.1   | 12.2   | 12.3   |



# APPENDIX B:

## *Children with Special Health Care Needs*

The mission of ChildServe is to serve children with *special health care needs*. The term and definition of *special health care needs* was adopted by the US Department of Health and Human Services and the American Academy of Pediatrics in 1995. ChildServe adopted the definition in 2002.

### Children with special health care needs:

- *Birth to 21 years of age*
- *Chronic developmental and/or physical condition(s)*
- *Need specialty health care and related support services*

### *Parameters and Explanation:*

- 1. CHILDREN:** As our name indicates --- we serve children. While there are many terms used to describe children such as resident, client, patient, kids, consumers, young adults; our preferred term is child or children.
- 2. AGE:** We serve children from birth through the 21st birthday. The upper limit of this age range aligns with the upper age limit for children in Iowa's special education system. Once a child has graduated from the educational system, he or she is considered an adult and no longer eligible for services at ChildServe.
- 3. CHRONIC:** Refers to an ongoing need that requires care and support of a type and duration that goes beyond what a child requires generally.
- 4. NEEDS:** Specialty health care and related support services.
- 5. HEALTH:** A child's health can be described by considering the multiple dimensions that impact health and well-being: physical health, social health, cognitive health, emotional health and spiritual health.
- 6. DISABILITY:** A developmental and/or physical condition is considered a disability when it creates a temporary or long term barrier to growth and development. We serve children with developmental delays which require short-term and intensive treatment to children with conditions that create significant or permanent barriers in their development. Temporary or permanent barriers to development typically occur in the following dimensions of health and well-being: physical health, social health, cognitive health, and emotional health.
- 7. PSYCHIATRIC:** While some of the children we serve benefit from psychiatric services, we are not equipped to serve children whose primary need is intensive psychiatric care and treatment.
- 8. INCLUSION:** We serve children of all abilities in the Johnston and Ames childcare centers. This focus on inclusion creates a developmentally appropriate care environment all children including children with special health care needs.
- 9. CAPACITY:** We will continue to develop the capacity to serve more children with special health care needs in response to demand and opportunities.
- 10. GEOGRAPHY:** We will continue to be open to ways and means to serve and support children and families who live in Iowa.



# APPENDIX C:

## *A Strategic Resources Matrix*

Strategic Goal #11 states that we will acquire the strategic resources needed to financially support the implementation of the strategic plan. The strategic resources can be obtained from at least four different options:

### **1. Charitable Options**

Individuals, organizations and business support the ongoing work as well as strategic projects through their charitable giving. ChildServe requests support through the ChildServe Fund and the ChildServe Endowment Fund. When significant resources are needed we have conducted a concerted campaign to raise the capital needed. A capital campaign feasibility study will be conducted in the next three years to determine if funds could be raised to address the facility and space projects listed in Strategic Goal #4.

### **2. Financing Options**

Securing strategic resources through a conventional mortgage or tax exempt financing is an option when capital is needed for facility building projects. A feasibility study will be conducted in the next three years to determine if financing could be used for the facility and space projects listed in Strategic Goal #4. It is unlikely that financing will be used to obtain the strategic resources needed for other strategic goals.

### **3. Governmental Options**

Obtaining funds from local, state or the federal government to fund specific strategic goals is an option that we have not used to its fullest potential in the past. Increasingly, however, legislators are willing to dedicate funds to help organizations like ChildServe meet the needs of children. Additionally, grants from governmental units may be available to meet the needs that are aligned with their priorities.

### **4. Operational Options**

Many of the strategic projects listed in this plan could be funded with funds generated from ChildServe Operations. As an example, some of the resources need to secure accreditation could come from the operational budgets of the programs that pursue accreditation. Expenses relating to strategic planning projects listed in this plan could come from operations budgets as well.

The following table identifies by Strategic Goal the approximate strategic resources needed to implement the strategic goal and the possible strategic resource options between July 1, 2010 and June 30, 2013.

| STRATEGIC GOALS   | STRATEGIC RESOURCE OPTIONS |                   |                      |                     |                   |
|---|----------------------------|-------------------|----------------------|---------------------|-------------------|
|   | CHARITABLE OPTIONS         | FINANCING OPTIONS | GOVERNMENTAL OPTIONS | OPERATIONAL OPTIONS | INVESTMENT NEEDED |
| <b>1. Accreditation</b><br><i>We will seek accreditation from CARF for day health services and pediatric rehabilitation services.</i>   |                            |                   | X                    | X                   | \$35,000          |
| <b>2. Autism</b><br><i>We will develop a specialized program for children with an autism spectrum disorder.</i>   |                            |                   | X                    | X                   | \$250,000         |
| <b>3. Day Health Services</b><br><i>We will develop a day health service program for children with chronic health and/or behavioral needs at the Woodland Center.</i>   | X                          |                   | X                    | X                   | \$75,000          |
| <b>4. Facility &amp; Space</b><br><i>We will address facility and space needs in the Continuing Care Unit (CCU), Ankeny Home &amp; Douglas Home.</i>  |                            | X                 | X                    |                     | \$875,000         |
| <b>5. Family Partnership</b><br><i>We will expand our capacity to support families who have children at ChildServe.</i>   | X                          |                   |                      | X                   | \$25,000          |
| <b>6. Health Information Management</b><br><i>We will address the management of health information in the context of the evolving needs and expectations of physicians, clinicians, staff, families &amp; payers.</i> |                            |                   |                      | X                   | \$50,000          |
| <b>7. Marketing</b><br><i>We will develop a targeted marketing plan designed to engage the key partners and stakeholders in the mission of ChildServe.</i>  |                            |                   |                      | X                   | \$50,000          |
| <b>8. Pediatric Palliative Care</b><br><i>We will develop a pediatric palliative care model for children served in the Continuing Care Unit, Transitional Care Unit, and/or Homecare.</i>                             | X                          |                   |                      | X                   | \$100,000         |

| STRATEGIC GOALS   | STRATEGIC RESOURCE OPTIONS |                   |                      |                     |                   |
|---|----------------------------|-------------------|----------------------|---------------------|-------------------|
|   | CHARITABLE OPTIONS         | FINANCING OPTIONS | GOVERNMENTAL OPTIONS | OPERATIONAL OPTIONS | INVESTMENT NEEDED |
| <b>9. Physician Services</b><br><i>We will strengthen our medical and clinical capacities to care for children needing skilled care, developmental and/or rehabilitative services.</i>  | X                          |                   | X                    | X                   | \$800,000         |
| <b>10. Positive Behavior Support</b><br><i>We will expand the use of the Positive Behavior Support within those core services that serve children with disruptive behaviors.</i>  |                            |                   |                      | X                   | \$25,000          |
| <b>11. Strategic Resources</b><br><i>We will acquire the strategic resources needed to financially support the implementation of the strategic plan.</i>  | X                          |                   |                      | X                   | \$25,000          |
| <b>12. Talent Management</b><br><i>We will implement an integrated talent management system by developing a model for acquiring, developing, and aligning people with the required skills and aptitude to achieve the strategic vision.</i> |                            |                   |                      | X                   | \$15,000          |

| STRATEGIC INVESTMENTS            |                    |
|----------------------------------|--------------------|
| Accreditation                    | \$35,000           |
| Physician Services               | \$800,000          |
| Program Development              | \$540,000          |
| Market Planning                  | \$50,000           |
| Facilities: New Homes & Planning | \$900,000          |
| <b>TOTAL</b>                     | <b>\$2,325,000</b> |



# APPENDIX D:

## *The ChildServe Organization*

The ChildServe organization includes seven non-profit companies that are wholly owned by ChildServe Inc., a non-profit parent company. Each ChildServe company is guided by its own purpose statement that is aligned with ChildServe's brand, vision, mission and values. The ChildServe strategic plan is a common roadmap that guides the entire ChildServe organization and integrates the work of the seven companies in a common mission. ChildServe is governed by a 21 member Board of Directors. The ChildServe Foundation Board of Trustees is elected by the Board of Directors.

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### *ChildServe Inc.*

to operate exclusively as the parent company & corporate framework for the benefit & support of the programs and services offered by the ChildServe companies.

### *ChildServe Habilitation Center*

to enhance the well-being of children with special health care needs and chronic health conditions by providing pediatric skilled nursing care and specialty services.

### *ChildServe Homes*

to enhance the well-being of children with special health care needs by providing care in homes and apartments.

### *ChildServe Community Options*

to enhance the well-being of children with special health care needs by providing integrated community care and services.

### *ChildServe Medical Equipment & Supply*

to enhance the well-being of children with special health care needs by providing mobility equipment, specialty medical supplies and services.

### *ChildServe Homecare*

to enhance the well-being of children with special health care needs by providing specialty home health care.

### *ChildServe Therapy*

to enhance the well-being of children with special health care needs by providing skilled therapy, audiology, specialty pediatric clinics and services.

### *ChildServe Foundation*

to enhance the well-being of children with special health care needs by developing, receiving, and granting financial assistance to ChildServe.

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# APPENDIX E:

## *The Strategic Plan Development Design*

The Board of Directors approved the Strategic Plan Development Design in May 2009. The three phase design guided the work of two key groups as they developed a draft strategic plan that was first presented to the Board of Directors April 26, 2010. The two groups included the Board Strategic Planning Committee and the Staff Strategic Planning Group.

### *The Strategic Development Design included the following phases and activities:*

#### **Phase 1: Developing the Strategic Plan Framework – August to December, 2009**

- Information and data gathering August to December, 2009
- Stakeholder interviews and focus groups October to December, 2009
- ChildServe Council Strategic Planning Retreat – October 2009
- Governance Strategic Planning Retreat – January 2010
- Board approval of the Strategic Plan Framework in February 2010

#### **Phase 2: Developing the Strategic Plan Content – January to April, 2010**

- Develop Strategic Plan content using the Framework
- Staff Strategic Planning Group -- February and March, 2010
- Board Strategic Planning Committee -- February and March, 2010
- Present first draft to Board -- April 26, 2010

#### **Phase 3: Strategic Plan Approval – May to June, 2010**

- Present final draft to Board of Directors – May 17, 2010
- Present the approved plan to the Board of Trustees – June 10, 2010
- Implementation begins July 1, 2010

### ***Board Action:***

The Board of Directors unanimously approved the recommendation from the Strategic Planning Committee to adopt the proposed strategic plan for the time period of July 1, 2010 to June 30, 2013. This action took place after the first reading at the April 26th board meeting.



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