

Child*Serve* 2007

July 1, 2004 to June 30, 2007
Strategic Plan

*Approved by the Board of Directors
May 24, 2004*

Introduction

This Strategic Plan serves as a roadmap that guides ChildServe's efforts to achieve Vision 2007. This *roadmap* will ensure that all the organizational partners are on the same *page* by establishing and clarifying our organizational priorities for the next three years.

This Strategic Plan describes how ChildServe will continue to grow its mission capacity through organizational improvements and taking advantage of new opportunities for innovation. The following is a list of the strategic initiatives that will be the focus of our attention in the next three years:

- a. Development and implementation of connected care;
- b. Re-alignment of the intermediate care service (ICF/MR) into the community;
- c. Development of the community program at the Ames ChildServe Center;
- d. Continued organizational infrastructure enhancements in the areas of business, staff and development;
- e. Development of short-term skilled care services at the ChildServe Habilitation Center (CHC) and the Ames and Des Moines ChildServe Centers.
- f. Evaluation of the Ames ChildServe model for replication in other areas of the state.

With the successful development of connected care and continued enhancement and expansion of our specialized pediatric services, ChildServe will achieve the Vision by June 30, 2007!

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Vision Statement

What we want to look like

The purpose of a vision statement is to offer a picture of where we want to be as an organization in the next three to five years. This strategic plan is proposed to be a roadmap that will guide ChildServe in its strategic and operational efforts aimed at achieving our *preferred future*.

Vision2007

ChildServe will be the *premier* provider of connected care and specialty pediatric services in Iowa.

Mission Statement

Making a difference today

The purpose of the mission statement is to describe the *focus* of the organization. The ChildServe mission identifies the three *focus* points that guide our work each and every day: building partnerships with families; offering an integrated system of pediatric services; and supporting each child to live a *great* life!

The ChildServe Mission

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

Who We Serve

Children with special health care needs

ChildServe serves children with special health care needs. In creating a common understanding of the term *special health care needs*, we note the term *health* is more than a medical definition or the absence of disability. To ChildServe, health is a state of physical, social, cognitive, environmental and spiritual well being. This broader concept of *health* helps us understand the parameters of *great life*.

Another key term in the definition of *Who Is Served* is the word *chronic*. This term simply refers to a *need* that requires health and support services of a type, amount and duration beyond that required by children generally. *Chronic*, by this definition, describes a child with a developmental delay that requires short-term but intensive involvement as well as a child with significant disabilities requiring long term care.

Children with special health care needs:

- a. birth to 21 years of age
- b. chronic developmental and/or physical condition(s)
- c. needs specialty health care and related support services

ChildServe's primary service delivery area includes the 12 Iowa counties within a 50-mile radius of Ames and Des Moines. ChildServe also serves children from other Iowa counties as well as from outside Iowa. ChildServe makes all admission decisions on our care and staff capacity, financial arrangements and relevant regulatory requirements.

ChildServe has established two specific admission parameters that are meant to clarify who we serve:

1. When offering an integrated environment for children with special health care needs advances the mission of ChildServe, we will serve/include children who do not have special health care needs.
2. ChildServe is not equipped to serve children with significant psychiatric needs.

Organizational Values

Aligning mission & culture with the vision

The following organizational values will guide ChildServe's efforts in the next three years in aligning the mission and culture to achieve Vision2007.

Connected Care

Our *reason for being* is to provide care that helps children live a *great* life. To do this well we must have a strong partnership with the family; we must have a great care management system guided by a strong care team; and we must make services available that meet needs and are provided in a seamless and integrated manner. We believe that all of these efforts are key ingredients to the concept of connected care. When ChildServe care connects with the child, *great life happens*.

Organizational Integrity

As organizational stewards, we must promote individual and organizational integrity. Individually, we are committed to conduct our relationships and activities ethically and with the utmost honesty and respect. Organizationally, we will balance new opportunities with current responsibilities in the three guiding principle areas of Care, Staff, and Business. (Appendix A)

Organizational Trust

At ChildServe we build organizational trust by ensuring that the cultural fabric of the organization is based on the shared vision and mission. Organizational trust develops when all participants are concerned and take action for the whole rather than its parts; when everyone promotes individual and organizational credibility; when we assume and recognize competence; when we promote effective and open communication; and when we all accept accountability for results. (Appendix B)

Shared Leadership

The ChildServe shared leadership structure is based on the alignment and interaction of three key organizational partners. Each partner is responsible and accountable to ensure that our organizational efforts are based on the organizational values and enable us to align our mission and vision efforts. The three partners include:

1. Governance Partner - Directors and Trustees who have fiduciary responsibility;
2. Administrative Partner – administrative staff who have executive and operational responsibility; and
3. Program Partner – program staff that have day-to-day program and service responsibility.

Strategic Goals & Focus Areas

A Summary

1. Connected Care

We will build our capacity to provide connected care for each child.

2. Community Group Homes

We will establish up to 7 new community group homes.

3. Post Acute and Skilled Care

We will identify/develop new opportunities to offer post-acute and skilled pediatric care and services.

4. Ames Development

We will fully develop the *ChildServe* service model at the Ames *ChildServe* Center.

5. Resources

We will develop the infrastructure needed to deliver exemplary programs and services.

6. Communications & Public Policy

We will build the community's familiarity with *ChildServe*.

Strategic Goal #1:*Connected Care*

We will build our capacity to provide connected care for each child.

Connected Care is the key to developing the ChildServe brand. Connected Care is the ChildServe mission imperative and we will implement the connected care system to ensure that each child has access to the services and supports they need to live a great life.

Initiatives

1. Care Management:
 - a. We will implement a care management plan that ensures each child served will have a care manager and a care team.
 - b. We will establish a Family Partnership Development program designed to help families build their care team roles.
 - c. We will develop an integrated care management and documentation system that is program focused and sensitive to the myriad of service regulations.
2. Care Quality:
 - a. We will ensure the systems are in place to measure and advance the quality of care management and service management.
 - b. We will use a Care Scorecard that includes quarterly and annual aggregate care and service information that communicates the quality and effectiveness of the care management system.
3. Transition from children to adult services:
 - a. We will develop a collaborative transition team that includes public and private adult service to improve the transition process for children.
 - b. We will develop a transition model for children in the residential program that includes the use of Medicaid Home & Community Based (HCBS) waiver services to better facilitate the transfer of care.
 - c. We will improve family satisfaction regarding the transition events of their child served by ChildServe.

Strategic Goal #2:*Community Group Homes*

We will establish up to 7 new community group homes.

A key to attaining this strategic goal is obtaining the needed authority to move 30 licensed ICF/MR beds from CHC and use to establish 5 to 7 community group homes. The homes could be established by renovating existing homes for 4 children and/or constructing new homes for 6 children in Polk, Story and/or Dallas counties.

Initiatives

1. ICF/MR Licensing and Regulation:
 - a. We will seek appropriate approvals from licensing agencies that will enable the transfer of up to 30 ICF/MR beds from CHC.
 - b. We will seek appropriate approvals to establish/transfer up to 16 ICF/MR beds from Polk County to Story and/or Dallas County.

2. Home Location and Staffing Plan:
 - a. We will develop a Home Location Plan that will address where the new group homes will be located and when they will be established.
 - b. We will develop a staffing plan that will address the transition and final staffing needs for 5 to 7 homes.
 - c. We will identify the financing options needed to open 5 to 7 homes. Options could include new construction, renovation, purchasing and/or leasing.
 - d. We will identify one or more home contractors that will provide the construction and/or renovation services as outlined in the Home Location Plan.

3. Child and Family Plan:
 - a. We will develop a Child and Family Plan that will address how ChildServe and the family will conduct their child's move into the new community group homes.

Strategic Goal #3:*Post Acute & Skilled Care*

We will develop new opportunities to offer post-acute and skilled pediatric care and services.

This strategic goal presents two opportunities: the expansion of current clinic relationships at the ChildServe Centers in Ames and Des Moines, and the development of a new short-term skilled service at CHC. The success of this strategic goal will depend, in part, on the development of new service relationships with Mercy and Blank Hospitals and other regional health care organizations.

Initiatives

1. Strategic Opportunities and Relationships:
 - a. We will work with Mercy Health Network, Iowa Health, University of Iowa, Gillette and other health systems to identify collaborative post-acute skilled care and service opportunities and relationships.
2. Clinic Services – Post-Acute & Skilled Services
 - a. Where opportunities exist, we will enter into agreements with Mercy, Blank and other systems to offer clinic services.
 - b. Clinic Service opportunities could include:
 - NICU/High risk Child Follow-up
 - Developmental Assessments & Evaluations
 - Outpatient Medical/Clinic Services
3. CHC Services – Post-Acute & Short-term Skilled Care
 - a. Where opportunities exist, we will enter agreements with Mercy, Blank and other systems to offer short-term skilled care at CHC.
 - b. We will seek approval from the Iowa Health Facilities Council to add up to 30 SNF beds at CHC for the short-term program.
 - c. We will develop an implementation plan that addresses needed CHC facility improvements, staffing structure, skilled service parameters, program start-up costs, and ancillary support services.
 - d. CHC Services could include:
 - Respiratory – ventilators and tracheostomy care
 - Neurological – occupational, physical and speech therapy, infusion
 - Palliative – end of life care
 - Care Coordination & Family Education

Strategic Goal #4:*Ames Development*

We will fully develop the ChildServe Service model at the Ames ChildServe Center.

ChildServe has the opportunity to achieve the vision for the Ames ChildServe Center established in the late 1990's. By adding homecare, therapy, and adaptive equipment services, we will have the opportunity to evaluate the effectiveness of this Ames-based model for replication in other areas of Iowa.

Initiatives

1. Service Expansion:
 - a. We will establish a three-year business plan to expand the homecare, therapy and adaptive equipment services in Ames.
 - b. We will develop an integrated management plan to oversee and support delivery of 6 or more core services in Ames.
2. Space:
 - a. We will identify the necessary facility design and associated space improvements needed to add therapy and adaptive equipment services.
 - b. We will develop a financial plan that identifies the financing options needed to make the necessary facility improvements.
3. Model Development & Evaluation:
 - a. We will determine if the Ames ChildServe model can be used as a service model to extend ChildServe into other areas of the state.
4. Advisory Group:
 - a. We will identify advisory group options that could be used to build community ownership and support in Ames.
 - b. We will implement the selected advisory group model, in collaboration with the Board Development Committee, in Ames.

Strategic Goal #5:*Resources*

We will develop the infrastructure needed to deliver exemplary programs and services.

As ChildServe grows and develops, we must ensure that the organizational infrastructure supports current operations and expands our capacity to take advantage of new opportunities. The development of this infrastructure will require additional operational resources and capital investment.

Initiatives

1. Business Capacity:
 - a. We will develop a three to five year financial plan (income, expense, capital, cash flow) to ensure that sufficient operational results and revenues are maintained.
 - b. We will begin to implement the three-year technology plan to improve the technology infrastructure.
2. Staffing Capacity:
 - a. We will develop a three to five year staffing plan to ensure that sufficient staffing is strategically obtained.
 - b. We will provide staff with the training and development opportunities needed to improve performance and satisfaction.
3. Charitable Capacity:
 - a. We will develop a three to five year charitable plan and budget that addresses the need for strategic and annual support.
 - b. We will identify and implement specific strategies and market segments to reach the ChildServe Fund and Partners in Care goals.

Strategic Goal #6:*Communications & Public Policy*

We will build the community's familiarity with ChildServe.

We will continue to promote and develop a community understanding of the needs of children with special health care needs and ChildServe. This goal focuses our attention at the central Iowa community as well as a more specific audience that addresses public policy and regulatory affairs.

Initiatives

1. ChildServe Relations:
 - a. We will promote clarity, understanding, and commitment to ChildServe to our internal constituents and groups.
 - b. We will publish a variety of public relations materials including newsletters, brochures, and ChildServe brand items to build familiarity with ChildServe.
 - c. We will use multiple advertising, media vehicles and community initiatives to create a broader awareness of ChildServe in Central Iowa.
 - d. We will promote an understanding of importance of connected care within ChildServe and the supporting community.
2. Public Policy:
 - a. We will engage a public policy firm/association that will guide us in the improvement of pediatric public policy at a state and federal level.
 - b. We will continue to work closely with public officials to impact quality of public policy regarding children in Iowa.
 - c. We will consult with agencies, providers of pediatric services, and educational organizations to improve services for children.

Appendix A

Organizational Integrity

Everything we do will support and advance the *mission and vision* of the organization. We believe that when our guiding principles are in balance, the vision and mission will be achieved and *organizational integrity* can be maintained. We believe that continual organizational improvement is necessary to maintain the balance between the guiding principles.

Guiding Principle #1: Care

We provide the best care anywhere.

We will seek to build strong partnerships with families that facilitate the customization of care options to children living at home or in our residential settings. We are committed to exceeding family and service outcome expectations through the provision of quality family focused and child centered care.

Guiding Principle #2: Staff

People dedicated to the mission are our most valuable resource.

We want to attract people who are mission directed, innovative, inclusive and family friendly. To do so we will nurture an environment that supports those values. We will promote staff development, recognize achievement and reward performance. We will nurture a culture that promotes organizational trust through effective communication and support.

Guiding Principle #3: Business

We are guardians of the organization's resources.

As stewards and guardians of a publicly funded and supported organization we will conduct ourselves ethically and with the utmost integrity. We will secure and effectively allocate the resources needed to make the organization healthier tomorrow than it is today.

Appendix B

Organizational Trust

Organizational Trust is the *glue* that Shared Leadership uses to achieve the ChildServe vision and mission. Organizational Trust is the foundation of the cultural design of the organization and it significantly influences organizational performance.

1. *Shared Vision* --- Commitment to the vision of ChildServe. While the commitment we have to each other is important, the overall commitment should be to the ChildServe vision for the future. This shared commitment empowers individuals and teams to collectively achieve the ChildServe vision.
 2. *Concern for the Whole* --- Each person puts the mission of ChildServe before any office, department, program or service. When we put the mission first, ChildServe's organizational capacity will increase significantly.
 3. *Communication* --- Each person can share pertinent job information, freely admit mistakes, give and receive constructive feedback and speak directly to people when they have an issue with them.
 4. *Credibility* --- When people keep their agreements, establish clear expectations and are consistent in their behavior with one another, individual and organizational credibility is enhanced. There is congruence between words and actions, and honesty and integrity characterize organizational, program, and individual practices.
 5. *Recognition of Competence* --- People performing at the level required/expected and expecting others to do the same builds organizational confidence and creates an environment in which risk-taking can occur.
 6. *Willingness to be Accountable* --- Each person accepts responsibility for their performance behaviors to achieve outcomes, meet clear expectations and agreements.
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Appendix C

Implementation Timelines

Goal #1: Connected Care

1. Care Management	Start	Completion
1.a	Year #1	Year #3
1.b	Year #2	
1.c	Year #1	Year #3
2. Care Quality		
2.a	Year #2	Year #3
2.b	Year #3	Year #3
3. Transition		
3.a	Year #1	Year #3
3.b	Year #2	Year #3
3.c	Year #3	Year #3

Goal #2: Community Group Homes

1. Licensing	Start	Completion
1.a	Year #1	Year #2
1.b	Year #1	Year #2
2. Home Location		
2.a	Year #1	Year #2
2.b	Year #1	Year #2
2.c	Year #1	Year #2
2.d	Year #1	Year #2
3. Child & Family		
3.a	Year #1	Year #3

Goal #3: Post-Acute & Skilled Care

1. Relationships	Start	Completion
1.a	Year #1	Year #3
2. Clinic Services		
2.a	Year #1	Year #2
2.b	Year #1	Year #3
3. CHC Services		
3.a	Year #1	Year #3
3.b	Year #1	Year #2
3.c	Year #1	Year #3
3.d	Year #1	Year #3

Goal #4: Ames ChildServe Model

1. Service Expansion	Start	Completion
1.a	Year #1	Year #2
1.b	Year #2	Year #3
2. Space		
2.a	Year #1	Year #2
2.b	Year #1	Year #2
3. Evaluation		
3.a	Year #3	Year #4
4. Advisory Group		
4.a	Year #1	Year #2
4.b	Year #2	Year #3

Goal #5: Resources

1. Business	Start	Completion
1.a	Year #1	Year #2
1.b	Year #1	Year #3
2. Staff		
2.a	Year #1	Year #2
2.b	Year #1	Year #3
3. Charitable		
3.a	Year #1	Year #2
3.b	Year #1	Year #3

Goal #6: Communications

1. Relations	Start	Completion
1.a	Year #1	Year #3
1.b	Year #1	Year #3
1.c	Year #1	Year #3
2. Public Policy		
2.a	Year #1	Year #2
2.b	Year #1	Year #3
2.c	Year #1	Year #3