Purpose
The purpose of the Strategic Plan is to create the agency’s strategic goals, as driven by our mission, values and principles, and current organizational needs, as well as the strategic capabilities required to meet those goals. The Plan contains analyses of current threats and opportunities, as well as agency strengths and vulnerabilities. Initiatives were established with owners and resources are assigned. The Plan will be reviewed at least quarterly and revised as necessary.

Planning Process
The Strategic Plan is developed by the Management Team, with input from staff and Board, families, and community stakeholders through various mechanisms. It was done in conjunction with the other major agency planning and quality improvement activities, which allowed us to take full advantage of the various sources of inputs and perspectives. (See below.)

The following documents provided inputs to creation of the 2019-2020 Strategic Plan:

The Management Team reviewed the inputs from all stakeholders and source materials, and followed the process below to create the plan:
A. Agency Mission & Goals

Mission:
To facilitate positive change so that children with emotional and behavioral challenges, along with their families, have the greatest opportunities to live, thrive, and develop in their communities. Our youth may also have intellectual/developmental, substance use, and/or physical health challenges.

Business Goals:
- To achieve Care Management Excellence
- To maintain Financial Health

B. Environmental Scan and Analysis of Strengths and Vulnerabilities

- Changes in state administration and legislators
  There are major changes in NJ State government, including the Department of Children and Families, at the same time as new County and State legislators. Preservation of our resources and our contracted services could be at stake. Past advocacy was needed with legislators to protect our goals.

- Changes in Federal child welfare philosophy and regulations
  Major legislation, Family First, will change NJ's strategies, our relationship with DCP&P, and the way resources are allocated. Other emphases in behavioral health and substance use research and service designs will impact us – e.g. trauma, integration of health and behavioral health services.

- Competitive landscape of family & youth services in our community
  Services integrating health and behavioral health services, new models of crisis intervention and Emergency Services, new threats to current Peer Support services like the FSO – new services can impinge on our system of care and affect census and funding.

- Local Service and Provider Adequacy
  Fluctuation in the quality and quantity of programs and providers can compromise the planning for our youth and thus outcomes. Identifying the lack of capacity and quality in our local resources is key at this time, influencing collaboration and advocacy activities.

- Our strengths and vulnerabilities
  We have excelled in collaboration at all levels, financial management, leadership in technological advances and resource development. We are known for our fidelity to wraparound practice and
values. These strengths will be useful in dealing with environmental changes. Our vulnerabilities are in lack of focus on our on-going priorities for training and development of staff. We can make improvements in compliance activities and more planful use of our new measurement and reporting capabilities.

- **Other Inputs**

  **Families:**
  - We held a focus group with Family-Based Services on Dec. 10, 2018.

  **Stakeholders:**
  - A major Human Services Needs Assessment and Implementation Plan from the county Human Services Advisory council
  - The Committees of the Children’s Interagency Coordinating Council
  - The Local Council on Juvenile Justice System Improvement’s priorities and plans for improvement
  - The Providers Council’s input on system issues which impede or advance the care for youth in our county
  - The agendas for Advocacy groups such as The Mental Health Association’s Child Advocacy Committee and the Advisory Committee of the Child Advocacy Center.

C. **Who are our “customers” and what are their expectations?**

- The families and youth we serve
  - Reduced Crises
  - Effective Child and Family Team process
  - Satisfaction with care management services
  - Outcomes – improvement and positive changes
  - Responsive services
  - Feeling supported, heard and understood

- The NJ Department of Children and Families (DCF)
  - Happy families – not reaching out to the state
  - Good outcomes
  - Affordability - efficient delivery of care management
  - Medicaid requirements met
  - Responsive services from MonmouthCares

D. **Strategic Capabilities**

We identified the following organizational capabilities as key for us to deliver what matters to our customers better than potential competition:

1. **Measurement and Reporting** – the capability to measure our impact and report outcomes to the state so as to demonstrate our value in producing positive change in families and communities.
2. **Hire, place, and retain the right people for the right jobs** – the capability to recruit the best fit talent and engage them with meaningful work, professional growth, and effective tools.
3. **Train, motivate, and reward staff effectively** – the capability to train effectively and reward timely to maintain intrinsic motivation for staff to achieve Wraparound excellence.

4. **Manage performance with just-in-time feedback (positive and constructive)** – the capability to create a performance support system that enables efficient job performance, reduces non-value-add/waste, and provides timely feedback for just-in-time coaching and quality improvement.

5. **Develop community resources** – the capability to improve our system for recruiting/identifying providers; monitor their quality; help care managers access the best resources and services.

### Initiatives to build our Strategic Capacities

The following initiatives were established to build the strategic capabilities identified above. Each initiative is assigned an owner, responsible for leading the effort through a project to build the capability.

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Owner</th>
<th>Addressed in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve Wraparound fidelity and reduce score disparity among Care Manager, Caregiver &amp; Youth</td>
<td>Noreen Felicelli</td>
<td>PMIS</td>
</tr>
<tr>
<td>2. Improve Individual Service Plan (ISP) quality</td>
<td>Noreen Felicelli</td>
<td>PMIS</td>
</tr>
<tr>
<td>3. Increase health providers</td>
<td>Chad</td>
<td>PMIS, RMP</td>
</tr>
<tr>
<td>4. Improve community resource utilization</td>
<td>Chad</td>
<td>PMIS</td>
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<tr>
<td>5. Ensure provider quality</td>
<td>Chad</td>
<td>PMIS, RMP</td>
</tr>
<tr>
<td>6. Improve employee engagement and performance</td>
<td>Chuni</td>
<td>EOS, RMP</td>
</tr>
<tr>
<td>7. Succession planning &amp; bench strength</td>
<td>Chuni</td>
<td>RMP, EOS, PMIS</td>
</tr>
<tr>
<td>8. Create a technology-enabled work environment</td>
<td>Jerome</td>
<td>PMIS, TP</td>
</tr>
<tr>
<td>9. Advocate for the System of Care with state administration</td>
<td>Kathy Collins</td>
<td>RMP</td>
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<tr>
<td>10. Improve access to System of Care by outreaching &amp; educating community</td>
<td>Chad</td>
<td>PMIS</td>
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<tr>
<td>11. Increase workplace health &amp; safety awareness and consciousness</td>
<td></td>
<td>RMP, EOS, PMIS, AC</td>
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<tr>
<td>12. Implement corporate compliance training</td>
<td>Jerome</td>
<td>RMP</td>
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</tbody>
</table>

### Plan Implementation

- The Strategic Plan is reviewed and endorsed by the Board.
- The Plan is the responsibility of the Management Team.
- The Plan is reviewed annually, in conjunction with the relevant plan/systems also addressed in the Initiatives.