



Strategic Plan

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RISK/STRATEGIC PLANNING OVERVIEW

Strategic Goal: To provide a mechanism for quarterly reviews of performance data in order to effectively manage overall business functions, service delivery and risk and strategic planning. Ongoing strategic planning considers the following: 1. Expectations of person served. 2. Expectation of other stakeholders. 3. The competitive environment. 4. Financial opportunities. 5. Financial threats. 6. The organization's capabilities. 7. Social determinants of health. 8. Demographics of the service area. 9. The organization's relationship with external stakeholders. 10. The regulatory environment. 11. The legislative environment. 12. The use of technology to support: efficient operations, effective service delivery, performance improvement. 13. Information from the analysis of performance.

Why should this be a goal for the agency?	Who will this goal affect?	When do we want to meet this goal? (Time frame)	Who is responsible for leading the agency towards this goal?
To provide better quality service	<ul style="list-style-type: none"> ▪ Residents 	<ul style="list-style-type: none"> • To have committee formulated by end of the 4th quarter 2021 	<ul style="list-style-type: none"> • Executive Director
To serve as an on-going means for risk and strategic plans	<ul style="list-style-type: none"> ▪ Employees ▪ Residents ▪ Stakeholders ▪ Community at large 	<ul style="list-style-type: none"> • Committee will meet quarterly throughout subsequent years 	<ul style="list-style-type: none"> • Committee Chair

SWOT Analysis

Internal Factors

Strengths

Willingness from employees/stakeholders/residents
Quality Assurance process in place
Provide data for internal decisions
Serve as starting point for risk/strategic planning

Weaknesses

Time consuming for committee
Employee turnover could affect committee

External Factors

Opportunities

Utilize other stakeholders on committee
Provide data for external decisions

Threats

Risk could occur if not monitored
Growth opportunities could be missed

Strategic Goal Schedule and Action Plan

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For Implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
1	Formulate committee by the end of the 4th quarter 2021. This committee will serve as the Quality Improvement Committee. Committee will be comprised of employees, administration, and if applicable, stakeholders residents/advocates.	Minimal	Yes	Executive Director Appointed Chairperson	4 th quarter 2021	Committee Roster
2	QI Committee begins to meet quarterly. Committee will review relevant data and QA Summary Reports for: Resident Satisfaction Employee Satisfaction Stakeholder Satisfaction Employee Grievances Resident Grievances Fire/Emergency Drills Employee Incidents Resident Incidents Accessibility Requests Employee Suggestions Resident Suggestions	Minimal	Yes	Committee Chair.	Begin meeting 4 th quarter 2021 On-going	Meeting Minutes

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For Implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
3	Based upon quarterly review of data and reports, appropriate actions will be taken to correct, amend, or expedite any necessary changes, accommodations, or alterations to policies/procedures, plans, and service implementations. The Committee will also serve as the steering mechanism to help the agency create any corrective measures as well as strategically plan for improvement/growth in the areas of effectiveness/efficiency of services, resident, employee, and stakeholder satisfaction, access to services, and fiscal responsibility. These reports will be forwarded to the E.D. and Board for review, edits, and possible implementation.	To Be Determined	Yes	Committee Chair	Quarterly meetings	Meeting Minutes Next QA reports reflecting measurements of implemented changes Risk/Strategic Plans

4	At the end of each Performance Indicator Cycle, the QI Committee will review the Performance Indicator Annual Report. Based upon the results, this Committee will assist in the formulation of the Goals/Objectives/Outcomes for the next cycle. These will be forwarded to the E.D. and the Board for review, edits, and approval.	Minimal	Yes	Committee Chair	On-Going	Performance Measure and Management Reports
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RISK/STRATEGIC PLANNING OVERVIEW UPDATE:

RISK MANAGEMENT MODEL STRATEGIC PLANNING TOOLKIT

Contents

Introduction

This Risk Management Model has been developed to assess risks and develop risk management plans.

The Steps in Managing Risks

The model follows the steps described in most of the Risk Management Standards around the world.

The risk management steps are:

1. Establishing our Goals and context (i.e., our risk environment);
2. Identifying our risks;
3. Analyzing the identified risks;
4. Assessing or evaluating the risks;
5. Treating or managing the risks;
6. Monitoring and reviewing the risks and the risk environment regularly; and
7. Continuously communicating and consulting with stakeholders.

Establish Goals and Context

Environmental analysis

The purpose of this stage of planning enables you to understand the environment in which your business operates. That is, to thoroughly understand the external operating environment in which you operate and the internal culture of the organization.

The analysis is undertaken through:

- Establishing the strategic, organizational and risk management context of your business, and
- Identifying the constraints and opportunities of your operating environment.

The establishment of the context and culture is undertaken through a number of environmental analyses that include:

- a. A review of the relevant corporate documents and the previous year's risk management and business plans,
- b. The completion of the stakeholder agenda analysis (Worksheet 1),
- c. SWOT Analysis (Worksheet 2) and
- d. PEST Analysis (Worksheet 3).

a. **Review relevant corporate documents and previous year's risk management and business plans (if any)**

At a minimum, review and consider the following documents to inform your understanding of the strategic, organizational and risk management context of your business:

- Agency Mission / purpose, values and priorities,
- The expectations contained within the Agency's Service Charter,
- The strategies underpinning your strategic and business plans, and
- Risk Management plans from the previous year, which are relevant to your business or activity/initiative.

b. **An examination of the business scope**

The use of Worksheet 1 enables you to understand the key outputs and processes for which your organization / team is responsible and within which the risks can occur.

c. **Stakeholder Agenda Analysis**

Stakeholders and residents form an important component of your business context. Their agenda can significantly influence your operations, priorities and effort. The use of Worksheet 1 will assist you to understand:

- The nature and range of your stakeholders,
- The nature of their agendas, and
- The impact of these agendas on your business – particularly, what are your vulnerabilities?

The completion of Worksheet 1 involves the following activities:

- List Stakeholders who have an impact on your business
- Identify each stakeholder's agenda for your organization
- Identify and list the strengths of your organization in dealing with each stakeholder and their agendas.

- Identify your vulnerabilities with regard to the key stakeholder agendas. How might the agendas of these stakeholders slow the progress of your objectives?

d. **PEST and SWOT Analysis**

This is a good time to categorize the answers to your environmental analysis through Worksheet 2 the SWOT (Strength, Weaknesses, Opportunities and Threats) and Worksheet 3 the PEST (Political, Economic, Societal & Technological) frameworks. Review the answers on your worksheets and classify the relevant findings as:

- *Strengths,*
- *Weaknesses,*
- *Opportunities, and*
- *Threats.*

Also review your findings for the broader environmental characteristics relating to:

- *Political issues,*
- *Economic issues,*
- *Societal issues, and*
- *Technological issues.*

c. **Examine Business Goals**

The purpose of this activity is to establish / reconfirm your business goals. It is against these goals that the risk assessment is undertaken. Therefore, this stage of the process is critical. Worksheet 3 enables you to summarize information required to identify your goal. Once Worksheet 3 is completed, consider the following questions:

Given the agendas of the stakeholders, and the analysis of your SWOT issues:

- *What are your key weaknesses?*
- *What are your opportunities?*

- *What are your business priorities?*
- *And most importantly, what is your business goal (against which the risk assessments will be undertaken).*

Identify the Risks

Identify the risks that are likely to affect the achievement of the goals of your business, activity or initiative. Please remember that a risk can be an opportunity or strength that has not been realized.

Key questions that may assist your identification of risks include:

- For us to achieve our goals, when, where why, and how are risks likely to occur?
- What are the risks associated with achieving each of our priorities?
- What are the risks of not achieving these priorities?
- Who might be involved? (for example, suppliers, contractors, stakeholders)

The use of the following tools and techniques may further assist the identification of risks:

- Examples of possible risk sources,
- Checklist of possible business risks and fraud risks,
- Typical risks in stages of the procurement process,
- Scenario Planning as a risk assessment tool.
- Process mapping, and
- Documentation, relevant audit reports, program evaluations and / or research reports.

Insert Risk Reference

Please ensure that each risk has a unique identifier. This reference is to be included in the '*Risk Ref*' column on Template 1. You will notice that this unique identifier is transferred to Template 2 to form the reference for the identification of your risk treatments.

Identify the sources of the risks

This is a most critical stage in the risk assessment process. The sources are what need to be managed for pro-active risk management. The clearer the sources, the better the outcomes of your risk assessment process and the more meaningful the management of risks.

The identification of the sources is straightforward. Focus on how the risk can eventuate or be triggered.

Your identified sources of the risk are noted in the column *headed 'Source of the Risk'* on Template 1.

Your discussions on the sources of the risk need to be frank and honest. As noted earlier, the better the understanding of the sources, the better the risk management.

Identify the impact of the risk

Key questions to ask at this stage of the risk assessment process include:

- Why is this event a risk?
- What happens if the risk eventuates?
- How can it impact on achieving our objectives / outcomes?

The description of the impact of the risk is noted in the column headed *'Impact of the Risk'* on Template 1.

Treat the Risks

Identify options for treating the risk

The objective of this stage of the risk assessment process is to develop cost effective options for treating the risks. Treatment options are driven by outcomes that include:

- **Avoiding the risk,**
- **Reducing the risk,**
- **Transferring the risk, and**
- **Retaining the risk.**

Avoiding the risk - not undertaking the activity that is likely to trigger the risk. Factors to consider the validity of this option include:

- What will happen if the activity is not undertaken?
- Is the risk level too high to proceed / continue with the activity?
- Is the cost of the required controls higher than the benefit of the activity?
- Will the failure of the activity have critical consequences for other areas of the business?

Reducing the risk - controlling the likelihood of the risk occurring or controlling the impact of the consequences if the risk occurs.

Factors to consider for this risk treatment strategy include:

- Can the likelihood of the risk occurring be reduced? (through preventative maintenance, or quality assurance & management, change in business systems and processes), or

- Can the consequences of the event be reduced? (through contingency planning, minimizing exposure to sources of risk or separation/relocation of an activity and resources).

Transferring the risk totally or in part. This strategy may be achievable through moving the responsibility to another party or sharing the risk through a contract, insurance, or partnership/joint venture. Please be aware that a new risk arises in that the party to whom the risk is transferred may not adequately manage the risk!

Retaining the risk and managing it. Resource requirements feature heavily in this strategy. For each risk, determine treatment options. These options are listed in the column headed '*Potential Treatment Options*' in Template 2.

Cost/benefit analysis

The completion of a cost / benefit analysis of each treatment option provides a sound basis for selecting the best option to manage the risk. The following points will assist your analyses.

- Ensure your analysis is broad. Identify the resource implications of the proposed treatments. For example, will a new software system need to be funded, will additional people be required. What are the travel implications?
- Discuss the expected benefits from each option.

Decide which option provides the best cost / benefit outcome. List the agreed costs and benefits of the potential treatment in the column headed '*Costs & Benefits*' in Template 2

Identify which potential risk treatment options will be implemented

Based on the options available, decide which potential treatment option/s should be implemented. There will often be more than one risk treatment for a risk. Please insert a 'Yes' or 'No' in the column headed '*Is the Treatment to be implemented*' in Template 2.

Assign Responsibilities.

Insert the name of the person/team responsible for implementing the treatment into the column headed '*Responsible Person*' in Template 2. These responsibilities and the requirements of the treatments will usually be incorporated in team plans, performance agreements and individual action plans.

Timetable for Implementation.

Insert the expected dates for the commencement and completion of the risk treatment in the appropriate column of Template 2.

Monitoring the risks

Risks and their priorities do not remain constant. The currency of identified risks needs to be regularly monitored. New risks and their impact on the business need to be established.

This stage of the treatment planning requires the description of how the outcomes of the treatment will be measured. Milestones or benchmarks for success and 'warning signs' for failure need to be identified.

This stage of the process also requires you to identify who will review the progress of the treatment and the frequency of review. Please enter these details in the column headed 'Monitoring' of Template 2
Reporting the Risks

A framework needs to be in place that enables responsible officers to report on the following aspects of risk and its impact on business operations:

- What are the key risks?
- How are they being managed?
- Are the treatment strategies effective? – If not, what else must be undertaken?
- Are there any new risks and what are the implications for the business?

Risk management is an integral element of business management. However, for its successful adoption it is important that, in its initial stages, the reporting on risk management is visible through the framework.

Incorporation of preferred risk treatments into business plans

Unacceptable risks and their treatment strategies are to be included in Agency business plans.

Worksheet 1- Stakeholder Agenda Analysis

Our Goal

Who does this affect	Reasons to meet Goal	Agency Strengths in Meeting Goal	Possible Risks
	•	•	•
	•	•	•
	•	•	•

Worksheet 2 – SWOT Analysis

Internal Factors

Strengths

Weaknesses

External Factors

Opportunities

Threats

Worksheet 3 – PEST Analysis

Political

Societal

Economic

Technological

Template 2 - Risk Treatment Schedule and Action Plan

RISK REFERENCE	POTENTIAL TREATMENT OPTIONS	COST OF IMPLEMENTATION	IS THE TREATMENT TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of Risk Treatments

Checklist-Typical Risk Areas

Look at all of the ways your organization could suffer a direct loss or become liable for someone else's loss due to:

- Real Estate loss
- Loss of contents (e.g., Through theft or vandalism)
- Motor Vehicles (owned or used by staff)
- Glass and Signs
- Interruption of business or services
- Loss of organization's records
- Loss or corruption of computer records or data
- Fraud and Theft
- Public liability
- Professional Negligence
- Negligence in delivery of services
- Contractual liabilities
- (failure of) compliance with government standards
- Causing a public nuisance, such as excessive noise and activity
- Outside grounds condition
- Site security
- Dangerous goods and hazardous substances
- Buildings-housekeeping
- Furniture
- Electrical equipment
- Fire safety
- Emergency egress
- Money and valuables
- maintenance

Some ways to identify safety risks in the workplace

Conduct an annual safety audit

Hire an independent auditor to inspect the organization's workplace(s) to evaluate the effectiveness of the occupational health and safety system. This would result in a written report to management.

Make regular workplace inspections

Managers and supervisors use spot-checks to observe what hazards exist. The inspection would involve consultation with supervisors and employees with a report being prepared for management.

Look at accident investigation reports

Develop a set of procedures for investigation and reporting on accidents to identify the hazards that contributed to an accident.

Look at illness and injury reports

Keep records of illnesses and injuries: these may reveal underlying occupational health problems over time. Many workplaces also provide agencies responsible for workers compensation with reports and statistics based on claims.

Look at worker and resident complaints

An employee or resident brings many workplace hazards to the attention of management through a complaint.

Checklist-External Causes of Loss

**Human perils-actions of an individual or small group. Is your organization at risk from any of these actions?
How can you minimize the possible damage?**

Arson
Chemical leakage
Confiscation
Discrimination
Defamation
Electrical overload
Embezzlement
Explosion by a human
Fire & smoke by human
Harm caused by EMP.
Industrialo contamination
Pollution
Power outage
Riot
Sabotage
Terrorism
Theft, forgery, fraud
Unfair dismissal
Vandalism
Water leakage

Economic perils-large numbers of people respond to particular conditions. What can your organization do to minimize the impact of each of these possible future changes?

Currency fluctuations
Depression/recession
Inflation
Obsolescence
Political circumstances
Technological advances
War

Natural perils-forces of nature with no human intervention. You can take steps before and after a natural disaster to reduce its destructive effects. How likely is each of these events? What can you do to minimize or provide for any possible damage?

Collapse of bldg.
Earthquake
Erosion
Fire of natural origin
Flood
Hail
Humidity extremes
Ice
Landslide
Lightning
Mildew
Mold
Rot
Rust
Temperature extremes

Vermin
Water
Wind

RISK PLAN ANALYSIS/ACTION: TRANSPORTATION RISK PLAN

Risk Goal: To limit risk of financial loss due to employee auto accidents.

Who does this affect	Reasons to meet Goal	Agency Strengths in Meeting Goal	Possible Risks
Agency Employees Residents	<ul style="list-style-type: none"> • Limit financial losses • Limit employee/resident injuries due to auto accidents 	<ul style="list-style-type: none"> • Good Insurance Broker • Good cash flows • Cooperation of EMP. • Reliable trainer 	<ul style="list-style-type: none"> • Not able to be insured • Increased training costs • Decrease cash flows & profitability • Decrease employee productivity • Increase administrative costs

Worksheet 2 – SWOT Analysis

Internal Factors

Strengths

Good cash flows
Cooperation of employees
Strong administrative staff
Reliable Trainer
Good base training program
Waiver of liability signed by resident

Weaknesses

Limited time for training
Possible need of more driver training materials

External Factors

Opportunities

Decrease insurance premiums
Increase reputation for safety

Threats

Agency not insurable
Loss of coverage
Litigation from residents due
to auto accident

Template 1- Identifying and Analyzing Risks

RISK REFERENCE	THE RISK WHAT CAN HAPPEN?	SOURCE OF THE RISK HOW CAN THIS HAPPEN	IMPACT OF THE RISK	CURRENT CONTROL STRATEGIES AND THEIR EFFECTIVENESS (A) –Adequate (M) – Moderate (I) – Indadequate
1	Auto accident	Negligence, carelessness, no fault of driver	Litigation, personal injury	Moderate

Template 2 - Risk Treatment Schedule and Action Plan

RISK REFERENCE	POTENTIAL TREATMENT OPTIONS	COST OF IMPLEMENTATION	IS THE TREATMENT TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of Risk Treatments
1	Reduce risk through implementation of driver safety program	1K/year in training and training materials	Y	Safety Trainer	1 st Quarter 2022	Post-test for training programs
2	Transfer the risk by obtaining non-owned auto insurance	5K/year in premiums	Y	Executive Director HR Director	4 th Quarter 2021	Accident-Incident reports

TRANSPORTATION RISK PLAN UPDATES:

RISK PLAN ANALYSIS/ACTION: FINANCIAL RESERVE PLAN

Risk Goal: Prevent decrease of financial solvency due to federal/state reform(s) or any other issues effecting finances.

Who does this affect	Reasons to meet Goal	Agency Strengths in Meeting Goal	Possible Risks
Agency Employees Residents Local community at large	<ul style="list-style-type: none"> • Remain solvent during this transition period. • Prevent interruption of services. • Retain employee jobs. 	<ul style="list-style-type: none"> • Advanced planning by Leadership • Positive cash flows-currently. 	<ul style="list-style-type: none"> • Not remaining solvent during the transition. • Discontinuation or interruption of services. • Losing staff.

Worksheet 2 – SWOT Analysis

Internal Factors

Strengths

Planning of Administration
Monitoring of Financial Trends
Agency presently solvent
Strong cash flows

Weaknesses

Uncertainty of census fluctuation

External Factors

Opportunities

Retained good CPA
Potential growth of census

Threats

Uncertainty of federal/state reform

Template 1- Identifying and Analyzing Risks

RISK REFERENCE	THE RISK WHAT CAN HAPPEN?	SOURCE OF RISK HOW CAN THIS HAPPEN	IMPACT OF RISK	CURRENT CONTROL STRATEGIES AND THEIR EFFECTIVENESS (A) –Adequate (M) – Moderate (I) – Indadequate
1	Insolvency, loss of treatment for residents, loss of employment for staff, loss of economic development for community	Delayed planning & preparation, Federal/State Reform, not achieving national accreditation.	Bankruptcy, loss of services, loss of employment	Moderate

Template 2 - Risk Treatment Schedule and Action Plan

RISK REFERENCE	POTENTIAL TREATMENT OPTIONS	COST OF IMPLEMENTATION	IS THE TREATMENT TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of Risk Treatments
1	Reducing the risks of financial stressors or insolvency by securing a financial reserve that can manage 30-45 days of fixed expenses.	To be determined	Yes	Executive Director Board	4 th Quarter 2021	Securing a line of credit, having a reserve savings account or any other access to monies necessary to meet this goal.
2	The organization will create a budget that is fiscally conservative and will monitor the accuracy of the budget on a monthly to quarterly basis. Adjustments to the budget will be made to maintain a fiscally sound financial annual projection.	Minimal	Y	Executive Director Board	1 st Quarter 2022	Documentation of budget review on a monthly to quarterly basis.

FINANCIAL RESERVE PLAN UPDATES

RISK PLAN ANALYSIS/ACTION: RESTRAINT ELIMINATION PLAN

Risk Goal: To provide a mechanism for the reporting, monitoring, and trending of restraint incidents as well as provide a plan for the minimization or elimination of the use of restraints.

Who does this affect	Reasons to meet Goal	Agency Strengths in Meeting Goal	Possible Risks
Organization Employees Residents	<ul style="list-style-type: none"> • To provide a system of checks and balances with regards to trends for restraint issues • To reduce and possibly eliminate the number of restraints performed 	<ul style="list-style-type: none"> • Comprehensive Quality Assurance process that monitors these types of incidents • QA/QI committee already in place that can review incidents and make recommendations 	<ul style="list-style-type: none"> • If left unmonitored, these incidents could lead to harm to the residents • Reputation loss to the agency and possible litigation. • Agency would remain in the reactive mode towards restraint versus a proactive mode.

Worksheet 2 – SWOT Analysis

Internal Factors

Strengths

Standing QA/QI Committee
QA/QI Process in place
Willingness at all levels in agency

Weaknesses

Employee turnover on committee
Need for consistency in reporting

External Factors

Opportunities

Lessen number of restraint incidents
Increase safety of environment

Threats

Miss trends with regards to these incidents
Personal harm, reputation damage, litigation

Template 1- Identifying and Analyzing Risks

RISK REFERENCE	THE RISK WHAT CAN HAPPEN?	SOURCE OF THE RISK HOW CAN THIS HAPPEN	IMPACT OF THE RISK	CURRENT CONTROL STRATEGIES AND THEIR EFFECTIVENESS (A) –Adequate (M) – Moderate (I) – Indadequate
1	Increase in restraint incidents.	Untrained or undertrained employees.	<ul style="list-style-type: none"> • Harm to residents or staff. • Manipulative use of restraint 	Moderate
2	Missing of trends in incidents.	No Risk Management monitoring.	<ul style="list-style-type: none"> • Harm to residents • Harm to staff • Reputation loss • Litigation 	Moderate
3	Staff not being properly trained to handle these types of situations.	No oversight in the training process.	<ul style="list-style-type: none"> • Harm to residents • Reputation loss • Litigation 	Moderate
4	Not providing opportunities to decrease or eliminate this type of incidents.	No oversight in the training process.	<ul style="list-style-type: none"> • Harm to residents • Reputation loss • Litigation 	Moderate

Template 2 - Risk Treatment Schedule and Action Plan

RISK REFERENCE	POTENTIAL TREATMENT OPTIONS	COST OF IMPLEMENTATION	IS THE TREATMENT TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of Risk Treatments
1	<p>QA/QI committee will review all restraint incidents at least quarterly taking under consideration:</p> <ol style="list-style-type: none"> 1. Input from residents, staff, family member, guardians, advocates 2. Results of the debriefing process 3. Of the results of the debriefing process 4. Any environmental factors involved 5. Strategies used to reduce restraints 6. Timelines to reduce the use of restraint 	Minimal	Y	<p>QA/QI committee leader.</p> <p>Executive Director</p>	4th Quarter 2021	<ul style="list-style-type: none"> • QA/QI meeting minutes. • QA quarterly reports.
2	Based upon reports, the QA/QI committee and the Executive Director will take all necessary actions to identify and reduce or eliminate any trends related to restraint	To Be Determined	Y	<p>QA/QI committee leader.</p> <p>Clinical Supervisor</p>	On Going	Documentation of Restraint Trainings.

RISK REFERENCE	POTENTIAL TREATMENT OPTIONS	COST OF IMPLEMENTATION	IS THE TREATMENT TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of Risk Treatments
	<p>issues. The actions could include:</p> <ol style="list-style-type: none"> 1. Retraining of select personnel 2. Reassignment of select personnel 3. Retraining of all personnel 4. Removal of selected personnel 5. Modification of therapeutic or supportive techniques for residents 			Executive Director		
3	<p>The organization will provide Restraint training to all direct/front line personnel upon hire and annually. The training will include:</p> <ol style="list-style-type: none"> 1. Contributing factors 2. Recognition of precursors of behavior 3. Identification of environmental factors 4. Actions taken to minimize environmental factors 5. Interpersonal actions 	To Be Determined	Y	Executive Director	On going	<p>Initial and Annual training form.</p> <p>Certificates of participation from training organization.</p>

RISK REFERENCE	POTENTIAL TREATMENT OPTIONS	COST OF IMPLEMENTATION	IS THE TREATMENT TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of Risk Treatments
	6. Medical and Psychological conditions that contribute to aggressive behaviors 7. Alternative interventions 8. Prevention of restraint incidents 9. Respectful and supportive techniques					
4	Annually, the QA/QI committee will prepare a report that summarizes the years effort in the reduction or elimination of restraining incidents and progress made in the reduction of use. The committee will focus on setting future goals towards further reduction/elimination of incidents, identify areas of further improvement and identify any extenuating factors. The results of this report will be shared with residents, employees and other stakeholders.	Minimal	Y	QA/QI committee leader Executive Director	End of each yearly reporting cycle.	Annual reports in the QA Binder

RESTRAINT ELIMINATION RISK PLAN UPDATES:

RISK PLANNING ANALYSIS/ACTION: SUCCESSION PLAN

Our Goal # 3: To have a process in place to replace the current Executive Director or key positions due to extended illness, sudden death, or dismissal/retirement.

Who does this affect	Reasons to meet Goal	Agency Strengths in Meeting Goal	Possible Risks
Residents Employees Stakeholders	In order to ensure as seamless of transition of leadership as possible	<ul style="list-style-type: none"> • Advance planning by current administration/board • Strong administration in place 	<ul style="list-style-type: none"> • Without advance planning, could lead to the closure of the organization or interruption of services/care for residents and job loss for employees.

Worksheet 2 – SWOT Analysis

Internal Factors

Strengths

Advance planning by administration/board
Strong administrative leadership

Weaknesses

Time consuming to search for new leadership

External Factors

Opportunities

Expansion of leadership
Continuation of services

Threats

Loss of services or organization
without planning

Template 1- Identifying and Analyzing Risks

RISK REFERENCE	THE RISK WHAT CAN HAPPEN?	SOURCE OF RISK HOW CAN THIS HAPPEN	IMPACT OF RISK	CURRENT CONTROL STRATEGIES AND THEIR EFFECTIVENESS (A) –Adequate (M) – Moderate (I) – Indadequate
1	Closure of organization	No succession plan for extended illness, sudden death, dismissal or retirement of E.D.	Without planning, devastating impact on Employees, residents, and stakeholders	Moderate
2	Loss of services, Delay of services			
3	Loss of jobs for Employees			

Template 2 - Risk Treatment Schedule and Action Plan

RISK REFERENCE	POTENTIAL TREATMENT OPTIONS	COST OF IMPLEMENTATION	IS THE TREATMENT TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of Risk Treatments
1	The leadership of the organization will assess the current and future workforce needs.	Minimal	Y	Executive Director Board of Directors	4 th quarter of 2021	Leadership meeting notes.
2	The leadership of the organization will identify the key positions of the organization and the competencies required for these positions.	Minimal	Y	Executive Director Board of Directors	4 th quarter of 2021	Leadership meeting notes.
3	The leadership of the organization will make a comprehensive review of the talent of the current workforce and assess the workforce readiness.	Minimal	Y	Executive Director Board of Directors	4 th quarter of 2021	Leadership meeting notes.

RISK REFERENCE	POTENTIAL TREATMENT OPTIONS	COST OF IMPLEMENTATION	IS THE TREATMENT TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of Risk Treatments
4	Determine an appointed Interim E.D. from current Contracted Staff to assume E.D. Duties.	Minimal - Interim E.D. Employee is already contracted	Y	E.D. Board of Directors	By end of the year	Appointed person signs an acceptance letter
5	Each key administrators create a checklist of critical organizational tasks and responsibilities. Then orients and cross trains the other current administrators to these tasks.	Minimal: Cost is only the time it will take to cross train.	Y	E.D. Board of Directors	By end of the year	Development of key positions checklists.
6	If the succession plan is required, the interim administrator assumes the E.D. duties permanently or while a search for a new E.D. is conducted.	TBD	Y	Admin. Interim E.D.	When or if the succession plan is implemented.	Interim E.D. becomes E.D. or there is a search for a permanent E.D.
7	If a key position requires succession, current administrators assume the required responsibilities until the organization can make permanent personnel	TBD	Y	Executive Director Administrator	Immediately following the loss of personnel in a key position.	Evidence of advertisement

RISK REFERENCE	POTENTIAL TREATMENT OPTIONS	COST OF IMPLEMENTATION	IS THE TREATMENT TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of Risk Treatments
	changes. The organization will advertise both internal and external through appropriate means to find a qualified replacement.					
8	Potential candidates for the E.D. or key positions are notified, interviews are set up with the E.D. and administrative staff and if applicable, stakeholders from all levels of the organization. Background checks are done and references are checked.	TBD	Y	E.D. Interim E.D. Administrators	Within 2 months of required action	List of candidates
9	Candidates are interviewed by the E.D., interim E.D. and administration. If a qualified individual is found, the organization prepares to make an offer.		Y	E.D. Interim E.D. Administration	Within 2 months of required action	

RISK REFERENCE	POTENTIAL TREATMENT OPTIONS	COST OF IMPLEMENTATION	IS THE TREATMENT TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of Risk Treatments
10	Offer is made to the selected candidate. If accepted, a start date and orientation process is agreed upon for the selected candidate.	TBD	Y	E.D. Interim E.D. Administration	Within 3 months of required action	Formal offer letter
11	If an acceptable candidate for the key position cannot be found. The organization will continue to cover the key positions responsibilities and the search process will begin again.	TBD		E.D. Interim E.D. Administration	Within 1 month after non-acceptance or denial	New formal offer letter New advertisement

SUCCESSION PLANNING UPDATES:

STRATEGIC GOAL: ACHIEVE NATIONAL ACCREDITATION

Strategic Goal: For the organization to achieve national accreditation by 6-30-2022.

Why should this be a goal for the agency?	Who will this goal affect?	When do we want to meet this goal? (time frame)	Who is responsible for leading the agency towards this goal?
<ol style="list-style-type: none"> 1. Achieving national accreditation is required by the state to maintain licensing. 2. National accreditation will improve the quality of services provided. 	<ul style="list-style-type: none"> • Employees • Residents • Agency Personnel • Other stakeholders 	<ul style="list-style-type: none"> • We will select the accrediting body by the 3rd quarter 2021. • We will complete the accreditation preparation process by the end of the 2nd quarter of 2022. • We will have our survey scheduled and complete the accreditation process by the 3rd quarter of 2022. 	<ul style="list-style-type: none"> • Executive Director

SWOT Analysis

Internal Factors

Strengths

Motivated leadership to achieve national accreditation
Competent staff to assist in the accreditation process

Weaknesses

Internal expertise in the accreditation process
Available staff to meet the workload required

External Factors

Opportunities

Improve service delivery
Maintain our license to provide services

Threats

Loss of license if accreditation is not successful
Overwhelming staff with additional work requirements

Strategic Goal Schedule and Action Plan

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
1	Select the national accreditation organization and learn about the required timeframe for completion of the process.	none	Y	Executive Director	3 rd quarter 2021	
2	Complete and submit the survey application to CARF.	To Be Determined	Y	Executive Director	1 st quarter 2022	Completed national accreditation application
3	Complete all required material development and finish 6 months of compliance with the accreditation standards	To Be Determined	Y	Executive Director	2nd quarter 2022	Completed documents that meet CARF standards.

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
4	Schedule the accreditation survey date, pay all remaining fees and complete the accreditation survey.	To Be Determined	Y	Executive Director	2 nd quarter 2022	CARF documentation with survey dates
5	Receive the accreditation survey results and notify state licensure of our accreditation standing.	None	Y	Executive Director	3 rd quarter 2022	CARF Survey results

NATIONAL ACCREDITATION UPDATES:

STRATEGIC GOAL: FINANCIAL STABILITY PLAN

Strategic Goal: The organizations long term financial stability is an essential part of the organizations ability to continue to provide service to our residents. Maintaining a strong financial position will secure our ability to maintain our personnel and meet the needs of our stakeholders. .

Why should this be a goal for the agency?	Who will this goal affect?	When do we want to meet this goal? (time frame)	Who is responsible for leading the agency towards this goal?
<p>1. Financial stability is essential for the longevity of the organization.</p>	<ul style="list-style-type: none"> • Employees • Residents • Stakeholders 	<ul style="list-style-type: none"> • 1. At the beginning of operations. 1st quarter 2022 • 2. Review of financial position with an annual review/audit. 2nd quarter 2022 	<ul style="list-style-type: none"> • Executive Director

SWOT Analysis

Strengths

Planning of Administration
Monitoring of Financial Trends
Agency presently solvent
Strong cash flows

Weaknesses

Uncertainty of revenue fluctuation

Opportunities

Retained good CPA
Potential growth of census

Threats

Uncertainty of federal/state reform

Strategic Goal Schedule and Action Plan

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
1	Establish a financial budget that allows for the proper provision of services and allows the organization to determine initial financial position.	None	Yes	Executive Director	1st quarter 2022	See the working budget
2	Monitor the budget on a monthly basis to determine financial stability. Determine financial profit or losses after monitoring over the current year.	None	Yes	Executive Director	4th quarter 2021	Profit/Loss reports
3	Use annual financials to create a projection for expected revenue over 3 to 5 years.	To Be Determined	To Be Determined	Executive Director	1 st quarter 2022	Budget projection reports

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
4	Analyze the financial resources that will be required to meet the organizations priorities and maintain proper cash flow and workforce expenses.	To Be Determined	To Be Determined	Executive Director	TBD	Review the budget worksheets demonstrating projections.

FINANCIAL STABILITY PLAN UPDATES:

STRATEGIC GOAL: TECHNOLOGY AND SYSTEM PLAN

Strategic Goal: To assess the current use of technology and data. To identify gaps and opportunities in the use of technology. To assess current technology of the agency in order to maintain support on such important technology issues, as hardware, software, communication technologies, sensitive data, assistive technology and services purchased or contracted.

Why should this be a goal for the agency?	Who will this goal affect?	When do we want to meet this goal? (time frame)	Who is responsible for leading the agency towards this goal?
<ul style="list-style-type: none"> 2. Better productivity for employees 3. Quicker access to records 4. Better record keeping for residents and employees 5. Assurance of security 	<ul style="list-style-type: none"> • Employees • Residents • Agency Personnel • Other stakeholders 	<ul style="list-style-type: none"> • 1. Review feasibility during the 4th quarter 2021 • 2. Get bids and proposals from prospective suppliers during 4th quarter 2021 • 3. Review and make decision by end of 4th quarter 2021 	<ul style="list-style-type: none"> • Executive Director

SWOT Analysis

Internal Factors

Strengths

Willingness for this project from all levels of the agency
Positive cash flow
Increasing census

Weaknesses

Time consuming
Interruption in some services while computers/equipment installed
Can be costly
Extensive training will be needed

External Factors

Opportunities

Technology advancements
Computers costing less

Threats

Technology changing quickly
Need to trust provider

Strategic Goal Schedule and Action Plan

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
1	Begin to investigate possible technology consultants/suppliers and costs	None	Yes	Executive Director	4 th quarter 2021	
2	<p>Review all received bids and payment options.</p> <p>Bids to include:</p> <p>Update current hardware to include new computers, networking options, print and wireless options.</p> <p>Update current operating software including all password protections, assistive technology, and virus protections.</p> <p>Installation and maintenance of all purchased hardware</p>	None	Yes	Executive Director	4th quarter 2021	Review of bids

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
	and software, implementation training on all purchased goods.					
3	<p>Based upon recommendations of the consultant, residents, employees or stakeholders, the organization will:</p> <ol style="list-style-type: none"> 1. Determine technology goals, 2. Set priorities and timeframes for completion of goals, 3. Develop an acquisition schedule, 4. Develop a schedule for maintenance and replacement of aging equipment, wireless networking, cyber security, social media and disaster recovery, 5. Determine the resources needed to accomplish the goals. 	To Be Determined	Yes	Selected Employee Consultant	On-going	Documentation of actions and recommendations.

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
	<p>All technology goals are to support:</p> <ol style="list-style-type: none"> 1. The business processes of the organization, 2. Protection of sensitive data, 3. Effective operations, 4. Effective service delivery, 5. Access to services, 6. Performance improvement 					
4	Make the decision to implement some or all of the recommended technology.	To Be Determined	To Be Determined	Executive Director	4th quarter 2021	Contractual agreement with selected IT company or individual.

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
5	Begin acquisition or maintenance of hardware, software, communication technologies, sensitive data, assistive technology, services purchased or contracted and disaster recovery. Implement suggestions of residents, employees, stakeholders or consultant on an on-going basis.	To Be Determined	Yes	Executive Director	1st quarter 2022	QA/QI meeting minutes
6	This plan is reviewed for relevance and updated as needed. An annual report will be produced.	None	Yes	Executive Director Board of Directors	On-going	Annual report

TECHNOLOGY AND SYSTEM PLAN UPDATES:

STRATEGIC GOAL: ACCESSIBILITY PLANNING

Strategic Goal: To continually assess and address accessibility needs in the areas of architecture, environmental, attitude, financial, employment, communication, technology, transportation and community integration (if applicable) for all residents, employees and stakeholders.

Why should this be a goal for the agency?	Who will this goal affect?	When do we want to meet this goal? (time frame)	Who is responsible for leading the agency towards this goal?
To assure that accessibility, accommodations, and any barriers are continually assessed and addressed in a proactive means.	<ul style="list-style-type: none"> • Residents • Employees • Other Stakeholders 	<ul style="list-style-type: none"> • On-going 	<ul style="list-style-type: none"> • Executive Director • Administration

SWOT Analysis

Internal Factors

Strengths

Commitment by agency to restricting barriers
Commitment by agency to embracing diversity
Educated staff on diversity issues
Educated staff on ADA

Weaknesses

Change in staff – continual need for education
Time frame for education
Coordination efforts to form Accommodation Committee

External Factors

Opportunities

Utilize public services
Education to stakeholders/public
Improvement for agency image

Threats

Limited public resources

Strategic Goal Schedule and Action Plan

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
1	Formulate Accessibility Committee consisting of residents, employees, other stakeholders, and administration that will meet on a quarterly basis to discuss any necessary actions for addressing identified or potential barriers that include architecture, environmental, attitude, financial, employment, communication, technology, transportation and community integration (if applicable)	Minimal	Yes	Administrator to formulate Committee Executive Director to conduct meetings	Committee formed by the 4th quarter 2021 Committee to begin meeting during 4 th quarter 2021	Meeting minutes from committee meetings Identified barriers are to be addressed by the timeline of the Request for Accommodation Policy & Procedure

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
2	<p>The Accessibility Committee will review quarterly and annually all received “Accessibility/Request for Accommodations”, Accessibility Checklist Questionnaire Results and Accessibility Action Plans. The committee will ensure that the agency did follow its “Accessibility/Removal of Barrier /Request for Accommodations” policy/procedure and timelines associated with this procedure.</p>	Minimal	Yes	<p>Committee Chair</p> <p>Executive Director</p>	On-Going	<p>Committee Meeting Minutes</p> <p>Accessibility/Request for Accommodations</p> <p>Accessibility Checklist</p> <p>QA Reports</p>
3	<p>Conduct semi-annual internal Accessibility Checklist inspections to access any architecture, environmental, attitude, financial, employment, communication, technology,</p>	Minimal/Salary of employee	Yes	Appointed Personnel	On-going	Accessibility Checklist Questionnaire

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
	transportation and community integration (if applicable)					
4	To provide opportunities for input from employees and residents regarding desired education for environmental, attitudinal, and cultural awareness.	Minimal	Yes	Designated staff to reviewing survey results.	On-going	Resident Employee Surveys

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
5	The Accessibility Committee will maintain awareness of resources that could potentially be required from residents, staff or stakeholders in the areas of architecture, environmental, attitude, financial, employment, communication, technology, transportation and community integration (if applicable).	Minimal for searching sources that can be accessed if needed by residents, staff or stakeholders	Yes	Executive Director Admin.	On-going	Resource List for potentially needed services.

ACCESSIBILITY PLANNING UPDATES:

ACCESSIBILITY CHECKLIST

COMPLETE THE ACCESSIBILITY CHECKLIST EVERY 6 MONTHS

STRATEGIC GOAL: CULTURAL COMPETENCE, DIVERSITY AWARENESS AND INCLUSION

Strategic Goal: To continually assess the needs of residents, employees, and stakeholders with regards to providing services and oversight of operations in a culturally sensitive, diversified and inclusive manner without regard to culture, age, gender, sexual orientation, spiritual belief, socioeconomic status or language.

Why should this be a goal for the agency?	Who will this goal affect?	When do we want to meet this goal? (time frame)	Who is responsible for leading the agency towards this goal?
<p>To assure residents, employees, and stakeholders that the agency is committed at all levels to providing services in a culturally sensitive, diverse and inclusive manner, including consideration of culture, age, gender, sexual orientation, socioeconomic status and language.</p>	<ul style="list-style-type: none"> • Residents • Employees • Stakeholders 	<ul style="list-style-type: none"> • On-going 	<ul style="list-style-type: none"> • All administration

SWOT Analysis

Internal Factors

Strengths

Internal Cultural Awareness Policy/Procedure
Internal Cultural Awareness/Diversity Training Program
Commitment from all levels within the agency to embrace and respect cultural issues.

Weaknesses

Training time/Employee Turnover

External Factors

Opportunities

Create greater awareness of issues in/out of agency

Threats

Needs to be embraced at all levels of the agency to ensure proper implementation and ongoing adherence

Strategic Goal Schedule and Action Plan

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
1	Semi-annual administration of resident satisfaction, employee and stakeholder satisfaction surveys that solicit information regarding cultural awareness, diversity and inclusion issues	Minimal – Salary of employee	Yes	Appointed admin.	Semi-annual	Survey Results QA Summaries
2	If a resident, employee or stakeholder identifies a cultural, diversity or inclusion issue regarding culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language, the administration will document the concern in writing and will work with	Minimal – Salary of employee	Yes	Responsible administrator Executive Director Owner	Ongoing	Survey results Accessibility/Request for accommodation request

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
	the resident, employee or stakeholder directly to resolve the issues in the timeliest manner.					
3	Continuance of active recruitment of employees that represent the diversity needs of the residents	Minimal to Moderate: advertising costs/ salary incentive for bi and tri-lingual employees	Yes	Executive Director Owner Admin.	Ongoing	Hire Records of personnel

CULTURAL COMPETENCE, DIVERSITY AWARENESS AND INCLUSION:

STRATEGIC GOAL: INDIVIDUALIZED EMPLOYEE TRAINING

Strategic Goal: To provide a mechanism to ensure that the Mission of the agency is fulfilled by providing competency-based, empirically-sound, individualized training for all applicable employees on an initial, annual, and as needed basis.

Why should this be a goal for the agency?	Who will this goal affect?	When do we want to meet this goal? (time frame)	Who is responsible for leading the agency towards this goal?
Ensure competency-based training for all applicable employees	<ul style="list-style-type: none"> • Employees • Residents 	<ul style="list-style-type: none"> • On-going 	<ul style="list-style-type: none"> • Executive Director • • Training Director
Ensure opportunities for all employees to receive required or desired trainings.	<ul style="list-style-type: none"> • Employees • Residents 	<ul style="list-style-type: none"> • On-going 	<ul style="list-style-type: none"> • Executive Director • • Training Director

SWOT Analysis

Internal Factors

Strengths

Training Curriculum in Place

Weaknesses

Time Consuming for Trainings
Expenses of Trainings
Expenses of Training Director

External Factors

Opportunities

Expansion of Training Areas
Broaden Employee Knowledge

Threats

Unable to Ensure Competency without Trainings

Strategic Goal Schedule and Action Plan

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
1	Hire or appoint a qualified Training Director	Salary to be determined	Yes	Executive Director	4 th quarter 2021	Hire records
2	Begin initial, annual, and as needed trainings for all applicable employees	Salary of Training Director	Yes	Training Director Executive Director	1st quarter 2022	Training logs Post-Tests training tracking forms
3	Ensure that all applicable trainings meet local, regional, state, federal, and accrediting entities	Salary of Training Director	Yes	Training Director Executive Director	On-Going	Leadership and State Memos Accreditation Standards

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
4	Ensure that all curriculums utilized provide for competency evidenced-based trainings that will include meeting the specific needs for the population served.	Salary of Training Director	Yes	Training Director Executive Director	On-Going	Training Curriculums
5	Ensure, as applicable, that technology is available for training needs. This will include assistive technology, distance learning, and on-line services	Salary of Training Director Technology Costs To Be Determined	Yes	Training Director Executive Director	On-Going	Technology Logs
6	Ensure, as applicable, that employees in remote areas receive all appropriate trainings via distance learning, independent study, on-line services, or through an on-site arranged time	Salary Of Training Director	Yes	Training Director Executive Director	On-Going	Training Logs

GOAL REFERENCE	GOAL ACHIEVING OPTIONS	COST OF IMPLEMENTATION	IS THE OPTION TO BE IMPLEMENTED (Y/N)	RESPONSIBLE PERSON	TIMETABLE For implementation	MONITORING strategies to measure effectiveness of goal achieving strategy
7	Provide opportunities on a Semi-Annual basis to all employees to express training needs or desires.	Minimal	Yes	Executive Director	On-Going Semi-annual Distribution	Employee Survey Results

INDIVIDUALIZED EMPLOYEE TRAINING UPDATES: