



KENNEDY-DONOVAN CENTER
STRATEGIC PLAN
2008-2011

ADOPTED BY THE KENNEDY-DONOVAN CENTER
BOARD OF DIRECTORS
JANUARY 2008

KENNEDY-DONOVAN CENTER STRATEGIC PLAN

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MISSION STATEMENT

Kennedy-Donovan Center supports individuals and families with developmental disabilities and similar needs to reach their maximum potential and quality of life through advocacy and individualized services.

VISION STATEMENT

Kennedy-Donovan Center is committed to the full continuum of care for individuals of all ages and their families who have or are affected by developmental disabilities and similar needs in our region. We strive to provide this either by offering services directly or by collaborating closely with community partners. Our growth will target programs that:

- Fill service gaps in the continuum of care for the people we support;
- Are needed in our current service area or adjacent regions,
- Build on our current expertise,
- Respond to a need for innovative and flexible programming,
- Focus on individualized one-on-one services.

INTRODUCTION

Kennedy Donovan Center was founded in 1969 by Luella Hennessy Donovan with a three-year grant from the Joseph P. Kennedy, Jr. Foundation. At the time, children and adults with developmental disabilities were often institutionalized. They had few if any community alternatives to choose from. Luella was motivated by her experiences working with the Kennedy family to open one of the first community-based educational and therapeutic programs for young children.

In 1936, Luella was hired by Joseph and Rose Kennedy as a private duty nurse for Bobby and Patricia Kennedy. She accompanied the family to London for three years, when Joseph P. Kennedy became Ambassador to the Court of St. James. She helped raise the future President, his brother the Senator, and their brothers and sisters including Rosemary, the eldest daughter, who had developmental disabilities and was institutionalized in 1941. During these years in England, Rose Kennedy shared her regret with Luella that their daughter was unable to attend the local day school and enjoy normal life in their large family. This planted the seed in Luella's heart.

In 1940, Luella Donovan went on to work as a nurse in Florida, in India as the private duty nurse for the Maharaja Halkar of Indore, and as the head nurse of the Visiting Nurse Association in Walpole. In 1962 and 1963, she returned to work for the Kennedy's as a rehabilitation nurse for Joseph Kennedy. During President John Kennedy's visits with his father, Luella laid the foundation of the agency she would found. In 1965, at the age of 59 years, she received a Bachelor of Science degree in public health nursing from Boston College.

In 1969, what was to become the Kennedy-Donovan Center was born. With a three-year grant from the Joseph P. Kennedy, Jr. Foundation, Luella opened the Kennedy Center for Handicapped Children. It was one of the first community-based programs for children with disabilities. The fledgling program began by serving four children in donated classroom space at the Blessed Sacrament School in Walpole, Massachusetts. By the time Luella Hennessy Donovan retired in 1987, the agency had grown to six sites serving 550. It was renamed Kennedy-Donovan Center in her honor.

Today Kennedy-Donovan Center's dedicated and diverse staff of over 380 serves more than 5,000 individuals and families annually in Eastern and South Central Massachusetts out of our seven offices and eight residential locations. Since its inception, KDC has served over 75,000 people. We remain committed to the principal that all individuals have the right to participate and thrive in their communities. Community-based services have become normative in the decades since KDC opened its doors. The need for innovative and flexible programming continues and informs the strategies and recommendations in this plan. By meeting this need, we honor Luella's legacy.

How the Strategic Plan was developed

The planning process at Kennedy-Donovan Center began in mid-summer of 2006 and occurred in two distinct phases. Phase 1 – Information Gathering was conducted from the summer of 2006 through the spring of 2007. Phase 2 – Formal Planning was conducted in the late spring, summer and fall of 2007.

The Information Gathering phase included three elements. 1) SWOT Analyses (Strengths, Weaknesses, Opportunities and Threats) were performed with all staff at each of the KDC offices including program staffs in the School, Early Intervention, Healthy Families, and Adult, Residential and Foster Care programs. SWOT analyses were also performed by the Administrative office staff and Program Directors. Gaps in services and infrastructure were identified and opportunities for

INTRODUCTION CONTINUED

growth and change were prioritized. 2) Key constituent interviews were conducted with over 50 individuals and several groups including funders, individuals receiving services and their families, providers, referral sources, community peers and others. 3) Information from the various departments of the Commonwealth of Massachusetts was reviewed to identify trends in demographics, diagnoses, treatment modalities and funding.

The Formal Planning process began in late spring of 2007. Based on the recommendation of the Board Chair, the board agreed that the planning work would be done internally by staff with competencies in strategic planning. The program directors and their staffs used the information gathered to identify and set goals for each service area. The administrative departments, working with the Board committees, identified goals for their departments. These goals, along with the results of the information gathering phase of the plan, were presented to and approved by the Board of Directors in September of 2007. The Board also reviewed and approved a first draft of the Core Values and made recommendations on a new Mission Statement and Vision Statement at this meeting. The remainder of the fall was used by KDC staff to establish timelines and work plans for each of the goals identified. In November, the Board reviewed and approved the new Mission Statement and Vision Statement for Kennedy-Donovan Center. At its meeting in January 2008, the Board reviewed and adopted the final plan.

How to Read and Use the Strategic Plan

The Strategic Plan offers to its readers information on Kennedy-Donovan Center's current programs and KDC's goals and strategies for the next three years. It also includes specific work plans with timelines and objectives, so that users of the Plan can monitor progress in meeting these strategies. The Plan was designed to be reviewed and modified each year, so that additional years' goals and objectives can be added or removed after an annual review and further information gathering. The plan, then, is not static and will be updated annually.

The Plan begins with the statement of Kennedy-Donovan Center's Core Values. These values guide KDC's programs, management and strategies. They not only state KDC's core values, but also indicate the ways Kennedy-Donovan Center will demonstrate its commitment to those values. The next three sections provide an overview of the Plan. The first section of the Plan describes Current Programs that KDC remains committed to maintaining and enhancing. These are the necessary backdrop for the strategies that follow, since they represent the majority of KDC's work in the next few years. The second section of the Plan describes Kennedy-Donovan Center's Goals and Program Strategies. These include major service enhancements or new services that KDC will implement. This section is the heart of the Plan, as it describes what KDC intends to do in order to adapt to changes in the environment and to fill the most pressing gaps for people with developmental disabilities in our region. The third section of the Plan describes Kennedy-Donovan Center's Resource Strategies. These include ways KDC will maintain and enhance its infrastructure to fulfill its program goals and strategies. Resource Strategies have been developed for Finance, Human Resources, Information Systems, Fundraising and Public Affairs.

The final section of the plan includes the work plans. These will be used by the Board and staff to monitor Kennedy-Donovan Center's progress in meeting the plan and to provide an opportunity to revise them. Readers of the plan can use the work plans to better understand how Kennedy-Donovan Center intends to implement this Plan.

CORE VALUES

THESE VALUES GUIDE KENNEDY-DONOVAN CENTER'S SERVICES, MANAGEMENT AND PLANNING

PERSON-CENTERED: KDC promotes person-centered services by:

- Working for each individual's Maximum Growth and Potential;
- Using a Strength-Based Model;
- Providing Individualized and Flexible services;
- Building strong relationships;
- Including individuals in programs & their families in planning for program development.

FAMILY-CENTERED: KDC promotes family-centered programs by:

- Promoting stability and unity of families;
- Being Inclusive and Participatory;
- Building strong relationships;
- Valuing different definition of families;
- Including family members on its Board of Directors.

RESPECT: KDC fosters Respect for individuals of all backgrounds and identities by:

- Reflecting Diversity through its Board, Staff, Volunteers and Vendors;
- Promoting Cultural Competence in Staff and Board through awareness and training;
- Understanding the importance of community as it is meaningful to and defined by each individual and family;
- Encouraging a supportive and flexible environment for staff.

COMMUNITY INVOLVEMENT: KDC promotes community involvement by:

- Establishing Partnerships within the community;
- Striving to enhance and Participating in local communities;
- Promoting Awareness & Education of the concerns of people we serve in the community;
- Advocating for Change in the local and broader community,
- Including community members on its Board of Directors.

INTEGRITY: KDC adheres to the highest standards of integrity by:

- Establishing Trustworthy Relationships with clients, staff, board and constituents;
- Exhibiting Accountability and Honesty in external relations;
- Promoting standards of ethics for each professional discipline;
- Assuring that Board members understand and submit Annual Conflict of Interest Statements.

EXCELLENCE – KDC strives for the highest levels of excellence by:

- Demonstrating Commitment to Quality for staff and board in all disciplines;
- Recruiting competent board, staff and providers with diversity of skills;
- Training staff, board and providers in current best practices;
- Promoting Adaptability and Flexibility of services to meet individual needs;
- Encouraging Teamwork and collaboration in delivery of services.

PLAN SECTION 1 ~ CURRENT PROGRAMS

This section describes Kennedy-Donovan Center's commitment to ongoing programs. The next section will describe Goals and Program Strategies for new services or enhancements to current services. While the new strategies set the direction for KDC, they do not replace our many current programs, but are grounded in them. Kennedy-Donovan Center's quality improvement includes specific outcome measures for its various programs, external and internal reviews and audits and various consumer/client feedback mechanisms including an annual satisfaction survey.

Core Programs

THE CHAPTER 766 APPROVED SCHOOL in New Bedford continues to be a central focus of Kennedy-Donovan Center. KDC will pursue opportunities to increase census and diversify programming at the School. The School was one of KDC's earliest programs. The census at KDC and schools throughout the Commonwealth has declined dramatically in the last decade with pressure to keep students in the public schools. Ironically this decline in census has heightened the need for special needs schools as the students who remain have intense medical and behavioral needs that could not otherwise be met.

The School serves students from the ages of 3 to 22 years old with moderate to severe special needs. Tuition is paid for by Local Educational Agencies (Public School Districts) that refer to KDC students they cannot adequately serve in their classrooms. Staff is comprised of Educators including Special Education Teachers and Teaching Assistants and Specialists including RN's, Physical Therapists, Occupational Therapists, Speech Language Pathologists and Social Workers. The ratio of staff is high (1 or 2 students per staff) in order to meet the high level of need of the students. Classrooms are large to accommodate the need for adaptive equipment.

Kennedy-Donovan Center students currently fall into two main groups – those who are severely medically compromised and those with extreme behavioral issues. KDC will continue to focus on these students and explore options for younger students. The school will strive to maintain a census of 26-30 and seek new admissions by offering tiered programming and pricing for students with different levels of need. In addition, KDC will also supplement programming by developing auxiliary services such as extended Day School, Day Habilitation and Transportation services described in Plan Section 2.

EARLY INTERVENTION services are provided to 3,000 of the 5,000 individuals and families Kennedy-Donovan Center serves annually. Like the School, it is one of KDC's oldest programs and will be maintained as a core service. Luella's first developmental day program was a precursor to what would later become the national model of Early Intervention. Today, KDC operates four Early Intervention Programs out of offices in Attleboro, New Bedford, Plymouth and Southbridge. Each office serves 5-14 towns in each surrounding region respectively. The program serves children from birth to three years of age with developmental delays or significantly at risk for them. This represents about 10% of all children in the area. Children and their families are served at home by a multi-disciplinary team of Developmental Specialists, Social Workers, Psychologists, Physical Therapists, Occupational Therapists, Speech Language Pathologists and Nurses. Services are family-centered including close collaboration and involvement of each child's family in service planning and delivery. Services are funded through third party billing to insurance companies with supplemental funding from the Massachusetts Department of Public Health, which establishes eligibility and rates statewide.

CURRENT PROGRAMS *CONTINUED*

KDC is the sole provider of Early Intervention Services in Plymouth's and South Central's regions and most of Attleboro's. It is one of two providers in the New Bedford region, with KDC having a large share of the urban population. Population growth is anticipated in most of these regions, along with changing ethnic and racial make up of the families served. The incidence of autism is increasing statewide, requiring more intensive services. Funding continues to be restricted, while Early Intervention agencies pay their clinical staff 25-35% less than other industries do. These issues frame the main challenges facing Early Intervention services in the next few years. Strategies in Plan Section 2 focus on improving service provision. They also include developing services for the 3-5 year olds, to fill a gap in the continuum of care for the families we currently serve.

EARLY INTERVENTION PARTNERSHIP PROGRAM (EIPP) is a pilot program in its third year designed to complement Early Intervention by working with at-risk families and women before the birth of their children. KDC provides these services in Southbridge and New Bedford. The goals of the program are to improve access to and utilization of health services; to improve nutrition, breast-feeding and physical activity rates; and to ensure a safe and healthy social, emotional and physical environment. Services are provided at home by a maternal child health nurse and family support advocates who work with women during their pregnancies and up to one year after childbirth. Funding is provided by the Department of Public Health. The program serves 100 women, about 50 at each site. KDC had difficulty both with budget and census in the early years, both of which have improved recently. KDC will continue to evaluate the effectiveness of this program and whether or not resources used for this program should be deployed to other areas.

HEALTHY FAMILIES serves first-time parents who are under 21 years of age. Families are served from the time of pregnancy up to the child's third birth date. The goals of the program are to increase healthy birth outcomes, develop effective parenting skills, and to prevent teen pregnancies and child abuse. Services are provided at home by family support advocates to over 330 young families a year; 100 are served in the Plymouth area and over 230 in the New Bedford area. The program is funded on a cost-reimbursement basis by the Children's Trust Fund. This program is important in the continuum of care in providing preventive services to young families. Increases in teen pregnancy will likely continue the need for this program. The key challenge of the future will be to demonstrate outcomes and the effectiveness of the program.

INTENSIVE FOSTER CARE finds homes for children with families that have been trained to address their specific needs. KDC social workers work to prevent institutionalization and focus on permanency planning for children through reunification, stable placement and adoption. Services are funded by the Massachusetts Department of Social Services (DSS) on unit fee basis. KDC was well-positioned as the focus of the Commonwealth shifted in 2006 from institutionalization of children to foster care and community placements. KDC, however, needs to be prepared to accept the increasing number of referrals, not just for children with developmental disabilities, but also children with multiple diagnoses and mental health issues. Kennedy-Donovan Center will build on its base in New Bedford to provide services out of the Milford and Cape Cod offices. Services in New Bedford will also be expanded by adding "unbundled" services to the mix offered there. These strategies are detailed in Plan Section 2.

ADULT RESIDENTIAL PROGRAMS are the most intensive service model, representing nearly one third of KDC's budget but only a little over 210 of KDC's 5,000 clients. Residential Programs include: i) Shared Living and Adult Family Care, ii) Supported Living and iii) Supervised Living.

CURRENT PROGRAMS CONTINUED

ADULT RESIDENTIAL PROGRAMS are offered out of four offices including Cape Cod, Milford serving Metro-West and Taunton/Attleboro, Milford serving Blackstone Valley and New Bedford.

- **Shared Living and Adult Family Care (AFC)**, like Foster Care, find homes (for adults) with families that have been trained to address their specific needs. KDC's Shared Living serves over 80 adults and is funded by the Massachusetts Department of Mental Retardation. KDC's AFC serves over 80 adults and, having medical criteria, is funded by Medicaid;
- **Supported Living** serves 15-20 adults and provides ongoing services and supports to adults with developmental disabilities living in their own homes;
- **Supervised Living**, more commonly known as Group Homes, serves 30-35 adults and provides support and oversight twenty-four hours a day, seven-days-a-week, to groups of two to four individuals in neighborhood homes that are fully integrated into their communities. KDC currently operates eight group homes in Chatham, Mashpee, Framingham, Hopkinton, Milford (2), Attleboro and Norton.

The Residential models described above represent a continuum of intensity of service and cost, with Supported Living being the least intensive and costly and Supervised Living being the most intensive model with the greatest clinical and financial risk. KDC provides all levels in keeping with its vision to provide a continuum of care. KDC's growth will target the low cost models. If the Commonwealth succeeds in closing institutions, however, KDC and other agencies may need to address the ensuing need for more group homes.

OTHER ADULT AND FAMILY SUPPORTS represent nearly 1,200 of the 1,400 individuals served with funding from the Department of Mental Retardation, with the lowest cost per person of all of KDC's programs. KDC provides these services out of four offices including Cape Cod, Milford serving Metro-West and Taunton/Attleboro, Milford serving Blackstone Valley and New Bedford. Four service models are offered, including:

- **Individual Support** is provided to 80 individuals annually. This is the most individualized and flexible of all the models, with staff tailoring services to each person's needs;
- **Family Support** is provided to nearly 1,000 families with children or adults living in their homes. Similar to individual support, the program tailors services to each families needs. Families can need as little as two contacts a year or as much as one or two a week;
- **Transitional Job Support** is provided out of the Milford Blackstone Valley office to 15 individuals a year. Staff partner with employers to assist adults in finding and maintaining meaningful employment;
- **Social Recreation** is KDC's newest program. This volunteer-driven program offers recreational opportunities to over 100 individuals and their families throughout the Blackstone Valley.

Other Adult Supports are the most flexible and cost-effective models. They will continue to be KDC's largest adult service models. KDC will target increases in Individual Support census, particularly in New Bedford. KDC will maintain census in Family Support, with focus given to developing more flexible supports. KDC will reassess Transitional Job Support after the Commonwealth reorganizes its funding in the State. KDC will enhance the existing Recreation Program in Blackstone Valley and expand it to Cape Cod and New Bedford. In addition, KDC will explore developing a new Respite Care Model for our clients. These are detailed in Plan Section 2.

PLAN SECTION 2 ~ PROGRAM STRATEGIES

This section is the heart of this Plan and provides an overview of the Goals and Program Strategies that Kennedy-Donovan Center will adopt in the next three years. This section does not include detailed work plans with objectives, tasks, timelines and people responsible. They are included in Attachment I. The following summary is organized by program model. The work plans themselves are organized by area for each program office.

Responsible Growth

Kennedy-Donovan Center is committed to meeting our vision to provide the continuum of care for the people we offer services to through growth that is sustainable and planned. To do this, KDC will assess the viability of each proposed new program or program enhancement. This will not only include a financial analysis of each program, but an analysis of how closely it aligns to the Vision Statement on page 1. In keeping with that Vision Statement, KDC will avoid duplication by complementing and coordinating with services in the region.

Program Goals & Strategies

SCHOOL

GOAL 1A – Improve Census and Services for Children served by the School.

STRATEGY – Increase both SCHOOL PROGRAMMING and AUXILIARY SERVICES.

- Develop tiered programming and pricing to meet the individualized needs of students on a cost-effective basis (year 1);
- Expand current After School Program into a certified Extended Day Program for students needing services after school hours (years 1 & 2);
- Offer Transportation Services to students attending KDC School (years 1 & 2).

GOAL 1B – Provide Continuum of Care for Students Turning 22 and other adults in the New Bedford region.

STRATEGY – Develop DAY HABILITATION PROGRAM with enhanced programming.

- Obtain licensure and certification for New Bedford Day-Hab program (year 1);
- Develop “Life-Long Learning” curriculum and Recreational Programming (year 2);
- Achieve a census of 28-35 adults (year 3).

PROGRAM STRATEGIES CONTINUED

EARLY INTERVENTION

GOAL 2A – Expand capacity to provide Early Intervention services to children under three with developmental delays.

STRATEGY I – Enhance FAMILY LIAISON & TRANSITIONAL SERVICES.

- Family Liaison: Expand program at Attleboro & Plymouth offices, implement program at New Bedford and Southbridge offices (years 1, 2 & 3);
- Transitional Services for Children turning 3: Hire Liaison in Attleboro, Expand program in Plymouth, and Develop program in Southbridge (years 1 & 2);

STRATEGY II – Improve STAFFING, SERVICE MIX, AND TIMELINESS OF SERVICES.

- Serve more families through Outreach to a minimum of 95% of eligible families (year 1);
- New Bedford: Improve Timely provision of services (year 1);
- New Bedford: Hire Additional Staff and Provide Increased Supervision (years 1 & 2);
- Plymouth: Establish Career Paths for Staff (years 1 & 2);
- Southbridge: Maximize Annual Assessment per child (year 1);
- Southbridge: Enhance Data Collection Systems (years 1 & 2).

GOAL 2B – Provide Continuum of Care for Children 3-5 Years old leaving Early Intervention Services.

STRATEGY – Develop SERVICES FOR CHILDREN THREE TO FIVE YEARS OLD.

- Southbridge: Enhance and expand summer bridge program (year 1);
- Plymouth: Partner with Child Care Program in area (year 2);
- Attleboro: Develop Fee-for-Service Program for children 3-5 years of age (year 3).

EIPP

GOAL 3 – Improve services for at-risk Pregnant Women in the Early Intervention Partnership Program.

STRATEGY – Address STAFFING ISSUES & NEW BILLING MECHANISMS FOR EIPP.

PROGRAM STRATEGIES CONTINUED

HEALTHY FAMILIES

GOAL 4 – Improve Services for Parents under 21 years served by the Healthy Families programs.

STRATEGY – Maintain Active Outreach, Maintain Staffing, and Increase Engagement Rate by 10% (years 1-3).

FOSTER CARE

GOAL 5 – Increase the number placements in homes for children who need Intensive Foster Care.

STRATEGY – Increase FOSTER CARE SERVICES AND AREAS SERVED.

- New Bedford: Expand Unbundled Services to children in Foster Care (years 1-3);
- Milford: Recruit providers and implement Foster Care services (years 1-3);
- Cape Cod: Recruit providers and implement Foster Care services (years 1-3);

RESIDENTIAL SERVICES

GOAL 6 – Increase residential placements for adults and children with developmental disabilities needing homes.

STRATEGY – Increase Shared Living, Adult Family Care and Intensive Foster Care.

- Cape, Milford, New Bedford: Improve and Increase Provider Recruitment (years 1-3);
- Milford South Valley & New Bedford: Improve Publicity (years 1-3);
- Cape, Milford, New Bedford: Place more adults and children in family homes (years 1-3);
- Milford Metro West/Attleboro: Increase community involvement of House residents.

PROGRAM STRATEGIES CONTINUED

SUPPORTIVE SERVICES

GOAL 7 – Provide additional SUPPORTS FOR ADULTS AND FAMILIES with developmental disabilities in our region.

STRATEGY I – Expand Number of Peoples served through INDIVIDUAL SUPPORT.

- New Bedford: Increase number of people served by Individual Supports (years 1-3);
- Cape Cod & Milford: Maintain Individual Support Census (years 1-3);

STRATEGY II – Develop Innovative and Flexible programs for FAMILY SUPPORT.

- Milford: Develop new programs for Families currently served (years 1-3);
- Cape Cod & New Bedford: Maintain Family Support Census (years 1-3);

STRATEGY III – Meet needs of individuals seeking TRANSITIONAL JOB SUPPORTS.

- Milford Blackstone Valley: Assess Transitional Job Support Program in light of upcoming reorganization and RFP (year 2);
- Cape Cod & New Bedford: Assess need for services, respond to RFP if appropriate (year 2);

STRATEGY IV – Improve and Increase RECREATIONAL SERVICES.

- Cape Cod: Establish Recreation Program for families on the Cape (years 1-2);
- Milford: Engage current Recreation Program families in KDC planning (years 1-3);
- New Bedford: Establish Recreation Program for families around New Bedford (years 2-3).

CENTER-BASED RESPITE CARE

GOAL 8 – Provide Respite care for underserved providers & families in our region.

STRATEGY – Develop CENTER-BASED RESPITE PROGRAM.

- Milford: Explore feasibility and establish program if appropriate (years 1-3);
- Cape Cod & New Bedford: Consider similar programs (year 3);

ADDITIONAL SERVICES

GOAL 9 – Fill Gaps in Services for Adults & Foster Care Children in our region.

STRATEGY – Explore INNOVATIVE AND EXPANDED PROGRAMMING.

- Consider expanding Day-Hab to other sites, especially the Cape (years 2-3);
- Consider providing Foster Care in other regions (years 2-3);
- Consider providing Shared Living, Family & Individual Support in other regions (years 2-3);

PLAN SECTION 3 ~ RESOURCE STRATEGIES

This section includes the strategies that Kennedy-Donovan Center will employ to assure that it maintains and enhances its infrastructure to support the Current Programs described in Section 1 and the Program Strategies described in Section 2.

GOAL 10 – Improve KDC’s Infrastructure support program strategies.

Board Development – Improve KDC’s Board of Directors capacity to govern and help the agency fulfill the strategic plan.

- Set Board goals for meeting KDC’s strategic objectives (year 1);
- Review and Sign Annual Board Agreements & Conflict Statements (years 1-3);
- Develop a board matrix that identifies board strengths and gaps (year 1) and recruit board members to fill those gaps (years 2 and 3);
- Assess Board training needs (year 1) and develop a training schedule (years 2 & 3).

Fundraising – Increase public and private funding to maintain services and fulfill program strategies:

- Initiate Donor Acquisition Program and Alumni Acquisition Program (year 1);
- Initiate Major Donor Campaign (years 1-2);
- Develop and Implement Grants Plan for at least 20 per year (years 1-3);
- Develop Online Giving Program (year 1);
- Explore Capital Campaign (year 3).

Public Relations – Increase community awareness of Kennedy-Donovan Center’s services in order to improve 1) access for consumers, 2) fundraising capacity and 3) community support of KDC’s programs:

- Develop PR Plan for all programs (years 1 & 2);
- Develop New Website with Information Technology (year 1).

Legislative Outreach – Increase legislative awareness and support for Kennedy-Donovan Center programs and promote legislation that positively affects our communities:

- Participate as an active member in Trade Groups & Coalitions (years 1-3);
- Hold EI Legislative Breakfasts, Community Meetings & Open Houses (years 1-3);
- Invite Legislators to Adult Service Offices & Groups Homes (years 1-3);
- Participate in Community Advisory Groups & Boards (years 1-3).

RESOURCE STRATEGIES CONTINUED

Human Resources – Improve Kennedy-Donovan Center’s HR capacity in order to 1) provide a stable and efficient infrastructure for service delivery, 2) attract and retain professionally and culturally qualified staff, and 3) increase employee morale and consumer/client satisfaction:

- Implement Electronic Payroll (year 1) and Review (years 2 & 3);
- Centralize Training and Tracking Agency wide (years 1-3);
- Develop and Implement Recruitment Plan (years 1-3);
- Improve Retention through Career Paths (years 1-3);
- Improve Retention through Improved Benefit Package (years 1-3);
- Improve Retention through Staff Appreciation (year 2).

Financial – Increase Kennedy-Donovan Center’s fiscal capacity to deliver services and program strategies:

- Reduce Paperwork through Electronic Accounts Payable (years 2 & 3);
- Review Accounting Software (years 2 & 3);
- Increase Electronic Billing (years 1-3);
- Explore On-site EI Billing Software at Program Offices (year 3).

Information Technology – Improve Kennedy-Donovan Center’s information systems and telecommunications software and hardware capacity in order to 1) keep base with current technologies, 2) meet third party requirements and 3) allow staff to provide services efficiently:

- Improve & Update Website (year 1);
- Implement Unified Telecommunications Systems (years 1-3);
- Implement Outlook Exchange Email (years 1 & 2);
- Review Corporate Software Packages (years 1-3);
- Explore Wide Area Network (years 2 & 3).

Facilities – Develop facility plan to assure future stability for programs and services:

- Attleboro: Secure new Property Manager (year 1);
- Plymouth: Locate new Office Space for EI and Healthy Families (year 1);
- New Bedford: Locate new Office Space for Family Resource Services (year 1);
- New Bedford: Complete Bond Payment (year 2);
- Southbridge: Complete Construction of New Building (year 1);
- All: Refinance mortgages to single Bond (years 1-2);
- All: Explore Hiring Facilities Manager/Management Company (years 2-3).

WORK PLANS

This section summarizes Attachment I, the detailed work plans with goals, objectives, timelines and people responsible for the Program Strategies and Resources Strategies outlined in Sections 2 and 3 of the Plan. The Work Plans give users and readers of the plan benchmarks by which to assess Kennedy-Donovan Center's progress in fulfilling its strategic aims.

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- GOAL 2 : Early Intervention
- GOAL 3 : Early Intervention Partnership Program (EIPP)
- GOAL 4 : Healthy Families
- GOAL 5 : Intensive Foster Care
- GOAL 6 : Adult Residential Services
- GOAL 7 : Adult & Family Supports
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NOTE: This version of Kennedy-Donovan Center's Strategic Plan does not include the detailed work plans. They are published separately as Attachment I.