



**Community Partners
Strategic Plan
July 31, 2024 - June 30, 2027**

Approved by the Board of Directors: July 31, 2024

Introduction

Community Partners of Stafford County, Inc. (Community Partners) is a 501(c)(3) non-profit organization serving the State of New Hampshire's Catchment Region Nine. It is one of the ten designated Community Mental Health Centers and one of ten designated Area Agencies for Developmental Services in New Hampshire. We are one of only two organizations with a dual designation and the only one in the state that also holds the Aging and Disability Resource Center (ADRC) formerly ServiceLink contract. In addition, we administer several other contracts with the state to serve individuals and families with a variety of needs.

We hold contracts with New Hampshire Department of Health and Human Services (DHHS) for the following services:

- Division of Behavioral Health Services
 - Bureau of Mental Health Services
 - Youth and Family Services
 - Adult Services
 - Assertive Community Treatment (ACT) Team
 - Critical Time Intervention
 - Mobile Crisis Services
 - Bureau of Homeless Services
 - Bridge Program
 - Supportive Housing 6 Bed Expansion
 - Northam House
 - Supportive Housing Continuum
- Division of Long Term Supports and Services
 - Bureau of Elderly and Adult Services
 - Aging and Disability Resource Center (ADRC) formerly ServiceLink long-term care, information and referral program for Strafford and Rockingham counties
 - Bureau of Developmental Services
 - Acquired Brain Disorder
 - Developmental Disabilities
 - In Home Supports
 - Family Centered Early Supports and Services

- Area Agency- Intake & Eligibility & Designated Area Agency Delivery System
 - Council Support (Council for Youths with Chronic Conditions, Quality Council and Autism Council)
 - Family Support Program
 - Family Support Council
- Bureau for Family Centered Services
 - Health Care Coordination
- Division of Medicaid Services
 - Choices for Independence care management for Strafford and Rockingham counties

During Fiscal Year 2023, we served over 4,600 individuals and families delivering a wide range of services that included: emergency services, community supports and services, residential care, case management, vocational supports, individual, group and family therapy, early supports and services for infants and young children with developmental disabilities, and information and referral for long term care services.

Our Mission and Vision

Mission

- Community Partners connects our clients and their families to the opportunities and possibilities for full participation in their communities.

Vision

- We serve those who experience emotional distress, mental illnesses, substance abuse disorders, developmental disabilities, chronic health needs, acquired brain disorder, as well as those who are in need of information and referral to access long term supports and services.
- We strive to be an organization that consistently delivers outstanding services and supports that are person focused and dedicated to full participation and communities.
- We will take leadership roles in educating our community, network, families, and the public to reduce stigma and to increase self-determination and personal empowerment.
- We are committed to evidence based and outcome driven practices.
- We will invest in our staff to further professional development and foster an environment of innovation.

Strategic Planning Process

Our previous strategic plan expired on June 30, 2024. To ensure no lapse in strategic direction, in July 2023 the Organization began the work of generating the next strategic plan to begin in summer 2024.

During the July 2023 Board and Leadership Annual Retreat, the agenda focused on concluding the prior strategic plan and establishing a road map for the development of this one. The Organization's leadership team and Board Strategic Planning Committee spent FY24 guiding the strategic planning process.

At the retreat, the board of directors, executive team and program directors assessed the successes and limitations of the prior plan structure. The prior plan emphasized operations and had sweeping statements, which made measuring specific successes difficult. This plan has a narrower strategic focus with identified success measurement data sources for each priority area. The prior strategic plan set a five-year timeline. To maintain strategic focus, this strategic plan projects out only three years. As the three-year term ends, the team will assess if additional time is required and add up to two more years to conclude the work.

The prior plan had multiple outcome statements under three areas: internal capacity, service delivery and community relations. This plan changes the primary focus to the targeted strategic priority and will tend to the areas of capacity building, service delivery and community relations or communications in each related project plan, (see Appendix 1). It is believed that this intensive focus will benefit clients by reducing waitlists for appointments, minimizing staff turnover, and increasing recruitment and retention of skilled professionals.

The group reviewed key 2019–2024 strategic plan accomplishments in three areas: internal capacity, service delivery and community relations. A June 2024 companion document details the 2019-2024 accomplishments (see Appendix 2). Strategic Priorities that will carry-over include projects related to staff assessments and

professional development goal, setting, integration of services for dual eligible individuals and families we serve, and the Organization's responses to Bureau of Developmental Services (BDS) contract changes.

A summary of known external factors influencing the Organization, and related business and service operations was reviewed and is detailed below.

The group conducted an exercise to review the Organization's Strengths, Weaknesses, Opportunities and Threats (SWOT). Additional data sources and measures to guide this plan's development were identified for collection, and results are detailed below.

2023-2024 Data Collection Process and Key Findings

When developing the strategic plan, the Organization sourced and incorporated several data sets. The content gathered helped the leadership team identify where to build on strengths and where additional capacity is needed.

The results of the 2023 Employee Satisfaction Survey were reviewed at an All Staff meeting and at a full board meeting. The strategic plan committee examined the data and identified areas about which to gather more information during subsequent employee focus groups. The issues for further exploration surfaced by the anonymous staff survey were reductions in trust of co-workers and superiors, internal communication, and satisfaction with professional development opportunities.

In Fall 2023, over 30 employee focus groups and listening sessions were conducted with each department, program, and team. In addition to the topics above, additional questions expanded on the Board and leadership retreat SWOT exercise to gather employees' perceptions of the Organization's strengths, improvement opportunities, and critical issues we face. All staff were invited to participate. For those unable to attend with their team, open focus groups and a written survey were provided.

Employee focus groups revealed that employees:

- appreciate the passion and dedication of their colleagues, and commitment to care for people we serve
- take pride in the responsiveness, advocacy, and resourcefulness exhibited in services delivered

- value the flexibility to complete work remotely and the Organization's commitment to work and life balance adds to job satisfaction

Identified areas for improvement and strategic focus included:

- increased recruitment, retention, and training
- improved internal communications
- high turnover makes the work environment challenging
- open positions, and the post pandemic increased acuity of individuals' and families' needs combined with waitlists add stress to stretched employees
- requests for more training and latitude to innovatively solve problems
- a nimbler agency that can be more responsive to evolving contractual requirements and client needs
- improvements to the Organization's culture were requested in areas of communication and trust between hierarchical positions
- understanding and commitment to issues of cultural sensitivity and belonging
- increased inter-program coordination, resource, and information sharing

Community stakeholders in the social services field, individuals who participate in services at Infinity Peer Support and DS Home Providers were invited to complete a targeted electronic survey. These data collection methods solicited feedback on topics of strengths, weakness, and areas for improvement. We also considered the findings of the NH Bureau of Mental Health Client Satisfaction Survey.

These partners:

- appreciate the collaboration on individual care
- requested increased education on accessing services
- expressed frustration with turnover and retention rates of staff and its related impact on services
- requested efforts to reduce waitlists
- identified critical issues facing individuals and families we serve as aging caregiver populations, dual diagnosis individuals, access to care, increasing acuity of needs

External Influences Impacting the Organization

To build our Strategic Priorities external influences are also considered in tandem with internal Organizational data points. External influences require that we react and

prepare our internal systems to effectively respond. Outlined here are Bureau of Developmental Services (BDS) System Redesign, Community Mental Health Center (CMHC) Managed Care Contracts, Integrated Service Delivery, Certified Community Behavioral Health Clinics (CCBHC), Substance Use Disorder (SUD) services, Physical Space – inclusive of Client Housing and Program needs, and Workforce Housing. Within these categories there still exist many unknowns. Below are some of the known factors that have a high probability of influencing the Organization’s operations over the next three to five years.

- **Bureau of Developmental Services System Redesign**

Beginning in FY 24, BDS implemented structural changes that impacted our service delivery and administrative functions. Formerly, as the Area Agency, we processed administration of developmental services for individuals including case management, and community and home-based services. Now we have three distinct administrative systems: conflict free case management, Designated Area Agency Delivery Systems (DAADS) Functions, and service provision (Specialty Services, Community Participation Services, Residential, Nursing, and Vocational). One year into the changes, many reimbursement rates remain undetermined. The long-established “General Management Rate” now passes directly to service providers. To address this, the state created a Designated Area Agency Management rate. Some of the new BDS systems have projected implementation plans but have not been fully executed. For example, BDS has not yet rolled out significant changes to Consolidated Services. These changes will likely have a significant adverse fiscal impact on the Organization. As a result, it is not clear what the true costs of delivering these services are or what the ongoing payment rates will be. These changes have significantly impacted existing internal systems. Documenting, communicating, and training in new requirements and workflows are a strategic priority.

- **Community Mental Health Center Managed Care Contracts**

The Medicaid Managed Care Contracts went through re-procurement with the state in FY24. A byproduct of that process is significant changes to how the Organization will contract with the Managed Care Organizations. We will still receive prospective payments. However, the new contracts remove the risk of potential paybacks if the agreed upon targets are not met. While the elimination of potential payback is a positive development, the reality is that our performance in any given fiscal year will impact our rates in subsequent years.

- **Service Integration, Certified Community Behavioral Health Clinics (CCBHC) and Substance Use Services (SUD)**

The state has moved the Bureau of Drug and Alcohol Services under the Division of Behavioral Health to promote the integration of substance use disorder and mental health services. The state is also pursuing CCBHC's. Currently, the community mental health center, after completing a mental health assessment with an individual, is only obligated, by contract, to serve the mental health population deemed *CMHC eligible*. Under CCBHC federal guidelines, the Organization must provide access to individuals with any behavioral health need regardless of if they have met the State's CMHC eligibility thresholds. Currently, the CMHC serves as the safety net for individuals found to have a Severe Mental Illness (adults) or Serious Emotional Disturbance (youth). As a CCBHC we would have to provide access to everyone who presented, including those who are under or uninsured. Further, under CCBHC we would be required to deliver prompt primary care services or have an agreement with a primary care provider. The ongoing sustainability of the CCBHC is a concern given that the Department has not had discussions with legislative leaders, who would need to approve funds as part of the budget process, and the potential cost of the program could reasonably double the current CMHC system budget. In addition, the proposed payment methodology, unless locked in for multiple years in the beginning, could expose a CMHC beyond year one if staffing were to pose a problem in delivering services as this could adversely impact the next year's rates.

The individuals and families we serve are increasingly presenting with a dual diagnosis that includes substance use disorder. Throughout NH there is a rise in people with substance use disorder. During 2024, we added a Substance Use Specialist position to assist our mental health center to integrate SUD services. In 2023, we began a Due Diligence process to acquire Southeastern NH Drug and Alcohol Services. They are dealing with economic and administrative pressures of running a stand-alone treatment center. The Due Diligence process is on-going. We have set a strategic priority to become a comprehensive behavioral health center that delivers SUD treatment and associated family therapy.

- **Physical Space: Office, Program, Client, and Workforce Housing**

As we navigate the post-pandemic hybrid workforce needs, and those of the individuals and families we serve, physical space is emerging as a stressor. We need to explore the best configuration of our physical spaces including office, program, and client housing.

Some programs are doubled up in tight offices, while offices at other locations sit empty. Limited public transportation continues to negatively impact individuals' ability to reach our physical locations. Many of our clients' residential support systems are aging family members and Enhanced Family Care providers. The need for safe, affordable, and supported housing combined with rising interest rates and increasing rents negatively impacts everyone. Currently, for DS individuals and families, BDS has not provided updated residential rates hampering decision making related to the expansion of residential options for clients. Locally, the rising cost of housing is also negatively impacting the recruitment of young talent.

- **Workforce Shortages**

The statewide workforce shortage continues to hinder recruiting. The competitive labor market impacts retention. According to the US Chamber of Commerce, in NH in 2023 there are 28 available workers for every 100 open positions; prior to the pandemic that ratio was 78:100. The rising cost of housing, plus inflation that doesn't match service reimbursement rates, holds wages low and negatively impacts our recruitment. New graduates are also contending with large student loan payments. A recent rule change to mental health licensure requirements allows new graduates to obtain the required licensure supervision outside of the CMHC, which makes recruitment of this once reliable population more difficult.

Decision Making Criteria

The Strategic Planning Committee affirmed the historical criteria to determine our strategic priorities, set goals and to use as a guide for implementation activities:

1. **Mission-Impact.** The extent to which the proposed action would advance our mission.
2. **Fiscal-Impact.** An assessment of the cost of the proposed action, the likelihood of identifying a funding stream, the extent to which the action would strengthen or weaken the overall financial sustainability of the organization, and the degree of financial risk involved. We recognize that some areas might involve financial risk and/or a significant investment of funds but be worth doing because the potential return aligns with our other goals and agency mission.
3. **Constituent Feedback.** The degree to which the proposed actions address the needs, challenges, and opportunities identified as critical by staff, Board, stakeholders, individuals, and families we serve.

4. **Sequencing.** The overall timeline considers the staging of initiatives, capacity required to succeed and iterative progress, while affording for immediate and critical need.

Strategic Priorities

These are the overarching initiatives that will guide us through the next three years. The emphasis on internal capacity is deliberately designed to improve outcomes for individuals and families we serve, as well as to increase staff satisfaction, trust in leadership, and retention. The Strategic Priorities and accompanying goals are projected to be completed with our three-to-five-year strategic plan time frame. Detailed annual project plans will guide action and accountability toward completing goals.

Strategic Priority One

- 1. Community Partners employees will report that they are supported, valued, and feel competent performing their roles.**

Why: The Organization is navigating a landscape of worker and funder expectations that continues to rapidly evolve. The combination of workforce shortages, post-Covid hybrid workers, leadership turnover, and changing contractual demands require that we modify business operations on many levels. Community Partners employees are telling us they want leadership that is responsive to these pressures, provides transparent communication, and demonstrates skills reflective of a culturally sensitive workplace of safety, trust, learning, and inspiration. Improvements to Organization culture and employee development programs will lead to higher retention rates and provide recruitment tools. Rebuilding informational and instruction systems and adding capacity to training programs for employees will improve services for individuals and families we serve.

- 1a. Community Partners will expand new hire orientation, program onboarding, and employee development to improve learning and inspiration.**

1a.1 Human Resources will develop a comprehensive orientation reflective of our history, mission, employee resources and current service structure.

1a.2 Program Managers will develop or review and update their program onboarding documentation for each position they manage.

1a.3 Program Managers will develop or review and update task workflow documentation covering at least 90% of their staff's current tasks.

1a.4 Program managers will 1) engage in and document regular periodic supervision with their employees, 2) engage in and document an annual summary of performance and development goals.

1b. Community Partners will build a culturally aware workplace that fosters inclusion and respects diversity.

1b.1 Human Resources will engage in a process of developing a workplace culture that is in line with the principles of psychological safety, trauma informed workplace, diversity, and inclusion.

1b.2 The Communications Manager will assess and update internal and external communications materials to be culturally competent and reflective of the Organization commitment to diversity and inclusion.

1b.3 Leadership will work to improve employee satisfaction survey in areas of communication, comradery, trust, and team building.

1c. Employees and Organization stakeholders will understand the Organization's operations and their role in it.

1.c.1. Community Partners employees will demonstrate an understanding of 1) their role in the context of serving individuals and families as part of a team, and 2) their role in the broader context of the Organization as a system.

1.c.2. The Communications Manager will implement a communication plan to inform employees and stakeholders about Organization services and business systems.

1.c.3. Directors and Supervisors will provide leadership to employees in understanding how their team, and they as individual employees, contribute to the overall success of the Organization.

Strategic Priority Two

2. Community Partners will transform the mental health center to become a comprehensive behavioral health center to better meet the needs of the individuals and families we serve.

Why: Many DS and MH individuals we serve present with a co-occurring substance use disorder. They often require a referral to an external organization to treat their substance use disorder, which impacts treatment. A behavioral health center offers stand-alone substance use disorder (SUD) services and mental health (MH) services in addition to integrated SUD and MH services. As a behavioral health center, we can improve the continuity of care using current best practices.

2.a Community Partners will deliver stand-alone substance use disorder services.

2.b. Community Partners will integrate substance use disorder services into its service array.

2.c. Community Partners' communications plan will inform staff and the community about the benefits of being a comprehensive behavioral health center to best meet the needs of the individuals and families we serve.

Strategic Priority Three

3. By working together across Organization programs, Community Partners will increase internal collaboration and improve outcomes for individuals and families.

Why: Employees bring a wealth of talent and passion to our mission to help all the people we serve fully participate in their communities. Administrative barriers linked to funding sources, internal program oversight and limited capacity can all hinder the individual's access to needed services. Community Partners will assess existing barriers to services and seek to reduce internal silos to improve access and outcomes for individuals and families we serve.

3.a. A team will conduct an analysis of programs and services to be summarized in a plan that identifies ways to improve efficiency, coordination, and service quality.

3.b. Workgroups will implement the identified recommendations to improve service structures.

3.c. The team will assess implementation and progress measures to make further recommendations.

Operationalizing the Strategic Plan

Community Partners views the Strategic Plan as a dynamic, working document that informs our decision making throughout the years. The Senior Leadership Team and Board Strategic Plan Committee oversees the implementation of the Strategic Plan. The Strategic Plan will be monitored as follows:

1. Periodically, the Senior Leadership and Directors' Meeting will focus on strategic plan implementation and review one or more sections of the plan, report on progress, identify any problems/barriers that have arisen, and set a course for the coming month.
2. Periodically, the Senior Leadership Team and Board Strategic Plan Committee will review progress on the plan, identify obstacles that have arisen, make any necessary adjustments and report to the Board of Directors the status of the plan to date.
3. Annually, the Senior Leadership Team and Board Strategic Plan Committee with input from the Program Directors, will review the projects plans, and employee satisfaction survey to update the strategic plan to include any additional adjustments, and ensure that all current initiatives have up to date project plans with outcome measures.
4. Periodically, related initiatives and accomplishments will be featured in internal communications to all staff.