**Strategic Plan**

**Community Care Alliance**

**2015 - 2018**

**Executive Summary**

The Strategic Planning Process at Community Care Alliance provides an opportunity every four years for the Board of Directors, Senior Managers and Staff to review the vision, mission and focus of the organization within the context of the communities and consumers served. While this activity occurs formally over a four year cycle, the plan produced is viewed as a living document that is incorporated at the program level providing a compass for the agency’s services, advocacy, and relationships with local partners as well as place within the larger community.

As a living document, upon ratification by the Board of Directors, managers throughout the organization receive an orientation to the Strategic Plan and are then expected to review it with their personnel within the context of staff meetings and use it in their own program planning activities. The Board of Directors reviews the Strategic Plan semi-annually in conjunction with the Senior Management Team in order to measure progress; as such the document is modified as necessary to reflect new information and current realities in the community.

**II. Mission and Vision**

A. Mission Statement

We support individuals and families in their efforts to meet economic, social and emotional challenges and enhance their well-being.

B. Vision Statement

Through programs, advocacy and collaboration people are empowered to discover their potential and live as engaged citizens, free of stigma, within a thriving community.

C. Core Operating Principles:

1. The staff develops collaborative relationships with families and individuals based on dignity and respect.
2. Services are family-centered and thereby responsive, flexible and individualized to address the unique needs and concerns of consumers.
3. Families and individuals are supported and encouraged to become actively involved through advocacy, governance selection and participation and sharing information with other consumers.
4. The agency affirms and strengthens family and individual’s cultural, racial and linguistic identities while striving to operate as a multi-cultural organization.
5. The staff and Board of Directors engage in advocacy to ameliorate the economic and social conditions affecting families and individuals.
6. The agency engages in community building activities that support and educate the general public.
7. Services are developed with an emphasis on best practices and evaluation.
8. The staff and Board of Directors develops and adheres to policies, procedures and systems designed to underscore accountability to consumers, the community and funding sources.
9. The agency collaborates with local non-profit organizations or groups that add value improve coordination and reduce duplication in order to provide comprehensive approaches to serving families and individuals.
10. The staff mobilizes formal and informal resources to support family development and problem solving.

**III. Organizational Profile and History**

Community Care Alliance was established on July 1, 2014 through the merger of Family Resources Community Action (FRCA), established in 1891, and NRI Community Services (NRICS), incorporated in 1966. The two Woonsocket-based nonprofits united to create a comprehensive multi-service agency, one of only a few mergers in the nation of a community action agency, community mental health center and family service agency. The new organization creates a stronger safety net and seamless service delivery system for clients, while it improves efficiency and effectiveness through shared staff talent and resources.

Community Care Alliance operates over 50 programs providing a range of services including basic needs assistance to address emergency needs; employment, financial literacy and vocational training to support self-sufficiency; counseling, treatment and support services for individuals and families impacted by serious mental illness and addiction; emergency and supportive housing to promote stabilization; education and assistance for families with young children, and other supportive services to sustain and strengthen individuals, families and the community.

Community Care Alliance is a nonprofit organization with a diverse Board of Directors comprised of persons representing the low income community, advocates, business, faith-based organizations, social service organizations, municipal government and other interested parties from both legacy organizations. The formerly homeless population is represented on the Board. The Board hires the President/CEO, monitors the agency’s well-being and sets policy through various committees and structures. The Board’s Finance Committee works closely with Finance Staff and reports monthly on the current financial status of the agency, based on financial statements prepared by Fiscal staff. Recommendations for policy or corrective action are made by the committee to the full Board if/as necessary or prudent.

Community Care Alliance operates with three service divisions supported by an administrative and finance staff. With a budget of nearly $30 million, Community Care Alliance has a long history of successfully managing finances and meeting program requirements. Each division is managed on a day to day basis by a Senior Vice President or Vice President responsible for supervising individual program supervisors. The CEO meets weekly with an Executive Team of senior Division, Finance, Human Resources, Communications and Medical (Psychiatric) Staff managers to address financial, risk and other issues of general importance. Program supervisors are responsible for monitoring revenue and expenditures within their cost centers, with oversight by the Division Vice President and Finance Director, and taking any necessary corrective actions. Similarly, program supervisors are responsible for assuring that those served by the program meet the fund source standards for eligibility and documentation is maintained according to fund source and agency standards. As an organization accredited by the Council on Accreditation, documentation standards within the agency are generally higher than those of our fund sources.

The three divisions of Community Care Alliance are:

1. Community Support and Recovery Services
2. Housing, Vocational, and HIV Support Services
3. Family Well-Being and Permanency

CCA also offers free tax preparation assistance through the Volunteer Income Tax Assistance (VITA) Program, serving over 1,200 individuals per year.

Our agency approach to service delivery is a strategic one, engaging other human service agencies, faith-based organizations and local groups to address human needs and tap additional resources. CCA believes collaboration with families, organizations, the community and broader systems is critical to produce meaningful, sustainable outcomes for the people we serve. As such, CCA has served as a leader in the community, bringing organizations together to create stronger programs and implementing systematic changes in the way services are delivered.

**IV. Organizational Mandates**

As a federally authorized Community Action Program (CAP) agency, CCA’s focus is to serve and strengthen low income individuals and families, helping them to become self-sufficient. As a recipient of Community Service Block Grant (CSBG) funds, CCA develops programs that contribute to the achievement of one or more of the six goals developed by the National CSBG Monitoring & Assessment Task force:

1. Low income people become more self sufficient.
2. Conditions in which low income people live are improved.
3. Low income people own a stake in their community.
4. Partnerships among supporters and providers of services to low income people are achieved.
5. Agencies increase their capacity to achieve results.
6. Low income people achieve their potential by strengthening family and other support systems.

Community Care Alliance operates as a community mental health organization licensed by the State of Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH). Owing to this designation, the agency receives Title XX funding, Medicaid, Medicare and has agreements with an array of Health Plans (i.e. Neighborhood Health Plan, United, Blue Cross/Blue Shield etc.). Community Mental Health mandates encompasses the following:

1. Provide ready access to an array of community based mental health services for individuals and families residing in Northern RI.
2. Emergency Services shall be available on a 24 hour 7 day/week basis.
3. An array of services will be established that can be adjusted accordingly based on level of need and acuity.
4. The agency shall establish an array of community based alternatives to unnecessary Emergency Room and Inpatient Psychiatric care.
5. Consultation and education shall be provided to Police, School systems and other entities with respect to mental health.
6. The agency will work toward close collaboration and integration with pediatric and primary care services.

**V. Critical Issues and Challenges**

 (A complete summary of issues and challenges is included in the Annual Community Needs Assessment prepared by CCA.)

* **Meeting basic needs**

Basic needs services for Woonsocket residents continue to be a priority. Significant numbers of respondents reported very or somewhat serious problems with: affordable food choices (40%), paying for utilities (41%), an affordable place to live (48%) and affordable clothing (45%). The lack of affordable/quality housing was noted by 31% of respondents as one of the top causes of poverty. High unemployment and foreclosures rates have placed additional strain on low income individuals and families, contributing to an increased risk in homelessness. The high level of these problems demonstrates the continued importance of mobilizing both public and private entities to ensure that sufficient affordable housing, basic needs and other community based resources are available. Helping people to address these basic needs is critical in order to stabilize individuals and families and prevent homelessness.

* **Unemployment, underemployment and low pay**

Employment remains a concern for many residents, with 67% of respondents reporting that they have an unemployed person in the household. The most significant barriers to employment for unemployed residents reported are a lack of available jobs (44%), health problems or a disability (35%), lack of childcare (22%) and inadequate transportation (18%). A total of 68% of respondents reported that one of the top three causes of poverty was “not enough jobs,” followed by “lack of training/education” (47%). Concern about the limited hours and low pay of jobs was also cited. These reports are not surprising, given the high unemployment rate, which averaged 11.4% in Woonsocket in 2013 (as compared to 9.5% statewide average).

The economic stability needs of unemployed and underemployed Woonsocket residents can be strengthened by helping link individuals to supports in the community including basic needs, information about accessing state/other benefits, employment and training programs, education supports, income tax preparation assistance and financial literacy education.

* **Financial problems**

Financial problems remain a major concern, with 40% of respondents reporting feeling worse off than a year ago with respect to their financial status. Only 14% of respondents reported following a budget in the past year, and 31% have found themselves spending their savings to meet day-to-day expenses. 20% are paying their mortgage or rent late (20%) and 39% are paying their utility bills late. More than half (52%) reported household income of $15,999 or less; the vast majority (69%) live in single income households. The low income coupled with issues with rent/utility payments places many people at risk for homelessness. The median family income in 2012 for Woonsocket was half of the statewide average ($34,017 as compared to $68,326 statewide); 39% of children are living in families below the federal poverty threshold—more than double the state average.

* **Children, youth & families**

Affordable child care remains a significant need for Woonsocket residents, with 23% of respondents indicating an issue with the cost of child care. 20% of respondents noted a problem with lack of night or weekend child care, and 12% noted an issue with either distance or lack of transportation to/from child care. 29% of respondents noted a need for full day educational services for their children (birth to 5 years); 7% noted a need for services for children with special needs.

In consideration of Woonsocket’s child abuse and neglect rate (the highest in the state and more than double the statewide average), the significantly high teenage pregnancy rate (second highest in state for girls ages 15-19), the high rate of children witnessing domestic violence, and the high percentage of children of incarcerated parents, the need to address a multigenerational cycle remains a significant issue to the community of Woonsocket.

* **Transportation**

Transportation remains a significant need for Woonsocket’s residents. 26% of respondents reported that they do not have access to reliable transportation, and 31% reported a very or somewhat serious problem with transportation. Residents have consistently expressed concerns about the limited routes and schedules of the public transit system in Woonsocket that shuts down in early evening. The need for reliable, flexible, and affordable transportation for Woonsocket residents presents as a barrier to economic self-sufficiency and an improved quality of life.

* **Physical and mental health**

There continues to be a need for support to maintain both physical and mental health. 47% of respondents delay healthcare because of the cost, and 56% delay seeing the dentist because of the cost. 26% reported a very or somewhat serious problem with affordable medical care for the family. In addition, 13% of respondents reported a very or somewhat serious problem with access to mental health care. Addressing individuals’ health/mental health concerns will enhance individual well-being and remove a barrier to employment and economic stability.

* **Education**

There continues to be a need to develop and maintain comprehensive educational supports for youth and adults. 24% of respondents reported they do not have a high school degree, and only 17% have a degree beyond high school. 47% of respondents reported that a lack of training/education was one of the top causes of poverty. With the lowest high school graduation rate in the state (61%) and the second highest drop-out rate (21%), there clearly remains a significant need to address the educational challenges found in Woonsocket. Through improved education outreach and programming, the high school dropout rates can be reduced and the ability of residents to maintain long term economic self sufficiency increased.

* **Information, referral and advocacy services**

Due to the range and scope of reported issues of concern, it is critical that information about available services and resources be made readily available so individuals and families are able to access the programs and supports they need to address economic, health/mental health, social service and other concerns. These service referral needs can be effectively addressed through comprehensive program development, advocacy efforts and providing individuals with information and links to resources in the community.

**Strategic Objective I: Prevention and Early Engagement**

Whether with infants, toddlers and their families under stress, parents that have come to the attention of the child welfare system or youth and adults struggling with their first psychiatric episode we will strive to engage these populations as early as possible for the purpose of assisting them with strategies and solutions that reinforce their self-determination and reduce the likelihood of intrusive, restrictive interventions.

Measurable Indicators:

1. Volume of families of newborn infants requesting services and support post hospital discharge.
2. Families referred to community based services as an alternative response to involvement in child welfare system.
3. Identification of youth at risk to self due to onset of a significant psychiatric occurrence.
4. Post psychiatric inpatient referrals for adults.

**Strategic Objective II: Recovery**

The Psychologist Abraham Maslow once commented *“If the only tool you have is a hammer every problem looks like a nail”*.

The families and individuals served by Community Care Alliance frequently have multiple needs not easily resolved by a traditional linear, silo oriented service delivery system. Therefore, we view a recovery driven model that is more individualized, strength based, comprehensive, integrated and multi-faceted regardless of the population. This framework for care assumes recovery to be a continuing, developmental process utilizing multiple tools and resources that may include peer support, formalized treatment and other services, employment and training, education, development of life skills and housing support to name a few. Overall, recovery focused care must first engender hope, dignity, respect and empowerment whether individuals or families.

Measurable Indicators:

1. Availability of peer support and guidance.
2. Input and choice into service and treatment planning.
3. Access to vocational training and employment opportunities.
4. Services focused on problem-solving, capacity and skill building.
5. Collaboration and integration with healthcare and other resources such as housing.

**Strategic Objective III: Economic Stability**

The majority of people served by Community Care Alliance live at or in many cases below the federal poverty line. Meeting ones basic economic needs is endemic to positive parenting and nurturing children as well as maintaining mental health and well being. In order to serve people in a holistic manner CCA will also address economic insecurity through an array of strategies that will include vocational services, employment and training, emergency shelter, transitional and permanent supportive housing, coordination with local landlords, financial education, tax preparation and access to EITC.

Measurable Indicators:

1. Meeting basic needs.
2. Employment.
3. Affordable housing.
4. Building assets through financial literacy (i.e. budget, savings, improved wages etc.)

**Strategic Objective IV: Community Inclusion**

The majority of people served by Community Care Alliance live at the margins of our society. They are low-income, powerless and voiceless often by virtue of carrying past and current trauma more than many could imagine. Too many of the people we serve who by virtue of poverty, life circumstances and various “diagnoses” are marginalized. Community Care Alliance therefore must create a therapeutic community whereby the people we serve experience themselves as unconditionally valued and continually treated with dignity and respect. The truth that we must imbue in this new organization is that there cannot be an “us” and “them” just an “us”; a sense of kinship and mutuality that we all belong to one another. Owing to the populations we serve, Social Justice must be at the heart of our efforts on a daily basis.

Measurable Indicators:

1. Participation in non-profit Board governance, advisory committees etc.
2. Civic activities (i.e. voter registration, voting in municipal elections).
3. Participate in advocacy related activities.
4. Active participation in health, wellness and positive social activities.

**Strategic Objective V: Collaboration**

While Community Care Alliance may have a robust array of services and supportive resources it will be important for us to collaborate with partners encompassing healthcare, housing, domestic violence services, education, childcare and other social services. As a community based organization, our focus will be to accompany the people we serve on their journey and assist them in weaving together the resources that will improve their well-being, dignity and integration with the larger community.

Measurable Indicators:

1. Site co-location of services to facilitate and ease client access to these resources.
2. Joint referral, disposition planning and service coordination between CCA and one or more other organizations.
3. Integration and coordination of services (Example: primary health and behavioral health services).
4. Public-private planning approaches to address population needs (i.e. child abuse and neglect, re-entry programs etc.).

**Strategic Objective VI: Infrastructure**

Community Care Alliance currently owns or leases over 20 separate buildings relative to the provision of services and housing. In addition, the agency maintains a robust Information Technology capacity consisting of an Electronic Health Record, several data bases, a data warehouse and multi-levels of communication that support the workforce in its direct care capacity. While the majority of the agency budget is devoted to staffing, this infrastructure is critical for staff to perform its duties in a safe, efficient manner and for the people we serve to have access to affordable, well maintained housing and facilities.

Measurable Indicators:

1. Ongoing IT speed and efficiency.
2. Access to data to measure progress related to services.
3. Ongoing assessment of building needs and plan for maintenance.