



2009-2012 Strategic Plan

TABLE OF CONTENTS

Pages 1-3	MISSION VISION CORE VALUES PHILOSOPHY STATEMENT
Pages 4-5	ENVIRONMENTAL ANALYSIS AND RELATED CHALLENGES
Pages 6-8	STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS
Page 9	STRATEGIC GOALS
Pages 10-27	STRATEGIC INITIATIVES, ACTIONS AND MEASURES

MISSION

**OUR MISSION IS TO PROVIDE BEHAVIORAL AND EDUCATIONAL SERVICES
IN A CARING ENVIRONMENT
WHERE CHILDREN AND THEIR FAMILIES
FIND STRENGTH, HEALING, HOPE AND TRUST.**

VISION

**OUR VISION IS TO SEE CHILDREN
MEET LIFE'S CHALLENGES,
PURSUE THEIR DREAMS,
AND REACH THEIR FULL POTENTIAL.**

CORE VALUES

RESPECT

- for individuals and families served by the agency.
- for colleagues.
- for life in all its diversity and potential.
- for the agency's heritage and its guiding philosophy.

COMPETENCE

- in developing and implementing effective approaches to the treatment and prevention of emotional disturbance in children.
- through staff development and appropriate research and training opportunities
- through the employment and retention of qualified personnel.

QUALITY

- through a commitment to continuous quality assessment and improvement.
- in striving for excellence and the highest level of professional and ethical practice in every aspect of the agency's operation.

LEADERSHIP

- among professionals committed to the service of children and families.
- through active participation in groups focused on the development and improvement of services for children and families.
- in exploring new and effective methods of serving hurt and troubled children in an ever- changing environment.
- as advocates for the rights and needs of children and their families.

HOPE

- through the creation of a climate of optimism among staff, children, and their families even in the face of trauma and challenge.
- Through acknowledging and supporting the strengths and resiliency of each child and family.
- Through welcoming the active participation of children and families in all aspects of treatment and program design.

PHILOSOPHY STATEMENT

Astor Services for Children & Families functions with a guiding philosophy rooted in the Judeo-Christian tradition, the Gospel of Jesus Christ, and the ethical and moral teachings of the Roman Catholic Church. In accord with its philosophy, **ASTOR SERVICES FOR CHILDREN & FAMILIES:**

Values each person as created by God and possessing inherent worth and dignity. This conviction as to the value of each person precludes any discriminatory practices.

Believes in the possibility of change, growth, development and healing. We seek to create a climate of hope within our agency, with our colleagues, and with our clients even in the face of trauma and challenge.

Believes that each child has rights and responsibilities distinct from the rights and responsibilities of his/her family. Therefore, the agency commits itself to efforts to secure each child's rights to the care, education and treatment required for his/her development.

Values the spiritual dimension of life and respects the diversity of religious and cultural traditions among both staff and clients of the agency. Freedom and opportunity is given to each child in twenty-four hour care programs to practice his/her religious beliefs. In all programs efforts are made to honor the expression of cultural and spiritual values. Staff from various traditions focus on commonly held values, within an agency climate that respects differences, as they unite to fulfill the agency's mission in accord with the agency's philosophy and policies.

Believes that services for children are most beneficial if they can be provided at the earliest possible point of intervention and in the least restrictive setting. Therefore, the agency is committed to both preventive and early childhood development programs designed to foster the emotional wellbeing of children and to treatment programs focused on alleviating the effects of serious emotional disturbance. Every effort is made to intervene as early as possible with high quality, preventive and treatment approaches designed to stem the impact of the pressures of life and to foster the full human development of the agency's clients.

Recognizes that children and their families are subject to new and evolving pressures in our society and that the difficulties encountered as they try to cope with these pressures require a service system that is sensitive and responsive. Astor commits itself to continuing program evaluation and assessment; to the revision and discontinuance of ineffective programs, and to the development and operation of new programs so that the agency's service offerings are those that are most suited and relevant to the needs presented.

Believes that the basic unit of society is the family. In line with this belief, the agency commits itself to family-focused services and to advocacy on behalf of children and their families for the supports and resources that they need. We also believe that families need to be active participants in the care, treatment and education of their children. We need to involve families in all aspects of our organization.

Believes that there are situations in which an intensive out-of-home residential treatment intervention may be the "least restrictive" alternative to effectively address the mental health problems of a youngster. This intensive form of treatment that separates the child and family is to be

utilized selectively and every effort must be made to maintain close ties between the child and his/her family during the child's stay in out-of-home placement.

Recognizes the local community as the place within which families care for their children. Astor seeks to contribute to the positive development of the communities in which agency services are located and to be an active participant and collaborator with the people of each community, with other service providers, churches, schools, and governmental groups.

Values a collaborative approach to service development and delivery. To this end, we work with other agencies and individuals in both the public and private sectors, and commit ourselves to advocacy on behalf of children and their families for the support and services needed to live full and productive lives.

Commits itself to quality and standards of excellence in every aspect of the agency's operations. We believe that the importance of our mission requires nothing less than the highest level of human, professional and ethical practice.

Is committed to the provision of high quality services. We believe that our clients, our co-workers and our collaborators have the right to quality professional practice as well as administrative and support services delivered within a milieu marked by respect and caring. Therefore, we seek to employ competent and compassionate staff and we maintain processes of ongoing quality assessment and performance improvement throughout the agency.

Recognizes the staff of the agency as its greatest asset. The agency holds its staff in the highest respect and commits itself to fair and equitable treatment as reflected in established personnel policies and practices.

Convenes a staff of competent and caring individuals of diverse backgrounds, beliefs, experiences, professions and skills who join together to implement the agency's philosophy and fulfill its mission. We value teamwork and collaboration and we hold each other mutually responsible for the fulfillment of the agency's mission.

Recognizes a responsibility to fulfill a leadership role in the fields of behavioral health, special education, and child development. This may be fulfilled in a variety of ways, including the development and implementation of effective services; dissemination of research findings and outcome studies; participation in selected advocacy and planning efforts and through professional development.

Contributes to professional development and encourages study and research. Astor participates in the education of professionals and students in behavioral health, special education, child development and allied disciplines and encourages study and research. In this way, the agency seeks to expand the number of qualified professionals available and committed to work with youngsters and their families, and to explore improved methods of service delivery.

ENVIRONMENTAL SCAN AND RELATED CHALLENGES FOR ASTOR

- ✦ ***The harsh economic conditions we are facing include higher costs for fuel and food, anticipated cuts for essential programs. In a word, we are facing decisions about survival.*** The question becomes, “how much and for how long?” The families of the children we serve as well as our staff are challenged with providing basic resources for their families. Higher operating costs for our programs further slims the resources we have to make salaries competitive or provide retention incentives.
- ✦ ***OMH Review of ambulatory outpatient services.*** The office of mental health is conducting a full scale review of all ambulatory outpatient services, i.e., clinic/day treatment. Astor’s challenge is to manage the pressure while meeting the requirements necessary to satisfy regulatory bodies and funders.
- ✦ ***Increased emphasis on placing children in community based programs poses both challenges and opportunities.*** While our residential programs struggle with decreases in census, the volume of clients entering our community based programs threaten our staff and facility capacities.
- ✦ ***Compliance and accountability pressures have increased significantly over the past three years.*** Medicaid compliance requirements, audits, paperwork overload and periodic inspections (often unannounced) add stress to already overburdened staff schedules.
- ✦ ***The potential for major capital projects in the Bronx and in Dutchess County*** challenges Astor to maintain excellence and focus while creating strategies for growth and visibility in the communities we serve.
- ✦ ***Early Childhood programs are experiencing an increase in positive attention as the long term benefits are being supported by research.*** Astor’s Early Childhood Programs are recognized as leaders in the field and we are well positioned to take advantage of opportunities that arise.
- ✦ ***A change in administration on the federal level may bring significant changes to our programs.***
- ✦ ***A national shortage of child psychiatrists continues to challenge our ability to adequately serve our clients and to take advantage of growth opportunities.***
- ✦ ***Health care costs stress the staff and agency as we try to reduce the impact of increases on staff.***
- ✦ ***The necessity for Astor to address cultural understanding and language barriers intensifies as the percentage of our Hispanic and Asian consumer base increases.*** The U.S. Census Bureau reports that in Dutchess County between 2000 and 2007, the Asian population increased 33 percent, and the Hispanic population increased 43.8 percent.

- ✦ ***The challenge of securing unrestricted funding to increase our foundation endowment remains an issue for Astor.*** Funders tend to focus on special projects and new initiatives. Astor must be strategic and creative in identifying appropriate funding sources and securing operational support to encourage growth in capacity while maintaining excellence in current programs and addressing infrastructure needs.
- ✦ ***Although funding for services provided to the youth and families served by Astor most often ends at age 18, the need for support and age-appropriate services continues.*** Astor is challenged to improve services to consumers by engaging and integrating families in their child's care, developing systems of support that are not dependent on Astor staff and improving the transition process when families no longer receive Astor's services.
- ✦ ***Increased growth, both programmatically and geographically creates communication challenges.*** Astor must be strategic in developing plans to address communication and develop relationships both internally and externally.

STRENGTHS AND WEAKNESSES (Internal)

Strengths:

The strengths noted consistently throughout programs and by parents were:

- Committed, passionate, qualified and caring staff
- Positive reputation in the community
- Use of Evidence Based Practices (EBPs)/Frontrunner in implementation of Best Practices
- Commitment to family involvement in care and decision-making
- Willingness to accept the most challenging children into our care
- Training opportunities for professional staff
- Diversity of funding and program mix
- Nationally recognized strength of Early Childhood Programs
- Positive reputation that reaches broad audiences (community/policy makers)
- Leadership roles in developing and serving on collaborations such as ECCSI and Born Learning.
- Current board structure is “state of art”
- Willingness to adopt innovative approaches that have demonstrated their efficacy in other business, programs, agencies.
- Openness to new ideas and thoughts in care
- Commitment to Excellence
- Our choice to seek and maintain accreditation by The Joint Commission (formerly JACHO).

Weaknesses:

The issues that tended to elicit the most concern and frustration were:

- The critical need to upgrade Astor’s IT system and add additional members to the IT support staff.
- Communication, i.e., the lack of internal communication and the need to make Astor more visible in and understood by the community.
- A lack of non-restricted surplus capital to address the repair/replacement/space needs of Astor facilities.
- Lack of robust Medicaid compliance program
- Paperwork overload/staff capacity for reporting requirements
- High staff turnover
- Resource development
- Training gaps for direct care, education and administrative support staff as well as the need for training in the application of technology for all staff.
- High level of competition for qualified staff is intensified by the location of many Astor facilities and the lack of unrestricted funding for salary enhancement.
- Less than adequate mechanisms to meet the language and cultural needs of non-English speaking clients.

OPPORTUNITIES AND THREATS (External)

Opportunities:

Astor's commitment to excellence includes taking a proactive approach to identified opportunities as well as evaluating hidden opportunities within the threats we face:

- The current collaborative initiative that partners Astor and three other NYC organizations creates many opportunities for developing stronger relationships, increased visibility and fund raising potential.
- Likewise, the opportunities to promote Clinic Plus, Universal Pre-Kindergarten (UPK) and other potential initiatives, such as Bridges to Health (B2H), in Dutchess County create the same potential as well as marketing specific opportunities to develop relationships.
- New initiatives such as B2H and UPK as well as the implementation of Evidence Based Practices such as Parent Child Interactive Therapy (PCIT) present opportunities to increase services to other counties, school districts.
- The development of the new AHFC board structure has strengthened our capacity for targeted growth and evaluation of services as well as new opportunities to increase awareness.
- Increasing interest in research and knowledge of the impact of early childhood programs and the importance of infant brain development creates positive potential for our growth in our early childhood programs and Astor Early Childhood Training and Research Institute.
- Our involvement in state of the art collaborations such ECCSI and CCSI provide opportunities for us to provide leadership in replicating the models.
- The focus on Community Based programs offers opportunity for growth and increased services for transition age youth.
- The NYS fiscal crisis will create increased scrutiny in choosing agencies that can provide the highest quality services in the most efficient ways. Our focus on Evidence Based Practices and Lean/Six Sigma efficiencies will provide data to prove our effectiveness. The raising in caps for NYS programs also

Threats:

Pressures threatening capacity and quality of services:

- Down turn of national and state economy
- Financial/economic pressures on the nonprofit work force.
- Rapid technological changes.
- Increasing external controls, e.g., County contracts, insurance companies, audit requirements, personnel records, mandates,
- Increased scrutiny on Medicaid compliance.
- Increasing severity and complexity of challenges of children and their families served by Astor.
- When the demand for services increases in our clinics and slots are unavailable the wait time increases. Clients become discouraged when they cannot receive the help they need, ultimately quit calling and spread the word that assistance is not available.
- Increased focus on developing community based services and keeping kids in their homes and communities has resulted in a decrease in referrals to our residential programs.
- The current state fiscal crisis brings uncertainty to future funding of services.
- Lack of psychiatric (national shortage of child psychiatrists) support limits our expansion opportunities.

provides potential to enhance and sustain our current programs. Funding for a new RTF illustrates the recognition that Astor is a leader in residential programming.

- Development of a comprehensive plan for internal and external communications gives us the opportunity to develop and further secure relationships and support.
- Our commitments to EBPs and Lean/Six Sigma gives us an advantage in addressing the need to create efficiencies and improvements in our service areas and to create an improved working environment for our employees.
- We have the opportunity to integrate EBPs and Lean/Six Sigma within the agency to share best practices within our programs and then leverage this expertise externally.

STRATEGIC GOALS 2009-2012

- GOAL ONE: IMPROVE SERVICES AND PROGRAM ACCESS FOR THE CHILDREN, YOUTH AND THEIR FAMILIES THAT WE SERVE.**
- GOAL TWO: INSTITUTE A CULTURE OF CARING FOR STAFF**
- GOAL THREE: RETAIN OUR COMMITMENT TO EXCELLENCE**
- GOAL FOUR: INCREASE ASTOR'S PUBLIC PROFILE**
- GOAL FIVE: IMPROVE THE FACILITIES & SYSTEMS THROUGH WHICH ASTOR PROVIDES QUALITY CARE, EDUCATION AND TRAINING TO MEET THE HIGHEST STANDARDS OF SAFETY, ACCESSIBILITY AND WORK ENVIRONMENT**
- GOAL SIX: BROADEN RESOURCE DEVELOPMENT OUTREACH AND CAPACITY**

STRATEGIC INITIATIVES, ACTIONS, AND MEASURES 2009-2012

Initiatives	Strategic Actions	Measures Of Success
GOAL: IMPROVE SERVICES AND PROGRAM ACCESS FOR THE CHILDREN, YOUTH AND THEIR FAMILIES THAT WE SERVE.		
<p>Conduct comprehensive review of the current state of the art in evidence based practices across the agency, develop action plan to reinforce, expand, and maintain the use of evidence based and best practices across the agency, and implement action plan. Use burgeoning “common therapeutic elements” literature to guide any/all NEW implementation and training.</p>	<p>1) Conduct review of EBP’s in place; tie competency evaluations to EBP’s.</p> <p>2) Increase utility of CANS data; effectively analyze impact of EBPs on outcomes at client, program, and agency aggregate levels.</p> <p>3) Identify and address barriers to effective implementation of current practices. Identify menu of new practices needed and develop implementation plan.</p>	<p>1a) Professional Services Committee completes list of EBP’s in place by 11/1/08.</p> <p>1b) Subcommittee formed by 12/30/08, develops list of competencies by 2/1/09, works with HR to integrate list into performance evaluations by 8/1/09.</p> <p>2a) Develop relational CANS dbase by 10/1/08; BETA test dbase in Dutchess CB programs by 3.09.</p> <p>2b) Fine-tune data base in response to BETA testing and roll out agency-wide implementation, to be completed by May 2010.</p> <p>2c) Agency annual aggregate analysis includes independent variables other than program/gender/LOS and completed by Fall 2010.</p> <p>3a) List of practices (see 1a above) used to hold regional meetings with all providers in agency by 6/1/09; meetings result in comprehensive list of</p>

Initiatives	Strategic Actions	Measures Of Success
		<p>barriers to effective implementation and menu of new practices needed.</p> <p>3b) Prof Services appoints subcommittee to develop action plan to address barriers; first meeting held by 8/1/09; action plan developed by 10/1/09; implementation begins 1/1/10.</p>
<p>Increase the involvement of parents and children in all aspects of agency planning</p>	<p>Develop an Agency Wide Parent Council.</p> <p>Define the scope and purpose of the Agency Wide Council, i.e., number of parent representatives per program and meetings per year, staff responsibility, mission.</p> <p>Convene Cabinet meeting to determine format of Parent Council.</p> <p>Convene Meeting of parents to explore/plan format of Council.</p> <p>Programs Identify potential parents to participate.</p> <p>Identify staff lead/s and roles going forward.</p> <p>Develop budget for council/commit resources.</p> <p>Plan follow-up meeting for Fall 2009.</p>	<p>Cabinet agenda for January 2009 includes formation of Agency Wide Parent Council.</p> <p>Parents identified and contacted to determine interest by Feb. 2009.</p> <p>Parents meet and lead staff identified March - May 2009.</p> <p>Follow-up Meeting held Fall 2009.</p>
<p>Enhance and improve the responsiveness and sensitivity of our services.</p>	<p>Develop a Cultural Diversity QIT.</p> <p>Continue to expand cultural diversity folder on Public Folders.</p> <p>Implement agency-wide use of diversity sensitivity training video.</p> <p>Recruit AHFC Board representation from the Hispanic Community.</p>	<p>Cultural Diversity QIT meets regularly, makes recommendations to programs via cabinet, and participates in cultural diversity training by September 2009.</p> <p>New materials added to folder quarterly in 2009, 2010, and 2012.</p> <p>Video purchased by 11/08. Facilitators identified by 03/09.</p>

Initiatives	Strategic Actions	Measures Of Success
	<p>Develop a training/sensitivity program for working with clients with profound emotional needs and/or living in poverty.</p>	<p>Annual facilitated review of video conducted in each program by 05/10.</p> <p>AHFC board member from Hispanic Community is recruited by Fall 2009.</p>
<p>Increase the responsiveness of our outpatient ambulatory programs to the needs of our clients while increasing our efficiency and financial management to meet increasing regulatory compliance demands.</p>	<p>Analyze impact of COPS elimination and new rate methodology.</p> <p>Determine productivity level with new rate methodology.</p> <p>Continue to participate in the work groups that are meeting with OMH to restructure the rate.</p> <p>Test one of their financing models using one of our programs to understand its impact on Astor.</p> <p>Use information to influence changes to the model before finalization.</p> <p>Model possible scenarios to adapt program models in anticipation of a worst case funding scenario.</p> <p>Once the rate structure is set be prepared to react both programmatically and politically.</p>	<p>Clinics will maintain at minimum current level of financial stability.</p>
<p>Identify a model for the Astor Early Childhood Training and Research Institute that Astor can implement and further develop.</p>	<p>Create strategic partnerships with highly visible organizations.</p> <p>Develop outreach plans to involve ECCSI, UPK and Developmental Screening parents in Head Start parent classes.</p> <p>Identify/evaluate opportunities in market areas outside of Dutchess County.</p> <p>Work with the High Scope National Office to co-sponsor a High Scope training in NYC or Dutchess County 2009-2010.</p> <p>Identify opportunities for Second Step Curriculum (early childhood mental health resource) training through school districts and develop</p>	<p>Head Start Parenting classes become inclusive by Spring 2010.</p> <p>Appropriate collaborations are identified and developed. (ongoing)</p> <p>Appropriate outreach/marketing plans are identified and developed. (ongoing)</p> <p>Future plans for AECTRI and/or ATRI are reviewed and developed at the 2009 Strategic Work Session.</p> <p>Grant proposals developed.</p>

Initiatives	Strategic Actions	Measures Of Success
	<p>marketing/outreach plan based on the findings.</p> <p>Continue sustaining and developing relationships with IBM Kidsmart program.</p> <p>Explore collaborations with academic institutions and health care providers.</p> <p>Explore further development of a comprehensive training institute for Astor at the 2009 Strategic Work Session.</p>	
<p>Continue Development of and Evaluate Expansion Opportunities for early identification and screening programs such as Child Clinic Plus and Born Learning.</p>	<p>Analyze screening data from previous 2 years to determine most effective method of screening.</p> <p>Develop a plan to implement successful methods throughout Dutchess County and the Bronx.</p> <p>Determine potential number of children that would require referral to the clinic.</p> <p>Determine the need for additional staff.</p> <p>Hire/expand clinic to serve population.</p>	<p>Target goal of 3030 children screened is met.</p> <p>Children are scheduled for evaluation within 7 days of screening positive.</p>
<p>Review and improve our residential programs to meet the changing needs of the community.</p>	<p>Astor representative/s participate in Building Bridges meetings to explore and integrate residential and community based services and supports.</p> <p>Explore the value of engaging outside consultants to assist in developing these relationships and links.</p>	<p>Astor plays a leadership role in developing policy to successfully integrate residential and community based support services.</p>
<p>Evaluate current transition planning (all programs) and develop best practices</p>	<p>Programs identify the transition pieces of their programs</p> <p>Evaluate the role and experiences of the OMH/RTF transition officer – “lessons learned”.</p> <p>Evaluate progress in each area and identify gaps.</p> <p>Form transition plan for 2010.</p>	<p>Transition plan formed for each area Spring 2010.</p>
<p>Develop a plan for addressing the increased need for</p>	<p>Advocate for additional training for doctors to meet</p>	<p>Programs have adequate child</p>

Initiatives	Strategic Actions	Measures Of Success
child psychiatrists in the face of a severe and on-going shortage.	those needs. Participate in advocacy for policy change on a national and state level.	psychiatry time to meet client needs.

GOAL: INSTITUTE A CULTURE OF CARING FOR STAFF

<p>Provide staff with resources and tools needed to be successful in their jobs.</p>	<p>QIT Environment of Care Team evaluates missing tools and resources using staff satisfaction survey data.</p>	<p>Staff has tools and resources necessary to do their job.</p>
<p>Implement a “customer service” approach at all levels of the organization and look to expanding the Sanctuary Model agency wide as a way to alleviate the stress among the staff.</p>	<p>Convene an executive staff retreat to evaluate and begin development of an organizational “customer service” model, evaluate the expansion of the Sanctuary Model, and address the problem of high staff turnover.</p> <p>Identify best practice models and trainings to address “servant/leader” training for managers and other subjects that further enhance our management training model.</p> <p>Identify, recognize and utilize expertise of staff members.</p> <p>Analyze data from first satisfaction survey, develop feedback loop via workplace environment QIT team, fine-tune survey and implement annually.</p> <p>Increase staff input opportunities.</p>	<p>Initial satisfaction survey analyzed by 2/09.</p> <p>QIT team prepares and disseminates report to Exec. Cabinet by 4/09. Actions resulting from findings identified by 7/09; implemented by 1/10.</p> <p>Survey reviewed, edited, and re-administered by Summer 2009.</p>
<p>Create new ways to communicate important messages/info to staff as well as opportunities for feedback from staff and increase knowledge of the role of Central Administration and the Executive Team.</p>	<p>Reinvigorate QIT for Environment of Care assign task of gathering feedback from staff.</p> <p>Minutes from Executive Team meetings → Executive Team staff representative on QIT → QIT for Feedback Annual report to staff</p> <p>Staff satisfaction survey implemented each year.</p> <p>Develop a mechanism for development and publishing of agency newsletter.</p> <p>Executive Director increases communication with program staff via Executive Updates and face-to-face</p>	<p>Numbers of communications increases/reports of people receiving needed information increases.</p> <p>Staff satisfaction survey indicates an increase in level of content with agency wide communication.</p>

	<p>meetings.</p> <p>Identify current agency sponsored staff “gatherings” and develop a calendar.</p> <p>Communication issues incorporated into Executive Team agenda and content is suggested for regularly scheduled Executive Director/CEO update.</p> <p>Give staff resources needed to communicate information about Astor.</p> <p>Explore the possibility of an Information oriented computer kiosk.</p> <p>Evaluation designed and implemented to track level of increased communication.</p> <p>Form team of staff to take responsibility for communicating information throughout program areas.</p> <p>Utilize best practices learned form the strategic planning process and replicate for updates on the plan. Implement a Lean/Six Sigma project to address communication flow.</p> <p>Distribute copies of the Strategic Plan and Annual Report to staff utilizing email and public folders.</p>	
<p>Create a culture of wellness for Astor employees.</p>	<p>Assign a task force to study best practices in corporate wellness programs and develop a plan for Astor.</p>	<p>Wellness plan for Astor staff is implemented by January 2010.</p>
<p>Continue the commitment of the organization to improve staff retention.</p>	<p>Identify current turnover levels and develop a system for tracking.</p> <p>Create regular reports through Kronos.</p> <p>Monitor and use the reports.</p> <p>Convene a day-long executive staff retreat to evaluate and begin development of an organizational “customer service” model, evaluate the expansion of the Sanctuary Model, and address the problem of high staff turnover.</p>	<p>Turnover levels are tracked and evaluated on a regular basis.</p> <p>Strategies for improving turnover ratios are in implemented.</p>

GOAL: RETAIN OUR COMMITMENT TO EXCELLENCE

<p>Astor will create a culture of process improvement based on the Lean/Six Sigma methodology in order to enhance and improve services to our clients and to emphasize an environment of respect for our employees.</p>	<p>Successfully implement and measure an initial agency wide Lean/Six Sigma project (including mapping) and one program Kaizen with ASTOR trainer.</p> <p>Train one employee as a Lean Six Sigma Black Belt to address agency-wide needs, coordinate, monitor and provide counsel for identified projects. Train and certify at least two additional employees in LSS.</p> <p>Develop a plan and secure funding for systematic implementation of LSS throughout agency processes 2009-2012.</p> <p>Design Sigma measurements for continued evaluation of Dutchess Community Based Lean projects completed in 2008 by outside facilitator.</p> <p>Report charter progress through AHFC board monitoring committee.</p>	<p>Complete DMAIC phase of Lean/Six Sigma for agency wide hiring and Implement new agency wide projects by February 2009.</p> <p>One Black Belt and one LSS certified program specialist trained by January 2009. One additional certified LSS specialists in remaining program areas by Fall 2009.</p> <p>Plan for agency wide implementation of LSS completed by December 2012.</p> <p>Implement sigma measurements into community based programs front office lean and paperwork kaizen by Fall 2009.</p> <p>Reports submitted to CSL of committees for bi-monthly committee meetings – ongoing.</p>
<p>Re-energize agency Quality Improvement Teams (QIT).</p>	<p>Review existing teams, identify new teams needed, clarify appropriate role, communication loop, leadership and membership of teams.</p>	<p>CQI reviews current list of QIT teams by 12/30/08. Leadership and membership are revised to increase effectiveness and commitment of teams.</p> <p>Executive Director (with Dir of PIOMR) disseminates memo to teams clarifying their purpose, expectations, and communication process.</p> <p>QIT teams meet quarterly starting in 2009. Each team submits quarterly minutes to CQI (prompted/monitored by CQI Coordinator). Exec. Dir/PIOMR hold quarterly conference calls with QIT</p>

<p>Develop a comprehensive compliance program for the agency and educate employees regarding compliance procedures and regulations.</p>	<p>Develop a detailed knowledge of current Astor Medicaid and Compliance procedures.</p> <p>Develop a thorough knowledge of Federal and State regulations regarding Medicaid-funded behavioral health services.</p> <p>Perform audits of all agency Medicaid funded programs.</p> <p>Make sure each program has current documentation. Develop internal audit procedures and select programs, timing, size of sample to be audited.</p> <p>Suggest implementation of Lean/Six Sigma initiatives when appropriate and champion these projects.</p> <p>Allocate resources to monitor and assure corporate compliance (Medicaid & other).</p> <p>Enhance computer based documentation to be intolerant of errors/omissions-give staff power to use electronic tools and develop solutions.</p> <p>Process is inclusive of all staff – acknowledging the people as experts.</p> <p>Develop a system for reporting out on Compliance issues Develop an electronic system for analyzing information</p> <p>Compliance Analyst will work with service-area AEDS and their staff to correct errors discovered during audits and implement procedures to prevent reoccurrence and develop a reporting structure for compliance activities:</p> <p>Compliance Analyst will develop and maintain a database to track Medicaid-related performance indicators; determine what specific indicators to track and report on; determine report formats.</p> <p>Compliance Analyst will attend program level quality assurance meetings as well as the Central Quality</p>	<p>leaders starting Spring 2009.</p> <p>Summaries of audits forwarded to CFO for review. Ongoing. “Zero defects” found.</p> <p>Agency manual is completed in user-friendly form by Fall 2009.</p> <p>Lean/Six Sigma projects completed – ongoing.</p> <p>Survey data reports high number of staff attending presentations as will as a high level of effectiveness.</p>
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	<p>assurance Committee. This person will present on compliance activities and the indicators at meetings.</p> <p>Develop a training program for staff regarding compliance procedures and regulations and present this information to staff.</p> <p>Develop surveys to determine effectiveness of presentations, number of staff attending presentations</p>	
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GOAL: INCREASE ASTOR'S PUBLIC PROFILE		
<p>Develop a “brand” for Astor. Increase awareness of Astor’s services and needs.</p> <p>Create resources and new ways to communicate important messages/info to stake-holders.</p>	<p>Work with outside consultants to develop brand, new materials and a public relations plan to raise awareness of Astor.</p> <p>Develop new, consistent and targeted messages</p> <p>Formalize process for collecting and maintaining success stories</p>	<p>“New” brand (name, logo and materials developed)</p> <p>Key employees receive media training</p>
	<p>Expand Astor’s profile in the community’s we serve. Identify potential intermediary audiences that need information on Astor services – pediatricians, schools, nurseries, parents, community leaders.</p> <p>Develop program specific materials, marketing plans and a plan for distribution of the materials.</p> <p>Communications and Early Childhood programs convene to evaluate and implement best practices established by the Head Start models.</p> <p>Develop a mechanism for accurately directing inquiries to the appropriate program.</p> <p>Develop a volunteer corps to assist in increasing Astor’s visibility.</p> <p>Educate staff on Astor programs through better use of the Intranet – make it user friendly and timely.</p> <p>Develop a Bronx Strategic Task Force.</p>	<p>Increased awareness of Astor’s programs.</p> <p>Increased number of articles in the press.</p> <p>Increased number of presentations to the public regarding Astor’s services.</p> <p>Increase in dollars raised.</p>
<p>Increase awareness of Astor with policy makers particularly in the Bronx.</p>	<p>Develop a communications plan for outreach to policy makers.</p> <p>Develop white papers and a plan for distribution that includes outreach to legislators and key stakeholders.</p> <p>Evaluate expansion of the public policy breakfast in Dutchess County and replication of the model for an</p>	<p>Communications plan developed by Fall 2009.</p> <p>Legislator’s awareness of Astor’s programs increase (constituents are referred to programs and information requests increase).</p>

	outreach event to legislators in the Bronx.	
Develop program specific marketing plans.	<p>Identify potential intermediary audiences that need information on Astor services – pediatricians, schools, nurseries, parents, community leaders.</p> <p>Develop program specific materials, marketing plans and a plan for distribution of the materials.</p>	

GOAL: IMPROVE THE FACILITIES & SYSTEMS THROUGH WHICH ASTOR PROVIDES QUALITY CARE, EDUCATION AND TRAINING TO MEET THE HIGHEST STANDARDS OF SAFETY, ACCESSIBILITY AND WORK ENVIRONMENT

<p><u>Information Systems</u></p> <p>Develop a long-range plan for IT that includes increased support services; increased training to use opportunity to capacity, and long-term provision of adequate electronic resources.</p>	<p><u>Information Systems</u></p> <p>Evaluate current resource use and develop a plan for finances to increase support and assure that equipment continues to be updated on an on-going basis.</p> <p>Develop a staffing plan for additional support of IT system.</p>	<p>Increased support for IT system and necessary equipment upgrades are completed by June 2009.</p> <p>Long term plan for equipment replacement as needed is implemented – ongoing.</p>
<p><u>Facilities</u></p> <p>Identify and prioritize repair, replacement and space needs for Astor facilities.</p>	<p><u>Facilities</u></p> <p>Develop and maintain a current/continuous list of facilities needs to be maintained by the development and operations departments.</p> <p>Prioritize Building Needs and develop timeline for needs.</p> <p>Communicate needs and costs to the Astor Development Department, CFO and ASFC&F Board Planning Committee (as approved by Executive Cabinet).</p> <p>Develop a strategic plan/timeline for securing funds for needed repairs</p>	<p><u>Facilities</u></p> <p>Building needs prioritized by programs and then Executive Cabinet.</p> <p>Needed funds secured for project completion.</p> <p>Projects completed in a way that meet our highest standards of excellence in caring for our children, families and staff.</p>
<p>Create a long-term plan to strategically address facilities needs and program expansion.</p>	<p>Schedule regular meetings to communicate and collaborate plans for space needs and expansion. Develop a plan to strategically address real estate opportunities for investment and expansion.</p>	<p>Long term facilities plan approved by ASFC&F board.</p>
<p>Assess existing Residential Treatment Center and develop plan for renovation.</p>	<p>Review architect’s report, assess feasibility to act on recommendation</p>	<p>Project reviewed and/or approved by Executive Team and ASFC&F Board.</p> <p>Renovations in process or completed.</p>
<p>Construct New Residential Treatment Facility in Rhinebeck.</p>	<p>Take next steps on OMH approval process</p> <p>Assess financial capacity to undertake this project.</p>	<p>ASFC&F Board approval for project.</p>

	<p>Identify requirements and processes for local and state building project approvals.</p> <p>Begin Construction.</p>	<p>Building in progress or completed.</p> <p>RTC Facility renovation in process or completed.</p>
<p>Move Poughkeepsie Day Treatment to an appropriate site.</p>	<p>Submit proposal and continue conversation with the Archdiocese to obtain additional space for PDT at Mt. Carmel School.</p> <p>Develop plan to fund cost of improvements to bring the building into compliance with ADA.</p>	<p>PDT relocated by September 2009.</p>
<p>Identify needs for additional facility space in the Bronx and develop plans to meet those needs.</p>	<p>Locate permanent space for Highbridge Clinic.</p> <p>Determine feasibility of combining Tilden and Byron Day Treatment programs at one site.</p> <p>Identify and develop a plan to address facility needs in the Bronx.</p>	<p>Plans to address needs for additional space are developed and implemented by 2012.</p>

GOAL: BROADEN RESOURCE DEVELOPMENT OUTREACH AND CAPACITY

<p>Increase Astor's annual fundraising income (including unrestricted funds);</p>	<p>On-going cultivation of key stakeholders (e.g., newsletter, phone, donor/volunteer events, etc.).</p> <p>Engage in Annual Fundraising Campaigns.</p> <p>Maintain list of organizational needs.</p>	<p>Increase in annual fundraising income by 5% each year.</p>
<p>Created and maintain a diversified fundraising program</p>	<p>Obtain financial support from: foundations, corporations, individuals.</p> <p>E-mail/Website Appeals: Website will be populated with list of needs and sent to potential donors on an ongoing basis. Major targets are our current donors who have in-kind donations.</p> <p>Explore opportunities for a planned giving program.</p>	<p>Increased diversification in fundraising program.</p>
<p>Develop and implement a fund raising plan to address additional needs for facility needs and programmatic support in the Bronx.</p>	<p>Research opportunities for Foundation Support for capital projects and develop appropriate grant proposals.</p> <p>Engage Bronx Strategy Task Force involvement in developing relationships with donors in the Bronx community.</p> <p>Identify opportunities for legislative grants and member items.</p> <p>Identify opportunities for corporate support.</p>	<p>Fundraising opportunities identified and implemented for the Bronx.</p> <p>Increase in advocates for the Bronx programs.</p>
<p>Develop and implement a fund raising plan for expansion of Astor's Early Childhood Training Institute.</p>	<p>Identify potential foundation support and develop grant proposals to continue funding Institute initiatives.</p>	<p>Grant proposals developed and submitted.</p>
<p>Develop grant proposals for Lean Six Sigma initiative.</p>	<p>Identify potential funding support from foundations and corporations and develop proposals for funding of 2-3 year Lean Six Sigma initiative.</p>	<p>2-3 year Lean Six Sigma initiative implemented by Fall 2009.</p>

LEAN SIX/SIGMA

The Fusion of Two Process Improvement Methodologies for the Service Sector

LEAN/SIX SIGMA is a process improvement methodology which combines (as the name implies) tools from both Lean Manufacturing and Six Sigma. The roots of both Lean and Six Sigma are in the manufacturing process and gained notoriety by their use in Fortune 500 companies such as Toyota and General Electric, with Lean concentrating on the elimination of waste and increased speed while traditional Six Sigma focuses on quality. By combining the two, the result is better quality faster. Lean Six Sigma recognizes that you cannot do "just quality" or "just speed," rather, you need the balanced process.

Approximately 30% to 50% of the cost in service organizations is caused by expenses related to slow speed or performing rework. Lean looks at the removal of eight different types of wastes so that nothing is added to the process that is not of value. Sigma attempts to remove variation from the process so that quality remains consistent. For client centered care, the fusion of Lean and Six Sigma improvement methods is ideal since the removal of waste can be measured statistically while the quality improvement process can be speeded.

ASTOR began implementing the Lean methodology in our Dutchess Community Based (DCB) programs through the Medicaid billing process. The results were so successful that we have used Lean/Six Sigma to improve processes in the DCB front offices and paperwork flow as well as agency-wide in our hiring process. Going forward, other areas where Lean/Six Sigma might play a significant role are in the billing process, implementation of electronic medical records, and internal communications. Two staff members have achieved "green and black belt" status and we plan to certify additional program staff so that ASTOR will develop a true Lean/Six Sigma culture.

Astor Early Childhood Training and Research Institute (AECTRI) Parent and Caregiver Training Summary

The Astor Early Childhood Training and Research Institute (AECTRI) Parent and Caregiver Training Project develops and/or implements training programs that provide those who care for our young children with techniques, resources, strategies, understanding and confidence. This information will assist them to nurture and prepare our children socially, emotionally and intellectually for school and ultimately for a healthy future. The guiding principle of our project is a focus on supporting relationships among the parent, the child and the caregiver, while promoting best child rearing and group care practices.

In October 2007, Astor began implementation of Phase One of the AECTRI Parent and Caregiver Training Project. By April 2008, all stated goals were met, enhanced or adjusted to better meet the overall goals of the project. These included: development of the project plan and survey tools for parents and caregivers, successful completion of five focus groups throughout Dutchess County, and development of curriculum for parent workshops. Additionally, a week-long infant toddler training intensive was successfully implemented.



The Child and Family Clinic Plus program was introduced in the ASTOR Dutchess County and Bronx programs in 2007. "Clinic Plus" is part of a state-wide initiative by the Office of Mental Health to transform mental health services for children and families. The purpose is early identification and intervention of social emotional problems in children, from ages 2 to 18.

Child and Family Clinic Plus works closely with families to help with early identification of emotional needs by providing free voluntary screening in community settings like schools and health centers, and screening is available only with a parent or guardian's signed consent. In compliance with HIPAA laws, the results of a child's screening and any recommendations are shared only with the parent or guardian unless they grant permission for further dissemination.

If emotional difficulties are identified, the program works with family members to pinpoint a child's individual needs. In addition to providing access to cutting -edge treatments which have been scientifically proven to work, services are also offered right in the family home to ensure that interventions work in the child's own personal environment and natural surroundings. Most importantly, no one will be turned away, regardless of their ability to pay.

Quality Improvement Teams

The Quality Improvement Teams (QIT) were developed to serve as advisory committees to both CQI (Continuous Quality Improvement) and the Executive Team. The QIT are comprised of experienced staff from across program lines who share a specific interest or expertise. The role of the QIT is to identify issues specific to their expertise and to alert the agency to the ramifications of these issues, or to provide consultation to the agency as requested by the Executive Director, Executive Cabinet or CQI. Committee chairs are appointed by CQI.

Administrative Support QIT: Help to improve services to clients by allowing more time for clinicians and other direct service staff to interact with clients, making a good first impression with clients, and employing and retaining qualified staff.

MIS QIT: General improvements to the Management Information Systems (MIS). Team sets priorities in order to assist in the agency's strategic planning process.

Education QIT: Act as a sounding board and support system for various Astor educational programs. Addressing issues related to new state and federal developments in education and certification. Addressing Astor-specific issues related to education of clients.

Professional Services QIT: This is the current Professional Services Committee.

EoC/Workplace QIT: Ultimate goal of retaining qualified staff and improving the workplace milieu for Astor staff. This includes physical environment of care issues, with particular emphasis on the socio-emotional culture of each facility and maintaining a comfortable, productive, and experienced workforce.

TCI QIT: Discuss issues related to performing and training staff to perform physical holds (Therapeutic Crisis Intervention) in the various Astor programs. Specific issues at outset included long-term responses to the changing state climate, as well as short-term physical intervention issues, including uniformity of training, appropriate training levels relative to position and specific staff characteristics (e.g., physical fitness).

Nursing QIT: Discuss agency strengths in providing health services and areas of concern across the agency. Specific issues at outset included difficulty obtaining dental treatment, referrals to specialists, and eye glasses, as a result of physicians' failures to accept Medicaid for services. Subsequent meetings addressed consents, medication training, continuity of care, and coverage.

Management Training QIT: Design a management training curriculum, design a management training peer supervision mechanism, and implement the above.