Catholic Charities of the Archdiocese of Newark
Mount Carmel Guild Behavioral Health System
Mount Carmel Guild Schools

2021-2023 Strategic Plan

1.Introduction / Overview

Catholic Charities of the Archdiocese of Newark (CCAN) developed this strategic plan to use internally as a planning tool and also to communicate our mission and direction with our stakeholder partners in the community. This plan was developed with input from a variety of stakeholders, including clients, employees, Trustees, funders, donors, community partners, and others. A range of factors were considered in formulating our main goals for this strategic plan. A summary of these factors are provided below.

2.Mission

Mission: Catholic Charities as a ministry of the Archdiocese of Newark participates in the Church's social mission by recognizing the inherent dignity and worth of all people and responding with sincere Christian compassion to the corporeal needs of the poor and marginalized. The service of Catholic Charities is inspired by faith in Jesus Christ, Sacred Scripture, and the continuing exposition of Catholic social teaching. Through these activities, Catholic Charities strives to assist individuals in need, strengthen families, and provide those it serves with an experience of God's mercy.

3.Background and History

Tracing its roots to 1903, Catholic Charities of the Archdiocese of Newark (CCAN or Catholic Charities) is the non-sectarian, not-for-profit social service corporation serving Bergen, Essex, Hudson and Union counties of New Jersey. Last year, CCAN's staff of over 700 served more than 60,000 people through 88 programs, including a broad range of health, education, and social services including: shelters, emergency food, behavioral health, information and referral, case advocacy, family counseling, emergency response, immigration services, day care centers, older adult services, workforce development, special education programs, and transitional living. Catholic Charities strives to improve the quality of people's lives and enhance their self-worth and dignity by providing superior social services, behavioral health, and education programs, and by advocating for justice in all human relationships.

4.Expectation of Persons Served

Catholic Charities asks clients 10-12 questions about their satisfaction with services and whether services were delivered in a non-discriminatory manner. The Agency solicits feedback from all persons served either once or twice annually, depending on the program/funder. From a high of 1,517 surveys in 2011 to a low of 667 surveys in 2016, an effort was made over the last few years to ensure surveys were solicited and obtained from more persons served. As a result, the number of surveys in FY 19/20 rebounded slightly to 825.

Senior staff conducted a review of the satisfaction surveys submitted in FY 19/20. There were no trends identified in any particular question that required follow-up or corrective action. One trend identified was that residential programs such as shelters, transitional housing, and supportive housing tend to have lower ratings. In addition, some programs did not administer surveys.

The QA Committee completed a comprehensive overhaul of the satisfaction survey over the last 12 months. These changes took into consideration best practices in client feedback (CARF). Questions were re-worded, new questions were added, and questions were grouped with similar questions to flow better. The new survey will be used across the board starting in FY 20/21. The new survey was piloted among a few programs to determine ease of use among persons served and to make any adjustments needed. The survey is now available in both a numbered format (Scale of 1- to 5) as well as "words" along the same 5-point scale, ranging from "Strongly Disagree" to "Strongly Agree." Surveys are available in English and Spanish, and may be read to consumers as appropriate.

5.**Staff Input**

In September, 2020, the agency sent out a staff survey to all employees via Google. Of the 567 staff, 177 staff members completed the survey: Catholic Charities – 111 (62.7%); Mount Carmel Guild Academy – 34 (19.2%); Behavioral Health – 32 (18.1%). The main question posed was to ask employees where the agency should focus its efforts in the next Strategic Plan. Six choices were provided, with the option to add their own suggestion. The results, by votes & percentages, were as follows:

1. Technology (62 votes, 35%)
2. Staff Development (34 votes, 19%)
3. Facilities (25 votes, 14%)
4. Development & Fundraising (23 votes, 13%)
5. Communications (21 votes, 12%)
6. Emergency & Disaster Planning (12 votes, 6%)

While the majority of employees—across CCAN, MCG and MCGA—identified technology to be the number one priority for the strategic plan, the feedback and comments received highlighted additional concerns and consistent themes. The common themes of the feedback provided on the priorities chosen, identified a lack of communication; poor maintenance of facilities and a lack of emergency/disaster preparedness (specifically related to COVID-19).

The survey also asked employees what the biggest challenge the agency faces. This was an open-ended question. In the feedback for this question, the vast majority of employees identified an inability to hire and retain staff (due to low salaries; no raises; lack of incentives; lack of support and low morale) and financial security (a need to improve development and donations/identify alternative funding sources to sustain programs) as the biggest challenges.

6. Stakeholders (Community Partners, Volunteers, Board of Trustees, Donors)

Catholic Charities has relationships with a diverse and extensive group of external stakeholders which provide a wide range of assistance to the agency – including critically important financial support, social service collaboration, governance and volunteers – all of which benefits our clients that rely on our services and assistance.

The agency is dependent upon funds from a variety of governmental (federal, state, county and municipal) and foundation sources, along with contributions from individual and corporate/organizational entities. Implementing appropriate donor management practices in order to maintain productive and ongoing relationships with both grantors and donors, and continuing to seek out new organizational and individual sources of support are both key components of this plan.

Similarly, Catholic Charities relies upon strong and collaborative relationships with a considerable number of other service agencies (both private and governmental) which greatly enhances our ability to provide the most comprehensive assistance possible to our individual and family clients. Efforts will be continued, and periodically evaluated, to insure these associations are cultivated, maintained, and where possible expanded.

The assistance that Catholic Charities receives from volunteers serving in many different capacities – from the Board of Trustees to all our community service and residential programs – provides invaluable and irreplaceable resources to our operations. Much of what volunteers contribute in either time, talent or resources would not otherwise be available so the agency benefits greatly from their involvement. A new Office of Volunteerism was recently established to help manage and coordinate the entire process of recruitment, placement and evaluation.

In order to obtain feedback from parishes, in September 2020, a survey was sent to 21 pastors, with representation from each of the four counties we serve – Bergen, Essex, Hudson, and Union. Eight surveys were returned. Seven of the eight responses said that the parishioners needed a better understanding of Catholic Charities/Mount Carmel Guild. Of the three who said their parishioners received services from Catholic Charities/Mount Carmel Guild, 2 of the 3 stated that the parishioner was dissatisfied with the services they received. The top three critical human service needs were counseling (individual, family, or substance use), affordable housing, and obtaining care for an elderly family member.

Similarly, fifty surveys were sent to a cross section of donors seeking input on a variety of issues ranging from how they came to support the agency, what they know about what we do, and their impressions of how efficiently we operate and communicate. The survey pool included individuals who were relatively new donors (1-5 years) as well as those who have given for over five years, and responses were equally divided. A total of ten (10) responses were received. Most respondents (80%) believed the agency successfully carries out its mission, and somewhat know about the services we offer. 100% indicated that we were good stewards of their donations. There were very mixed responses on

donors' impressions of our financial situation, with equal numbers indicating it was favorable or unfavorable, with two not knowing. Responses were very positive (Satisfied or Very Satisfied) on a series of questions on the materials we sent, if they felt regularly informed of how their funds are being used, and the recognition they receive.

Surveys were also sent to all seventeen board members and a total of seven were returned. Most respondents felt they were properly oriented to serve on the board, and were unsure about revising the orientation process. Results were very mixed on how much importance fundraising should be a responsibility of being a Trustee, with results ranging from "not at all" to "somewhat important;" no Trustee felt fundraising was "absolutely essential." No respondents indicated they needed a better understanding of the agency mission or identity.

In terms of ranking our programmatic areas of operation as "strongest", "weakest", and "mission critical," there were four areas that garnered a decisive majority of votes – Children & Family Services, Adult Services, Shelter & Housing, and Community Access and Volunteer Services. The areas that one half of responses felt were our weakest included Special Education School, Immigration Services, and Child Care and Education Services.

7.**Competitive Environment**

The breadth and focus of CCAN programs have established the agency as a major provider of social services for the neediest members of the four counties that comprise the Newark Archdiocese; Bergen, Essex, Hudson & Union.

Despite our long-term and steadfast assistance to those most in need, a number of our programs are experiencing increased competition from a variety of other entities. For instance, with changes in the NJ Medicaid system and the establishment of a fee for service model we are now competing for clients with hospitals and for-profit agencies who formerly were referred to us (resulting in a significant decrease in funding); our lower salary structure across several service departments has resulted in similar programs hiring our staff away with offers of more money; and some of our training program offerings have not kept pace with those in higher demand so enrollment has been affected. Specific strategies will be developed and integrated into this plan which will work to address and mitigate the impact of these forces.

8.**Financial Opportunities**

During the past three years, our contribution and special events fund raising revenues has been fairly consistent, averaging $1,437,000 per year. As a result of the Covid virus, the Agency applied for and received $4.4M in emergency funding from the SBA to cover personnel (salary & fringe benefits) plus rents & utilities from May 1, until November 1, 2020. As a one-time source of revenue, once these funds are depleted, it is critical that all fee-for-service programs must meet their budgetary targets to avoid any major staffing

reductions. The following schedule summarizes our approved SBA loan and the amounts recognized in FY 2020 along with the balance available for FY 2021.

	CCAN	MCG/BH	EDUC	TOTALS
Approved PPP Loan	**$2,715,000**	**$1,165,000**	**$557,500**	**$ 4,437,500**
Revenue	**(1,357,500)**	**(582,500)**	**(104,845)**	**(2,044,845)**
Balance - 06/30/20	**$1,357,500**	**$ 582,500**	**$452,655**	**$ 2,392,655**

9.**Financial Threats**

There are several financial threats that the agency faces over the next three years:

- **Loss of patient revenues - Fee-For-Service (FFS) Impact:**

Effective, July 1, 2018 the Division of Mental Health Services eliminated our annual block grant contract that provided annual funding of $6.5 million. This covered employee salaries, fringe benefits, facility and overhead costs. In place of a fixed cost contract, NJDMHS implemented a new fee-for-services (FFS) system and increased Medicaid rates, so our combined payments from these sources would be equal to or greater than previous levels of funding. Unfortunately, our actual income levels under this new reimbursement model showed a significant shortfall. In FY 2017, our combined grant and fee revenues were $16M vs. $13.8 for FY 2019. Based on actual operating results for FY 2020, we earned $10.0M, representing a decrease of $6.3 million (40%) from FY 17.

- **Past Debt Obligations:**

In 2005, Catholic Community Services and Mount Carmel Guild Behavioral entered into a “Settlement Agreement” with the NJ Department of Human Services to satisfy a debt obligation of $33.6M over a period of 30 years. This obligation requires cash payments totaling $16.8 million plus a service commitment for the same amount. Currently, MCG/BH has an outstanding cash balance of $7.7 million with scheduled payments of $550K/year through 2023. This increases to $630K for the next 10 years until 2033. As for the required $16.7 of bartered services, we have satisfied only $2.4 million leaving a balance of $13.9 million that needs to be addressed. These services were provided by our IPU that was closed during January 2010. With this closure, we have not been able to satisfy the bartered service commitment per this settlement. Requests made by our Agency to NJDMHS to modify and/or reduce this commitment have not been successful to date.

- **LOS Grant Contracts:**

Grant contracts that limit reimbursements based on meeting targeted service levels, impacts our ability to cover program costs resulting in an operating loss for the program. While the proposed contract budget may look reasonable, the final results are often below projections.

- **Cost Based Contracts:**

Grant contracts that are cost reimbursed offers other challenges. Any underspending for salary and other program costs may result in a reduction of revenue and a possible payback of unspent funds. During the past three years, we have recorded amounts due government for under spending of $200K- $300K per year. In many instances, attempts to modify grant contracts for unspent salaries and benefit has been denied.

- **Discontinued Programs:**

With the loss of PACT program in FY 2020, MCGBH lost funding of $1.7 million. While the cost for salary and fringe benefits has been eliminated, facility costs and G&A overhead of $240K and $171K, respectively, have to be absorbed by the Agency.

10. Organizational Capabilities

Catholic Charities' key strengths are the wide array of services we offer to people in need in our community, and our commitment to providing these services while treating the people with dignity and respect. Accredited by the Council for the Accreditation of Rehabilitation Facilities (CARF) and the National Association for the Education of Young Children (NAEYC), Catholic Charities subscribes to the highest standards of competent service, integrity, and accountability. Services offered are monitored for quality through both a formal internal QA review as well as external reviews by our funders.

Among the services we provide are behavioral healthcare for individuals with mental health disorders and/or substance use disorder; workforce development; immigration and refugee services; programs for older adults; counseling for families and services for children at risk of abuse or neglect; veterans services; shelters, transitional and permanent housing facilities; youth aging out of the foster care system; persons with disabilities; children with autism or ED; individuals on welfare or timing out of welfare; individuals involved in the justice system; individuals with HIV/AIDS; families in crisis (food and/or housing). Our founding documents affirm that we "should be a catalyst both among the Church membership and in the larger community to bring about the conditions that will foster the freedom and dignity of all peoples." We strive to ensure that our Board of Trustees, leadership, staff, and volunteers all understand the intimate connection between justice, dignity, and freedom. Therefore, our work with adults and children, with immigrants and the disabled, with the homeless and the hungry, with the poor and the vulnerable truly takes the form of a life-affirming ministry of service.

Upon surveying CCAN, MCGA, and MCGBH division directors, it emerged that there is no formal succession plan in place for any of the CCAN or BH divisions in the event of a director or program manager's departure or extended absence. Some divisions reported an informal policy whereby the supervisor of an employee on leave covers the employee's duties, while others have a policy whereby the employee's most senior direct report covers the employee's duties. Some divisions have backup plans only for particular employees that have department-wide responsibilities, for example, the billing coordinator. Most BH departments consider it best practice that the responsibility falls on the person who supervises the exiting employee to take over. Alternatively, if there is a person who is overseeing a replica program they will manage both until a replacement is found. However, this is not uniformly implemented and is not an official directive. MCGA is currently operating under its COVID reopening plan which is mandated by the NJDOE and outlines various scenarios if employees are sick or otherwise unable to return to work.

11. Social Determinants of Health

Technology: Nearly 90% of residents in the four counties have a computer, and over 80% have broadband internet. A new barrier that we are realizing is that many clients do not have cell phones, or do not have phones with unlimited minutes. Given the pandemic, this has impacted their ability to participate in telehealth or tele-mental-health services. Many clients may not have access to telehealth options or cannot navigate video conferencing means.

Education: 86.2% are HS graduates, whereas 35% have college degrees. 15% of the students in Essex County are chronically absent, compared to 6% in Bergen County.

Crime: Violent crimes is rather high in the urban areas of our service region. In Newark the violent crime rate is 7.59 (per 1,000 residents) compared to 2.08 in New Jersey as a whole. In Jersey City, the violent crime rate is 4.65. Many individuals in our service area have been a victim of or witnessed trauma, which significantly impacts their well-being.

Unemployment/Poverty: Unemployment in this area has been trending downward over the last few years, with the exception of the COVID19 pandemic. Typically, unemployment is as low as 2.8 in Bergen, and as high as 4.5 in Essex. Nearly 11% of persons are living in poverty. The number of children living below the poverty level is disproportionally represented in race, with black children 18% of the population, but 24% of the population of children living in poverty. Our urban areas of Newark, Jersey City and Elizabeth have more challenges, which is where the majority of our clients come from. In Newark, unemployment is 10.9 as of September 2020, up from 3.9 the same time last year. The poverty level is nearly 30%, triple that of the state's rate. Jersey City's unemployment rate is 5.5%, with nearly 20% of the population living below the poverty level, which is still double the state's rate.

Healthcare: Among our clients with mental illness, nearly 80-85% have high blood pressure/hypertension. A high number of them have diabetes and hypertension. Unfortunately, many psychotropic medicines that our clients are prescribed have co-morbidities for metabolic syndrome, meaning they are at risk for cardiovascular disease, stroke, weight gain, diabetes, and obesity. Many of the doctors in this area do not participate in Medicaid and the ones that do are overwhelmed. Therefore, there are not able to provide the quality care that our clients need. Our urban centers are food deserts, meaning there are not many options to purchase healthy food. Fast food is prevalent. A significant number of clients we serve do not have health insurance or are undocumented. This also impacts their ability to receive the proper healthcare. Our healthcare staff do their best to track certain factors such as weight and bloodwork, and work to educate persons served about exercise and nutrition.

12. Demographics

Catholic Charities provides services in the four northern New Jersey counties of Bergen, Essex, Hudson, and Union. These four counties also include several large cities, including

Elizabeth, Jersey City, and Newark, which make up for nearly ¼ of the total population of these four counties. This part of the state experiences very high density, with nearly 3 million residents. About half of the population has children, and 15% of the population are over the age of 65. There is also a rather diverse population, with Black/African Americans making up 21.5% of the population, and 28.9% Hispanic. In addition, 32.2% of the population is foreign born, and 44.5% speak a language other than English at home. The cost of living is particularly high in this part of the country and state. In our four-county service area, between 40% and 52% of the population spends more than 30% of their income on rent.

Approximately 1/3 of the consumers we serve come from Newark or Jersey City. Our clients are 33% Black/African American and 43% Hispanic. 40% of our clients are between 18 and 64 years of age, with 9% being over 65. A disproportionate number of persons served do not have family members to help them manage their healthcare.

13. **Regulatory and Legislative Environment**

COVID-19: The Coronavirus (COVID-19) public health concern has dictated much of the regulatory and legislative environment. 2020 has been marked by Federal and State declarations of emergency and recent actions at the Federal and State level to support the use of telemedicine/telehealth to deliver mental health services during the public health emergency to the. The guidance has been to implement telemedicine/telehealth/ telepsychiatry to the extent practicable and where appropriate. This is expected to continue for the foreseeable future and likely remain a significant part of the mental health services and treatment paradigm.

While telehealth will never replace in-person care, it can serve as an additional access point for patients, providing convenient care from their doctor/therapist and health care team and leveraging innovative technologies that could improve health outcomes and reduce overall health care spending. Indeed, telehealth has proven to be a lifeline for our clients and patients. In light of our new experience with telehealth during this pandemic, we are reviewing the temporary changes we made and assessing which of these flexibilities should be made permanent. As part of our review, we are looking at the impact these changes have had on access to care, health outcomes, Medicare spending, and impact on the mental health care delivery system itself. This also includes assessing whether the mode of telehealth service delivery is clinically appropriate and safe for patients, as compared to an in-person visit. Additionally, we will continue to assess the Medicare payment rates for telehealth services. During the public health emergency, Medicare paid the same rate for a telehealth visit as it would have paid for an in-person visit, given the unique circumstances of the pandemic.

At the time of this writing, the New Jersey Board of Medical Examiners' has proposed new telemedicine/telehealth regulations addressing prescriptions, record-keeping, prevention of fraud and abuse and privacy and notice to patients. These regulations are expected to also address the technological aspects of the provision of services within the telehealth paradigm of care. System security, the integrity of information collected,

program integrity, maintenance of documentation about system and information usage, privacy practices, HIPAA-compliant televisits, information storage and transmission are all areas of concern within the regulatory and legislative environment.

Immigration: The immigration regulatory landscape has shifted significantly in recent years, with a particular impact on two populations we serve: asylum seekers and immigrants at the lower end of the economic spectrum. Policy changes with respect to immigration courts and agency adjudications have caused an increase in backlogs and adjudication times, which has impacted the Program's ability to advance cases and provide attendant services. The COVID-19 pandemic and resulting closure of immigration courts, the US borders, and consulates and embassies around the world has put many cases on hold, further impacting our services.

Fee-for-Service: Lastly, the agency's financial viability under the ever-expanding "Fee-for-Service" payment structure instituted by the State of New Jersey remains clouded. Over the past five years, the migration from a grant-based payment structure which provided a blanket payment to the Agency, in particular our Behavioral Health programs, to the Fee-for-Service structure under which we are paid only for point of contact services has constrained, if not prevented, our ability to operate those impacted programs profitably. It remains to be determined whether the Fee-for-Service payment scheme will expand to the point of becoming a burden too heavy to financially bear.

14. Use of Technology

All programs within MCG, MCGA and CCAN use technology in some capacity. While most programs are using technology equipment in their offices or on-site, many staff/programs have the need for technology to be mobile so it can be used in the field. Most recently, due to the COVID-19 pandemic most staff transitioned to working remotely and using telehealth. This transition highlighted the need for an increased inventory of equipment (cameras, laptops, etc.) to provide this work. The transition to telehealth also proved to increase LOS and revenue (in billing programs) and the continued use of telehealth services may prove to beneficial to the agency at large.

Other uses of technology in the agency include MIS databases like HMIS, JAMS, SAMS and CHAMP; medical billing for various BH and CSOC programs; and electronic medical records for many programs within the agency.

While the agency has several policies and procedures in place for use of technology, a review of current policies found that there are none in place related to the use of telehealth. An analysis of HIPPA approved platforms for telehealth; state requirements; and encryption would be needed.

15. Information from Performance Analysis

The 2018/2019 Performance Analysis (the most recent available) was reviewed at the SMC meeting in January of 2020. The performance analysis was the end result of

comprehensive evaluations of Catholic Charities' services conducted by agency program management and staff in several domains, including goal attainment, activity, and impact. The information included informational, statistical, and analytical reports. Program Highlights, Best Practices, and Uniqueness/Competitive Advantage are the informational reports. Attainment of long and short term goals and Client Demographics are the statistical reports. Operational Improvement; Effectiveness and Efficiency; Accessibility; client satisfaction; Impact of Client Feedback; Impact of Referral Source Feedback are the analytical reports. In addition to providing the Trustees and other stakeholders with a comprehensive reporting of agency mission-related activities and accounting for the use of public and private investments in Catholic Charities, the information in this report is used to meet accreditation requirements for an all-inclusive annual analysis; to provide data for funding applications, communications, marketing, and strategic planning; to train staff; and to set performance improvement targets for the coming year.

16. Current Financial Position

Catholic Charities of the Archdiocese of Newark currently receives the majority of its budget from State and county grants, with 20% coming from patient care (primarily Medicaid). Mount Carmel Guild Behavioral Health receives 62% of its budget from a fee for service model, of which 78% of that is Medicaid. Mount Carmel Guild Academy receives funds from sending districts for each student. The Academy is required to have a balanced budget.

Without additional support from the Archdiocese and CCAN; $2M for FY's 2019 & 2020, MCG/BH would experience significant deficits. Losses would exceed a $1M per year.

17. Projected Financial Position

Given our current financial situation, we have not improved our financial position in a manner that would allow us to improve our day-to-day operation. This has impacted our ability to improve salary and fringe benefits and often leads to delays in making necessary improvements to provide a safe and pleasant environment for clients and staff.

18. Allocating Resources to Support Future Plans

For the most part, the Strategic Plan will need to be implemented with minimal financial resources, other than those that are already in the budget (for example, technology and facility repairs are in the agency's budget). Additional funds needed will need to be approved by the Chief Executive Officer.

The agency's financial position will be reviewed every six months with respect to the resources allocation as well as resources necessary to support these strategic initiatives over the next three years.

Strategic Goals and Objectives

Technology –
Provide Better and More Secure Tools to Deliver Services to our Clients

1. Create a comprehensive inventory of all agency technology (by March 31, 2021):
   - Develop and send a form to all sites/managers to capture all inventory information; form should:
     - Include instructions on how to find serial numbers, age, software license, etc.
     - Capture hardware, software and remote equipment inventory
   - Consolidate and review responses to the form to create inventory database; database should include:
     - Hardware: all hardware distributed to staff including laptops, desktops, monitors, keyboards, mouse, signature pads, docking stations, speakers, phones, tablets, hot spots, cameras, etc.
     - Software: all software on staff computers and license information such as Office, Zoom, TeamViewer, Medics Cloud, etc.
     - Remote equipment: for times of crisis, list of available additional hardware or software that may be distributed to staff and how will it be distributed

2. Enhance cyber security to ensure that consumer, student, client and employee information is shared in a safe way with stakeholders (by June 30, 2021):
   - Ensure encrypted email is being utilized across the agency
     - Training all current staff on system (annual)
     - Incorporate system training into new hire training
   - Research and implement additional technology needed for sharing client sensitive data outside of the agency
   - Develop policies and procedures for cyber security regarding smart phones and tablets, issues to be addressed:
     - Ensure all smart phones and tablets have password protection or some other security
     - Identify data protection if device is lost / stolen
     - Address security risks while accessing files via a hot spot or public Wi-Fi
   - Train staff on policies and procedures regarding cyber-security of smart phones and tablets
   - Ensure that electronic health record system is safe: access to software is secure and accessing through cloud (internet) is data encrypted.

3. Update Policies and Procedures for Telehealth Services (by June 30, 2021, with a review every six months thereafter)
   - Create Emergency Remote Work Policy
     - Assess barriers to telehealth services such as access to server, software, share drives, printers

- Create request forms (update regularly)
- Outline protocols for remote work being done on agency equipment and servers
- Outline protocols for remote work being done on personal equipment and servers, specifically maintaining security, following all regulatory stipulations, and ensuring that software and hardware are HIPAA compliant

4. Update agency-wide technology plan (updated by May 2021 and reviewed every six months)
   - Technology plan to include:
     - Plan to upgrade systems (cloud, etc.)
     - Working remotely in a disaster
     - Telehealth – what we have and what we need
     - Confidentiality, HIPAA compliance
     - Communication to staff from IT regarding updates, roll out of new hardware/software

5. Complete Meditech Training for HR, Finance and IT Departments (by March 31, 2021)

6. Communications Objective: Enhance agency's online presence (begin July 2021, complete by March 31, 2022)
   - Enhance agency website
     - Create a mobile friendly website
     - Regular maintenance and content updates
   - Improve social media: regular maintenance and content updates
   - Develop internal space for sharing ideas (e.g. Microsoft Teams) (begin March 2021, complete by August 31, 2021)

Development –
Increase Financial Stability and Diversify Funds

1. Continue offering of current special events (gala, concert series, golf)

2. Increase individual and corporate giving (by December 31,2021)
   - Identify baseline of current donors (individual and corporate)
   - Increase our individual donor base by 10% annually in numbers of donors and funds raised
   - Increase our corporate donor base by 10% annually in numbers of donors and funds raised

3. Research fundraising opportunities (begin April 2021, complete by June 30, 2021)
   - Offer Cardinal and/or Bishop cocktail parties (on hold due to pandemic)
   - Increase bequests and/or long term donations

4. Institute a capital campaign (by December 31, 2021)
   - Adopt a Building Campaign (pending Cardinal approval)

5. Communication Objective: Increase communication with stakeholders (by June 30, 2021/ongoing)
   - Increase communications with parishes regarding services and donation opportunities
   - Develop and disseminate communication to donors outlining agency highlights and fundraising events

Facilities –
Improve the Working Environment for Clients and Staff

1. Institute a Capital Campaign (by December 31, 2021) (see Development)
   - Adopt a Building Campaign (pending Cardinal approval)

2. Conduct an Analysis of every building (by December 31, 2021)
   - Create database of what buildings are owned and leased
   - Create five year repair and maintenance plan
   - Create ten year repair and maintenance plan

3. Communication Objective: Improve work order process (by March 31, 2021)
   - Review current work order process and identify problem areas
   - Improve process for efficiency

Staff Development –
Achieve more Regular Communications between Staff and Leadership

1. Conduct salary analysis (by December 31, 2021)

2. Administer Staff Survey (by September annually)

3. Communications Objective: Increase employee communications (by September 30, 2021)
   - Host semi-annual convocation (2021 & 2023)
   - Host bi-annual managers meeting to serve as a networking opportunity and celebrate work anniversaries
   - Increase distribution of memos/newsletters to all staff
   - Explore initiatives to boost morale