



2023-2025 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 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

The Strategic Plan Committee established a sub-committee to review the mission statement of the agency. The mission statement had last been revised in 2015 to better reflect our Catholic roots. The sub-committee consisted of several staff members, several Board members, as well as the Director of Board Affairs, who is also a Marist brother. The group concluded that the mission statement was too long, and that perhaps was better suited as a “vision statement.”

The proposed new mission statement was presented to the Program / Mission Committee of the Board on May 2, 2023, as well as the full Board meeting in June, 2023. As a result of additional feedback, the revised proposed mission statement will be presented to Cardinal Tobin and the Board of Trustees for adoption.

Proposed: In response to the Gospel of Jesus Christ, Catholic Charities, as a ministry of the Archdiocese of Newark, serves the poor and marginalized and advocates for their needs in order to promote the inherent dignity and worth of all people without regard to race, religion, or culture.

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 55,000 people through 86 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 16 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. Over the last three fiscal years, our overall satisfaction rating was as follows: FY2020 – 4.50; FY2021 – 4.44; FY2022 – 4.57. From a high of 1,517 surveys in 2011 to 622 surveys in 2022, COVID-19 posed a significant challenge to soliciting and obtaining feedback from persons served; programs that provided services via telehealth / remotely had difficulty in administering surveys.

Senior staff conducted a review of the satisfaction surveys submitted in FY 20/21 and 20/22. A recurring trend identified was that residential programs such as shelters, transitional housing, and supportive housing tend to have lower ratings. Among these programs, complaints tended to be clustered around dissatisfaction with the facilities as well as complaints about not being treated with dignity and respect. This is a serious issue for Catholic Charities and will result in a corrective action plan for the coming years, which will entail training on topics such as trauma-informed care, cultural competency, and environment of care.

The QA Committee reviewed the satisfaction survey and added one question regarding client input into Quality Assurance activities. The new survey will be used across the board starting in FY 23/24.

5. Staff Input

In January 2022, the agency sent out a staff survey to all employees electronically. Out of 630 employees, 90 employees responded to the survey. The survey composed of 10 questions targeting these 4 areas: 1) the employee's perception of the agency's commitment to cultural diversity and competency; 2) the employee's connection to the agency and the agency's mission; 3) the employee's perception of support from leadership and the agency; and 4) areas of improvement for the agency.

Responses from the survey highlighted the strong investment the employees have in their jobs and the mission of the agency. Over 95% of the respondents said that they were familiar with the Agency's mission, and that they felt that the work they do fulfills the Agency's mission. Pride in work, supervisor approachability, and workplace diversity were also strong points for the Agency.

However, the survey highlighted these two main areas of improvement: salary/compensation and technology. The majority of responses indicated that compensation was the most important area of concern, commenting that staff salaries are consistently below market and do not increase over time and alternative benefits such as training for professional development, improved healthcare, retirement, and flexible work schedule should be offered. Regarding technology, half of the respondents indicated that

the equipment and technology they use to perform their jobs are insufficient as well as the response from the IT department regarding technical issues.

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

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 ensure 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. The Office of Volunteer Services helps manage and coordinate the entire process of recruitment, placement and evaluation.

In seeking feedback from these different constituent groups surveys were circulated to a representative sample from each.

Surveys were forwarded to all fourteen current **Trustees**, and 5 responses were received. Generally, feedback was very positive on their respective feelings about the agency and the effectiveness of our programs. More than half felt that the agency needed to revise its board orientation process, and most favored a board retreat periodically to improve governance in addition to annual assessments on the overall effectiveness of the group. All expressed a willingness to help fundraise, with the majority endorsing making a personal contribution and helping in others ways, such as providing leads to the development office and/or serving on a committee.

Surveys were also randomly circulated to a cross section of approximately seventy-five **donors** (a combination of recent and older, and higher and lower level), and thirteen

responses were received. Over 60% first found out about Catholic Charities through their respective parish, which is significant in terms of future efforts in broadening our donor base. Almost all of the respondents felt like they were familiar with the services we provide, and that we effectively deliver those services. Similarly, most felt that Catholic Charities is an efficient steward of the donations we receive, along with being satisfied with the way in which they are solicited. Additional comments included: sharing our annual report, and devising more outreach strategies for publicizing agency accomplishments.

Catholic Charities of the Archdiocese of Newark relies upon strong and collaborative relationships with **other social service agencies** (both private and governmental) which greatly enhances our ability to provide the most comprehensive assistance possible to our individual and family clients. Surveys were forwarded to a number of agencies in an effort to seek out feedback on creating and maintaining partnerships; seven responses were received. Feedback amongst the responses showed that partnerships with other social service agencies is absolutely critical. From the responses received the majority felt that they would be interested in working collaboratively with Catholic Charities. When asked if they would consider merging with another non-profit agency, only 14% have seriously considered it.

In order to obtain feedback from the parishes in the Archdiocese of Newark a survey was sent out to the 215 **pastors** in the four counties of Bergen, Essex, Hudson and Union. Eight surveys were returned. Four of the eight responses said their parish needs a better understanding of Catholic Charities/Mount Carmel Guild. Five of the eight responses felt their parishioners needed a better understanding of how Catholic Charities carries out its mission. The top three critical human service needs of their parishioners were affordable housing (6 responses) followed by obtaining immigration information (3 responses) and accessing food (three responses). Most respondents would like to strengthen their relationship with Catholic Charities.

Volunteers serve in many different capacities - as members of our Board of Trustees, as external committee members and in our 86 social service and behavioral health programs. Fifty surveys were sent to a sample of Catholic Charities volunteers. A total of 14 responses were received. Most respondents believed the agency successfully carries out its mission. Eight of the 14 respondents were very satisfied with their volunteer position. Seven of the 14 volunteers were very satisfied with the orientation and training they received as volunteers. Two were very dissatisfied. 71% of the respondents were very satisfied with the recognition they received from Catholic Charities staff. 29% of the volunteers learned about Catholic Charities from their parish and 14% were linked to Catholic Charities through a family member or friend.

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

With a demonstrated 20% loss in program revenues for 2021, due to the COVID-19 pandemic, MCG Behavioral Health qualifies to apply for an Employee Retention Tax Credit. This credit is being offered to organizations that retained their employees during the pandemic.

To qualify for this tax credit, detailed wage information was provided for all employees who worked for the 2021 calendar year. An outside consulting firm, “ERC Today” was engaged to assist in the recovery of losses sustained during this period.

If our proposed financial data is accepted, we may qualify to receive up to 70% of employee wages that will provide up to \$28,000 per full time employees. Once ERC completes their review, they will provide an estimate of the potential funds we will be able to recover. Based on our initial review of our costs, MCG/BH may be eligible to recover approximately \$2.1M. This is almost double the amount of the previous award received under the Payroll Protection Plan from SBA. The final amount of our claim is still under review.

CCAN and MCG Education are not eligible to apply for the tax credit funding, as their revenue losses were below the targeted reductions allowing them to apply for the Employee Retention tax credit.

9. Financial Threats

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

- **Loss of patient revenues – Medicaid, Fee-For-Service (FFS) & Other Impact:** Overall revenues for MCGBH during the past three years shows \$10.6 million in FY2022; \$11.5 million in FY2021 and \$13.1 million in FY2020. This shows annual decreases of \$900,000 in 2022, \$1.6 million in 2021 and \$2.9 million in 2020. With the continued loss of income, MCGBH is dependent on contributions and continued support from the Archdiocese of Newark to serve its clients.
- **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 \$33.6 million over a period of 30 years. This obligation requires cash payments totaling \$16.8 million plus a bartered service

commitment for the same amount. Currently, MCGBH has reimbursed NJDMHS \$11.0 million, leaving a balance of \$5.8 million payable over the next 10 years. As for the required bartered services commitment of \$16.8 million, we have satisfied only \$2.4 million of the required services, leaving a balance of \$13.9. Currently, the organization is attempting to work with the State of New Jersey to have this balance forgiven.

- **LOS Grant Contracts:** Grant contracts that limit reimbursements based on meeting targeted service levels continue to impact our ability to cover program costs resulting in an operating loss for these programs. While proposed contract budgets are balanced, the final results based upon level of services often fall below projections.
- **Cost-Based Contracts:** Grant contracts that are cost reimbursed offer other challenges. Underspending for salary and other program cost, results in a reduction of revenues and a possible payback of unspent funds received. During the past several years, we continue to recognize amounts payable to government funding sources for under spending of \$200-300,000 per year. The primary cause for the unspent funds is due to inadequate funding for staff salaries. Unfilled positions is the major factor contributing to payback of grant funds.

10. Organizational Capabilities

Catholic Charities' key strengths are the diversification of services offered to vulnerable individuals and our commitment to providing these services regardless of race, religion, or culture. Catholic Charities has 86 programs located in Bergen, Essex, Hudson and Union County. Catholic Charities is 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 process and external reviews by our funders. Catholic Charities continues to strive for optimal services to vulnerable individuals, which includes obtaining our substance abuse license.

Catholic Charities' succession plan has been reviewed and surveyed to ensure there is no disruption of services in the event of a future national emergency and/or in the event that any persons occupying key positions are no longer present to fill the role.

Upon surveying CCAN, MCGA, and MCGBH division directors, there is a succession plan in place in Section 2.3 of the COOP Plan of key positions. There is a succession plan for the CEO, General Counsel/Chief Administrator of Human Resources, Controller, IT Program Supervisor and Associate Executive Director. However, other divisions have 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. Most BH departments consider it best practice that the responsibility is appointed to the person who supervises the exiting employee. Alternatively, if there is a person who is overseeing a replica program they will manage both until a replacement is found.

Therefore, a succession addendum needs to be added to 2.3 Order of Succession and 2.4 Delegations of Authority to ensure a concise policy is in place for all programs under CCAN, MCGA and MCCBH so there is no disruption of services. There are additional roles that need a succession plan that can potentially cause a threat to programs making them vulnerable such as administrative staff leave of absence. There needs to be a succession checklist in place for staff whose roles cannot be easily filled and/or needs an immediate successor. Another plan of action for programs should be to implement cross training of key roles.

In addition to these changes, it would benefit the agency to develop a “HiPo” policy to ensure that those who are successors are considered appropriate for the position. A HiPo - or high potential employee - is one who has been identified as having the potential, ability, and aspiration to hold successive leadership positions in an organization. Once the agency identifies HiPo’s, it would be a benefit to mentor, train, and create new opportunities for them. This will secure the future of the agency and ensure that leadership transition is calculated and intentional.

11. Social Determinants of Health

Economic Stability: Unemployment in this area has been trending downward over the last few years, with the exception of the COVID19 pandemic. The number of children living below the poverty level is disproportionately represented in race, with black children making up 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 most of our clients come from. As of March 2023, the unemployment rate is 6.1% in Newark, 3% in Jersey City, and 5% in Elizabeth. Based on US Census data from July 2022, the poverty rate is 25.8% in Newark, 14.7% in Elizabeth, 16.1% in Jersey City, compared to 10.2% in the state.

Education Access and Quality: 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. Individuals with disabilities routinely experience forms of social discrimination which interferes with their ability to obtain an education. People diagnosed with a disability are less likely to graduate high school or attend college. Lower education levels are correlated with lower income, higher likelihood of smoking and a shorter life expectancy. Many low-income areas are “book deserts” and have limited access to printed resources - board books, stories and informational books. These deficiencies result in long term effects on children’s vocabulary, background knowledge and comprehension skills.

Healthcare Access and Quality: 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. In addition, smoking rates among individuals with a mental illness are two to three times higher compared to the rest of the population and tobacco-related illness is one of the highest-ranking causes of death in this population. Smoking is especially dangerous for people diagnosed with

mental illness because the psychotropic medications prescribed are made less effective by tobacco smoke. In addition, smoking could result in the use of higher doses of medication which have side effects. Among our clients with mental illness, nearly 80-85% have high blood pressure/ hypertension. The agency has partnered with CHOICES, the Mental Health Association program that provides education regarding smoking cessation.

Many of the doctors in this area do not participate in Medicaid and the ones that do are overwhelmed. Therefore, they 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 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.

Neighborhood and environment:

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.

Social stressors: Many individuals in our service area have been a victim of or have witnessed physical, sexual and emotional trauma, which significantly impacts their well-being. People who live in neighborhoods with high rates of crime must cope with anxiety over their safety and that of their possessions.

Unsafe air and water: Many of our clients do not have access to functioning utilities, inadequate heat, and live in apartments with mold. Low-income and minority communities often face disproportionately high pollutant exposures. Low-income and minority communities often face disproportionate burdens of exposure to contamination sources and environmental pollution, and associations with race and ethnicity persist even after accounting for differences in income.

Health and safety risks: Many consumers live in group homes which have numerous outbreaks of bed bug infestations. Higher crime in low-income neighborhoods may increase the risk of bodily harm and psychological distress, while discouraging physical activity and exercise for both adults and children.

Food: Many of our consumers live in areas that have limited access to nutritious and affordable food. Food insecurity impacts both long- and short-term health outcomes, including a greater risk of hypertension and diabetes.

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. Individuals from a low socioeconomic position may have minimal skills required to use technology.

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 over 3 million residents, and has a diverse population, with Black/African Americans making up 22.05% of the population, and 30.6% Hispanic. In addition, 33.3% of the population is foreign born, and 45.4% 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. This region faces a higher rate of unemployment than the state as a whole, as well as a higher rate of homelessness, and chronic homelessness. Approximately 12% of the population live in poverty, but in the urban areas, 25% of residents are living below the Federal poverty level. Over 11% of the population under the age of 65 do not have health insurance. Over 93% of residents have a computer in their home, and over 88% have a broadband internet subscription.

Over 1/3 of the consumers we serve come from Newark or Jersey City. Our clients are 26% Black/African American and 45% Hispanic. 50% of our clients are between 18 and 64 years of age, with 15% being over 65.

13. Regulatory and Legislative Environment

On March 4, 2022, Governor Murphy signed Executive Order 292 terminating the Public Health Emergency imposed two years earlier due to the Coronavirus (COVID-19) public health concern. The Executive Orders promulgated under that Public Health Emergency dictated much of the regulatory and legislative environment for the two years it remained in effect. Several months earlier, in December 2021, Governor Murphy signed legislation (S-2559) that extended until December 2023 the requirement adopted at the outset of the COVID-19 pandemic that health benefit plans reimburse health care providers for telehealth and telemedicine services at the same rate as in-person services, with limited exceptions. We are still operating under that extension. At the federal level, the current plan is to end the COVID-19 public health emergency on May 11, 2023. The Consolidated Appropriation Act of 2023 extended many of the telehealth flexibilities authorized during the COVID-19 public health emergency through December 31, 2024.

While the outlook for the foreseeable future is for telehealth and telemedicine services to remain a significant part of the mental health services and treatment paradigm, we will be closely watching anticipated proposed changes (or perhaps further extensions) in the telehealth regulatory environment as both state and federal extension periods come to an end.

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. Many staff have transitioned to working remotely and/or using telehealth. The current telehealth policies and procedures will be reviewed to ensure compliance with all regulatory bodies.

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.

A review of our existing IT equipment and services has found that much of what we are currently using is outdated and/or does not meet the current needs of programs and the agency at large. Systems to improve our current IT capabilities will be further explored in order to update/implement programs and systems to improve efficiency.

15. Information from Performance Analysis

The last three Performance Analyses were reviewed as part of the Strategic Planning process. The annual performance analysis is the 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.

One particular issue highlighted in our most recent Performance Analysis: a third of all programs identified staffing as a significant barrier to service access, due to the challenges of hiring qualified staff. This leads to wait lists and/or existing staff being overworked. This also impacts a lower performance in our effectiveness and efficiency, with only 65% of programs meeting their planned productivity objectives.

16. Current Financial Position

Catholic Charities of the Archdiocese of Newark shows revenues of \$31.0 million for FY2022 that include Federal, State and local funding of \$20.0 million, contributions \$4.2 million and \$3.1 million for other revenues. This represents an increase of \$5.2 million over FY2021.

Mount Carmel Guild Behavioral Health receives 79% of its revenues from a client service fees that consist of Medicaid and St of NJ Fee-For-Service payments.

Mount Carmel Guild Academy receives funds from student tuition reimbursement from sending districts. The Academy is essentially a balanced budget.

Support from the Archdiocese shows CCAN received \$700,000 for FY's 2022 & 2021 and \$1.1 million for MCGBH.

17. Projected Financial Position

CCAN has experienced significant growth in revenues in the Youth and Family Services \$2.4 million (28%) and Housing programs \$2.1 million (53%). With the increased funding in CCAN programs, these divisions have been able to improve their financial position, allowing for facility upgrade and improved employee wages.

MCGBH shows revenues of \$11.0 million, which is essentially unchanged from prior year. MCGBH's funding situation continues impact their ability to improve employee salaries, which in turn impacts their performance.

While the MCG Academy's revenues of \$5.2 million are essentially unchanged, it is based on the number of students served. While this level changes year-to-year, annual tuition rate increases are sufficient.

18. Allocating Resources to Support Future Plans

For the most part, the Strategic Plan needs 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). Any 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 resource allocation as well as any other 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. Establish a procedure to update the Continuity of Operations Plan (COOP) and distribute agency-wide annually by September each year.
2. Create a comprehensive inventory of all agency technology including server mapping by December 31, 2023. Inventory will 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 it will be distributed.
3. By March 30, 2024, enhance cyber security to ensure that consumer and employee information is shared in a safe way with stakeholders:
 - Ensure encrypted email is being used across the agency to outside entities.
 - Develop annual training for all staff and incorporate into new hire training.
 - Develop policies and procedures for cyber security regarding smart phones and tablets.
4. Update Policies and Procedures for Telehealth Services, including Work from Home Policy – by December 31, 2023.
5. By December 30, 2023, update agency-wide technology plan, to include:
 - Plans to upgrade software and hardware as needed;
 - Working from home in a disaster;
 - Telehealth / Teleservices – what we have and what we need;
 - Confidentiality and HIPAA compliance;
 - Communication to staff from IT regarding updates and roll out of new hardware/software.
6. Implement new HR software (Zenefits) – by December 31, 2023
 - Create dictionaries such as Departments, Roles, Job Descriptions, etc.
 - Input the current staff and their demographic data.
 - Develop training for staff to be able to access software from their smart phones, laptops and computers.
7. Improve Wi-Fi throughout the agency by December 31, 2023.
8. Explore cloud-based software to move from paper records to electronic records – December 31, 2024.

Staff Development –

Provide Staff with Resources to Deliver Quality Services to our Clients

1. Formalize staff survey distribution schedule – by October 31, 2023
2. Formalize annual managers meeting schedule (opportunity for networking, sharing best practices and motivational speakers) – by March 31, 2024
3. Increase staff retention:
 - i. Establish non-monetary birthday and work anniversary recognition from CEO - by January 30, 2024
 - ii. Explore other non-monetary initiatives to boost morale – by December 31, 2023
 - iii. Explore monetary solutions – by December 31, 2024
4. Explore and implement new recruiting incentives – by December 31, 2024
5. Conduct semi-annual Salary Analyses (both internal and external), review and distribute results – by December 31, 2024
6. Address staff training needs: by March 31, 2024
 - i. Explore more centralized training opportunities
 - ii. Establish list of required training (i.e. CPR, cultural competency, etc.)
 - iii. Track training with new HR system