

FAMILY SERVICES, INC.
& HUDSON VALLEY MENTAL HEALTH, INC.

STRATEGIC PLAN

November 2017



HUDSON VALLEY
MENTAL HEALTH INC.



Family
Services

Providing Hope. Improving Lives. Strengthening Community.

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Executive Summary

Family Services, Inc. (Family Services/FSI) and its affiliated organization, Hudson Valley Mental Health, Inc. (Hudson Valley Mental Health/HVMH) have deep roots in the Hudson Valley. In November of 1879, the Charity Organization Society was formed in Poughkeepsie to “to assist people in need and to strengthen families under stress.” Among its aims was “to raise the needy above the need for relief.” Thus, from its beginnings, the organization that was to become Family Services, Inc. aspired, not just to provide services, but to positively transform the lives of those it served.

Approaching the organizations’ 140th anniversary, the founding idea of “raising the needy above the need for relief” has evolved into an ongoing commitment to enable individuals, families and communities in distress to control their own destinies and participate in life within the larger society.

At the same time, the needs of the community are changing with the rise of the opioid crisis, and ongoing issues related to violence, gang activity, and other community issues. These new community challenges, and others that may arise, must be confronted in the context of increasing competition for the funding available to support programs and the uncertainty of much funding due to the uncertainty of the future of health care reform. To that end, the primary areas of focus today are:

- Youth Services
- Family Programs
- Victim Services
- Prevention
- Community Safety
- The Family Partnership Center
- Behavioral Health

Even in the best of times, the funding received by Family Services and Hudson Valley Mental Health from County, State and Federal, and—to a far lesser extent—municipal government falls short of what is needed. Thus, there is a reliance on private donors, businesses, and foundations, most notably the Dyson Foundation, to provide ongoing vital support to the work of Family Services, in particular. It is an ongoing—and increasingly important—challenge for both Family Services and Hudson Valley Mental Health to emphasize their measurable impact on the community to those providing such critical support.

This strategic plan is a response to the many challenges we face.

Our Role: A Catalyst for Community Transformation

The assessment of Family Services and Hudson Valley Mental Health during the strategic planning process showed that both organizations are widely recognized for excellence in operating effective and innovative programs, and play a unique role in responding to community needs. They are often asked to take on important and difficult community tasks. The organizations also often respond to these needs by organizing and rallying partners to assemble comprehensive solutions that involve coordinating services across agencies and changing the way a community’s system responds to particular issues.

Domestic violence in Poughkeepsie is a prototypical case. There was a time when domestic violence was treated by law enforcement and other agencies as a private matter best handled within the household. Family Services took a leadership role in changing the community's response to domestic violence, ensuring that the victims received the treatment that they needed and that the perpetrators were held accountable, but also were given access to services they need to end the cycle of violence.

Thus, Family Services/Hudson Valley Mental Health have established a unique role for themselves in the communities they serve by:

1. Taking on difficult issues involving individual and family distress not addressed by other organizations.
2. Seeking to provide services (either directly or through partnerships with other agencies) that not only relieve that distress, but also equip the affected individuals and families to begin recovery and the transition back into society.
3. Drawing upon their strengths in community advocacy, organizing and systems change to re-invent the ways communities address the issues they face.

The capabilities of Family Services/Hudson Valley Mental Health—particularly the ability to forge and mobilize community partnerships—are invaluable resources for communities throughout the Hudson Valley. They not only help the individuals and families served, they provide tools for improving community life and social bonds and thereby strengthen the very *economic competitiveness* of the places they serve.

It is that capacity for community transformation which represents the unique and inherent truth about Family Services/Hudson Valley Mental Health and their indispensable contribution the region and their local government partners. The organizations' unique capabilities are proving valuable to communities throughout the Hudson Valley Region. Yet another example: Hudson Valley Mental Health's participation in the Coordinated Behavioral Health Services (CBHS) Independent Practice Association, a powerful regional alliance of behavioral health providers, that focuses on improving the quality of care and fostering critical collaborations in the emerging managed care environment that is changing the health care industry.

This strategic plan looks to build upon these capabilities so that the organizations can continue to serve the needs of communities throughout the Region.

The Strategy: Deepening and Broadening Our Catalytic Impact

The strategy for Family Services/Hudson Valley Mental Health is simple in that it involves Family Services maintaining and enhancing their roles as catalysts for community transformation. It is complex in that supporting community transformation requires Family Services and Hudson Valley Mental Health to perform a wide range of activities that—at first glance—may not seem integrally related.

This includes continually improving and expanding a broad portfolio of programs that prevent or relieve individual and/or family distress. It also involves maintaining an active role as advocate on behalf of community interests and partnering with other agencies to ensure that critical community needs are

met. Finally, in order to better serve communities and to continue to enjoy the support of funders, Family Services/Hudson Valley Mental Health must maintain their commitment to innovation and experimentation while redoubling their efforts to ensure that services are delivered effectively and efficiently. In addition to innovation and experimentation, this strategy represents a continuing commitment to high-quality, evidence-based work derived as staff continually seek out best practices from across the nation and globe. As part of this effort, Family Services and Hudson Valley Mental Health are committing, over the next eighteen months, to a full consolidation of these two affiliated organizations into a single entity.

Thus, the strategic plan for Family Services and Hudson Valley Mental Health must clearly set priorities for how an agency with limited resources can maintain the broad approach required to foster community transformation. This approach is encapsulated in the following four goals and the tactics which support them.

Goals & Tactics

Goal 1: Continue to foster community transformation by maintaining and strengthening current portfolio of programs and partnerships.

Tactic 1-1: Seek Opportunities to Enhance and/or Expand Existing Programs.

Tactic 1-2. Create a Quality Improvement Position.

Tactic 1-3. Improve Branding.

Tactic 1-4. Seize Opportunities to Strengthen Organizations' Administrative Capacity.

Tactic 1-5. Seek Opportunities to Diversify the Organizations' Leadership Team, its Board(s) and pursue Deeper Connections to the Diverse Surrounding Community (as demonstrated by the SNUG project).

Goal 2: Respond to emerging needs in the communities served, with a new emphasis on expanding programs serving vulnerable youth and families in crisis, including those impacted by the opioid epidemic.

For FSI, this involves the following tactics:

Tactic 2-1. Enhance the Teen Resource Activity Center (TRAC) program.

Tactic 2-2. Pursue Options to Maintain and Expand the Elementary After School Program (EAP).

Tactic 2-3. Expand the Family Education Program (FEP).

Tactic 2-4. Enhance the Domestic Abuse Awareness Classes for Men (DAAC).

Tactic 2-5. Seek to Expand the Supervised Visitation Program (SVP) into Ulster County.

For HVMH, its tactics under Goal 2 involve aggressively pursuing potential opportunities emerging from

Medicaid restructuring and the emerging value-based contracting environment. They are listed below.

Tactic 2-6. Continue Participation in the Independent Practice Association (IPA), Coordinated Behavioral Health Services (CBHS).

Tactic 2-7. Expand Substance Use Treatment Services Including Pursuit of Additional Licensure Opportunities to Better Serve Existing Clients.

Tactic 2-8. Maintain the Current Article 31 Clinics and Consider Geographic Expansion through New Contracts with the Region's Local Government Units.

Tactic 2-9. Address Prescriber Shortages to Meet Clinical Needs through a Variety of Means, Including Exploring Development of Tele-medicine, Directly Hiring Prescribers and Other Appropriate Approaches.

Tactic 2-10. Maintain the Re-Entry Stabilization Transition and Re-integration Track (RESTART) program while exploring possible geographic expansion.

Tactic 2-11. Develop New Lines of Service including Home and Community Based Services and Clinical Off-site Services and Other Innovative Services through Value-Based Payment Opportunities.

Goal 3: Invest in Innovation by improving data analysis capabilities.

Tactic 3-1. Develop the analytic capacity to understand, document & highlight outcomes of programs.

Tactic 3-2. Create a "Projected Impact" section in annual report and website.

Tactic 3-3. Create a "Dashboard" of key outcomes & metrics for programs operated by Family Services and HVMH.

Goal 4: Align assets to ensure more efficient and effective provision of services.

Tactic 4-1. Formally Assess the Potential for Merger/Service Consolidation of Family Services and HVMH. (See pages 3 and 15 in the full report.)

Tactic 4-2. Enhance stewardship of the Family Partnership Center through a staff position.

Tactic 4-3. Conduct a capital campaign feasibility study for the Family Partnership Center.

Tactic 4-4. Determine the long-term role of the Family Partnership Center.

I. Introduction: Background & Purpose of the Strategic Plan

Strategic planning is a foundational exercise for any organization. To begin, it is important to understand the context in which this planning takes place. This is summarized below.

A. History

Family Services, Inc. (Family Services) and its affiliated organization, Hudson Valley Mental Health, Inc. (Hudson Valley Mental Health) have deep roots in the Hudson Valley. In November of 1879, the Charity Organization Society was formed in Poughkeepsie to “to assist people in need and to strengthen families under stress.” Among its aims was “to raise the needy above the need for relief.” Thus, from its beginnings, the organization that was to become Family Services, Inc. aspired, not just to provide services, but to positively transform the lives of those it served.

By 1912, the organization had grown and evolved into the Associated Charities of Poughkeepsie and became a charter member of the Family Services Association of America. Over the next several decades, the organization’s focus broadened to include professional counseling services addressing family issues and crises. In 1955, it became the Family Services Association of Poughkeepsie (FSAP), with programs responding to the needs of families and individuals from all walks of life.

In response to the social upheavals that began in the 1960s and 1970s, FSAP created an array of advocacy programs on such issues as the problems of aging, legislation, housing, problems of youth, child protection, revenue sharing, budget counseling and education. It also continued to broaden its services to include growing concerns over domestic violence and behavioral health. The agency’s approach was increasingly shaped by the recognition that social issues affect far more than isolated individuals; they are felt community-wide and, left unaddressed, hamper the ability of the entire community to provide for itself and prepare for its future.

This realization, coupled with the increase in social problems in the 1990s led the organization into a period of bold experimentation and innovation. The agency became ever more committed to addressing community problems by convening and mobilizing partnerships. While this was also a time of internal turmoil and restructuring for the agency, the most visible legacy of this period is the creation of the Family Partnership Center. When the Archdiocese of New York moved Our Lady of Lourdes High School program to another location, a community-wide effort was launched to transform the building into a multi-service center.

First conceived and advanced by Family Services’ Board Chair, Emilie Dyson and Executive Director Allan Thomas, the project quickly drew the support of a wide array of leaders. Now operated as a program of Family Services, Inc., the Family Partnership Center is an anchor institution for the City of Poughkeepsie, hosting over twenty community service agencies and programs ranging from Dutchess Outreach to Dutchess Community College and serving as a venue for a wide variety of community events.

The Family Partnership Center is an enduring reminder of the many contributions of Lateef Islam to the Family Services Legacy. Lateef Islam, the founding spirit of the Family Partnership Center

in Poughkeepsie, liked people. As a formerly incarcerated person from Brooklyn, who graduated from Marist College's prison program, Lateef knew the vital importance of formal human service programs, and the even greater power of the informal community, in healing and empowering people. This large, gently compelling, charismatic – perhaps holy – African-American man dispelled the racial tension in any gathering because he simply liked everyone so much that they, without even trying, liked each other.

Lateef drew human services agencies to the building while elevating their work through inter-agency cooperation, community connection and contagious respect for the human service workers and the people they serve. In this way Lateef was both a flesh and blood example of, and an enduring inspiration for, the community transformations that define the heart of Family Services.

In addition to this work, clinical outpatient behavioral health treatment has been available since 1934 in Dutchess County. Originally a function of Hudson River State Hospital, the outpatient treatment venue was subsequently managed for many years by the county itself. In 1999 five outpatient behavioral health clinics were transferred to St. Francis Hospital. Subsequently, Dutchess County reacquired the clinics and then issued a request for bids. Family Services Inc. was awarded the contract in 2003. Hudson Valley Mental Health Inc. (HVMH) was created as an affiliate of Family Services and began operating the clinics in July, 2006. The five original five Article 31 outpatient clinics were located in the following communities: Poughkeepsie, Beacon, Rhinebeck, Millbrook and Dover Plains.

Ulster County had determined to follow a similar course as Dutchess in transitioning services to non-profits. It published an RFP in 2013 and Hudson Valley Mental Health was awarded the contract. The three clinics in Ulster are located in the following communities: Kingston, New Paltz and Ellenville.

Hudson Valley Mental Health is a recognized and highly respected provider of critical services that are a means of support for a marginalized and stigmatized population. Hudson Valley Mental Health's services reflect a dedication to best practices and are provided with the utmost respect for the individual.

In 2016 Hudson Valley Mental Health joined Coordinated Behavioral Health Services (CBHS), an IPA which has as its members nine behavioral health providers located throughout the Hudson Valley. As a provider of Medicaid reimbursed services, Hudson Valley Mental Health has positioned itself on the forefront of the Medicaid Redesign movement which includes transition to a Value Based Payment (VBP) system of service reimbursement.

The commitment to innovative programs and partnerships continues, while Family Services/Hudson Valley Mental Health have come to embody the highest standards of operational effectiveness and stability. Almost 140 years since the founding, they continue to transform lives and serve as catalysts for community-wide dialogue, engagement and improvement.

B. Critical strategic issues

Approaching the organization's 140th anniversary, the founding idea of "raising the needy above the need for relief" has evolved into an ongoing commitment to enable individuals, families, and communities in distress to control their own destinies and participate in the larger life of the society.

At the same time, the needs of the communities are changing with the rise of the opioid crisis, and ongoing issues related to violence, gang activity and other societal ills. In their own way, each of these endangers the region's capacity for continued growth and prosperity as the people affected by them are hampered from actively contributing to the region's economy, civic life and community institutions. These new community challenges must be confronted in the context of increasing competition for the funding available to support programs and the uncertainty of much funding due to the variable socio-political winds and uncertainty of the future of health care reform. This strategic plan is a response to these challenges and positions Family Services/Hudson Valley Mental Health to respond to these challenges and others that may emerge. They raise four key strategic issues that need to be addressed by the strategic plan for Family Services/Hudson Valley Mental Health:

1. *Organizational Structure:* The current structure of the organization is a legacy of past experiments and lessons learned over a 30-year span of exploration and innovation. Family Services, Inc. is a not-for-profit corporation and the sole member of its affiliate organization, Hudson Valley Mental Health. Each has its own board, chief operating officer and administrative structure. But they share functions related to finance and human resources. This enables each organization to have administrative capacity they could not sustain individually. However, funding challenges continue to intensify and funders and donors are increasingly demanding not-for-profit organizations to consolidate and streamline their structures. At the same time, the current affiliation between Family Services and Hudson Valley Mental Health leaves many observers with an unclear impression about the relationship between the two organizations and how the structure affects their operations. Consequently, as part of this effort, Family Services and Hudson Valley Mental Health are committing, over the next eighteen months, to a full consolidation of these two affiliated organizations into a single entity. The value of the consolidation is further evidenced when considering the increasing attention paid to social determinants in approaching behavioral health services, for much of FSI's current array of services center on those determinants.

2. *Articulating a unique value proposition:* As the competition for not-for-profit funding and philanthropy increase, agencies need to be able to articulate the unique role they play in their field and why they are worthy of support. This is at the heart of any strategic planning process. The commitment to community transformation has led the organization to take on many critical tasks others were unwilling and/or unable to assume. This has made Family Services/Hudson Valley Mental Health indispensable for the health of the communities they serve. But it has led to a configuration of services that, while uniquely tailored to the region's needs, can be difficult to explain or, in some cases, to clearly link to the organization's name.

Even in the best of times, the funding received by Family Services and Hudson Valley Mental Health from County, State and Federal, and—to a far lesser extent—municipal government falls

short of what is needed to deliver these needed services. Thus, there is a reliance on private donors, businesses, and foundations, most notably the Dyson Foundation, to provide ongoing vital support to the work of Family Services, in particular. It is an ongoing—and increasingly important—challenge for both Family Services and Hudson Valley Mental Health to demonstrate their value to those organizations providing such critical support.

This strategic plan seeks to define the unifying principles around which the organization's services cohere and demonstrate how the organizations' approach provides a unique value proposition in the areas in operates. This is foundational for the organization to set a direction for future programming and for it to continue to garner government, corporate and philanthropic support.

3. Future of the Family Partnership Center: As indicated above, there are ways in which the Family Partnership Center is the physical manifestation of this organization's approach: reinvigorating community life through partnerships and innovative programming. With the recent addition of Dutchess Community College to the tenant mix, the Center is poised to realize its promise as never before. But the physical presence that enables the Center to do its work is also presents, perhaps, its greatest challenge. Operating and maintaining a 111,000 square-foot facility and related building is never simple. In the case of the Family Partnership Center, this challenge is magnified by its aging infrastructure, an original configuration as a school building that presents problems in maximizing the total leasable space, and a depressed local rental market that makes it difficult for rental income to cover operating costs. And these operational issues have to be addressed in a manner that enables the Center to honor its commitment to serve as an important community anchor, and not just survive as a rental property.

4. The Role of The Board in Fundraising: Much of strategic planning involves aligning structures and functions to accommodate existing and emerging efforts of the organization. This is as true for the organization's board of directors as it is for any other part of the agency. In order to respond to the increasing competition for funding and to take advantage of the growing opportunities facing Family Services/HVMH, the board must ensure that it is prepared to play an appropriate role in supporting the organizations' efforts to secure the resources it needs.

C. The Strategic Planning Process: Using the Core Idea Model

This section describes the process and tools used by Family Services/Hudson Valley Mental Health to create this strategic plan.

The Strategic Planning Committee

This strategic plan has been overseen by a strategic planning committee drawn from the boards of both Family Services, Inc. and Hudson Valley Mental Health. Its members are listed below:

- Peter Lumb, Board Chair, Hudson Valley Mental Health and Board Member Family Services
- Kevin Hazucha, President of HVMH
- Natalie Borquist, Chief Financial Officer, Family Services & HVMH

- Christopher Pels, Director of Human Resources and Risk Management, Family Services & HVMH
- Joan Crawford, Deputy Executive Director FSI
- Richard Mitchell – Board Chair, FSI
- Brian Doyle, Chief Executive Officer, FSI
- Mark Sasvary, Director of Clinical Services, HVMH
- Paul Haering, Family Services Board Member & past Chair
- Sandra R Ludlum, Board Member, Family Services & Hudson Valley Mental Health and past Board Chair, Family Services & HVMH
- Peter Leonard, Family Services Board Member & Treasurer

The committee met regularly throughout the process to review the results of the research, prepare for the board retreats and provide guidance to the strategy formation process.

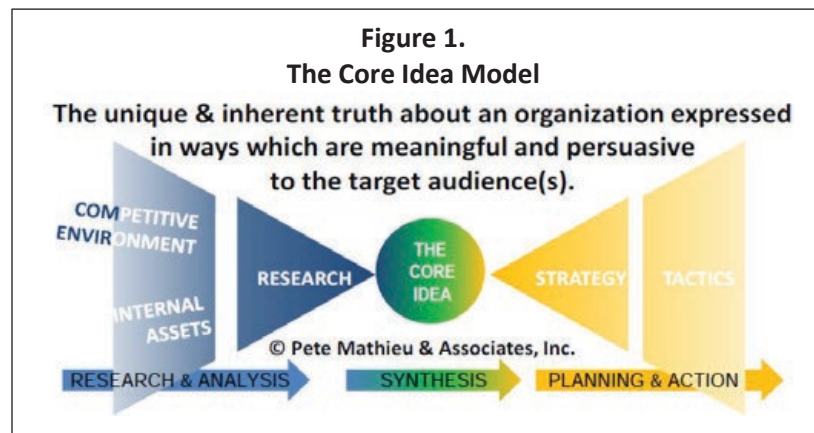
Analysis: Review of Documents & Reports; Stakeholder Outreach

Strategic planning begins with research and analysis. This began with a review of previous planning documents, values statements and funding proposals for Family Services, Inc. and Hudson Valley Mental Health. (A list of the documents reviewed is included in the appendix.) In addition, interviews were conducted with organizational staff and key stakeholders, including funders, current and past partner agencies, officials from local government units, and community members.

Creating a Core Idea: Synthesizing the Results of the Research

The core idea model indicates that a strategic plan is created by conducting research on the organization and its environment, then synthesizing that research to arrive at a “core idea” for the organization.

The core idea is intended to represent unique and inherent truth about Family Services/Hudson Valley Mental Health expressed in ways that are meaningful and persuasive to its stakeholders. It is intended to be a succinct statement of the current distinguishing capacities and competitive advantage of the organization.



The strategy describes the overall approach the organization will take to all of its work as a logical outgrowth of the strengths defined in the core idea and mobilized in the statement of strategic position.

Goals and Tactics are specific directions and activities that Family Services/Hudson Valley Mental Health will undertake to implement its strategy.

Metrics are the tools by which Family Services/Hudson Valley Mental Health monitors its progress in carrying out the tactics used to implement the strategy.

II. Findings, Research & Analysis

This section reviews the work that was done in preparation for developing a core idea and organizational strategy. It reviews the organizations' mission and vision, values, programs and the results of outreach to stakeholders. It culminates in a statement of the organizations' strengths, weaknesses, opportunities and threats (also known as a SWOT analysis).

A. the Mission & Vision

The stated mission of Family Services, Inc. is as follows:

Family Services' mission is to help families and individuals help themselves through direct services, collaboration and advocacy.

It also has a formal vision statement:

As the premier agency of choice, Family Services will assure that every family and individual in need can receive the services and support necessary to reach their maximum potential.

Hudson Valley Mental Health has the following mission:

Hudson Valley Mental Health, Inc. (HVMH) is a not-for-profit corporation formed in 2006, and is charged with developing comprehensive and integrated services to meet the behavioral health needs of adults living in the community. Hudson Valley Mental Health strives to ensure that services are accessible, affordable, culturally competent, cost-effective, recipient focused, community-oriented, and dedicated to continuous quality improvement.

Both organizations seek to provide services that enable individuals and families to remain or become contributing members of the communities in which they live, as reflected in their person-centered, recovery oriented approaches.

B. Shared Values

The senior staff of the organizations recently articulated a formal statement of organizational values. Listed below, the values capture a long-standing commitment to everyone with whom they interact.

Organizational Values Statement

The values of Family Services/Hudson Valley Mental Health represent the guiding principles we choose to follow in our interactions with the people to whom we provide services, the surrounding community and with each other. We do this both in our day to day work, organizational decision making and in pursuit of our Mission. We strive to uphold these values. Where we fall short, we hold ourselves and each other accountable to recommit to live these values.

Integrity - Being Honest And Trustworthy

- We Exhibit Strong Values.
- We Practice, Open, Authentic And Real Communication
- We Promote Trust, Transparency, Accountability And A Safe Environment

- We Do What We Say We Will Do
- We Hold The Mission Above Our Own Self Interests
- We Are Accountable For Our Actions

Compassion – Extending Empathy And Understanding To Others

- We Treat People With Empathy And Understanding
- We Encourage Work Life Balance
- We Respect Individuality
- We Respect Different Attributes And Needs Of People And Communities
- We Create An Environment That Is Safe
- We Are Flexible Where And When We Can Be.

Hope - Believing In The Strength Of The Human Spirit And Heart, To Emerge And Thrive In The Face Of Challenge

- We Believe In Recovery, Change And Second Chances
- We Face Challenges With Optimism
- We Approach Our Work With A Sense Of Passion And Joy
- We Are Inspired By The People We Serve And Those With Whom We Work
- We Hope To Inspire in Turn

Diversity – Promoting A Vision Of Community Comprised Of Wide-Ranging Assets

- We Practice Inclusive Decision Making
- We Respect That Different People And Communities Have Different Strengths And Respond Accordingly
- We Value All Voices In Decision Making
- We Create A Welcoming Environment For (All) People From All Walks Of Life
- We Strive To Interact Effectively With People Of Different Cultures
- We Recognize And Support The Right For Individuals, Groups, And Families To Self-Identify
- Respect - Treating All Individuals With Dignity And Without Judgement
- We Recognize The Strengths Of The Individuals And Communities We Serve (Empowerment)
- We Use Strength Based Interactions With Others
- Approach Every Interaction With A Sense Of Optimism
- We Believe In The Individual's Ability And Right To Make Their Own Choices And Determine Their Own Destiny

Community - Recognizing And Reinforcing The Importance Of Our World As Being Comprised Of People Of Differing Strengths And Perspectives

- We Provide Services In The Context Of The Community In Which People Live
- We Recognize The Value Of Collaborating To Achieve Growth Or Recovery
- We Believe It Takes A Village To Realize Positive Social Change
- We Make Informed Decisions In Collaboration With Others

Justice – Promoting Social And Economic Equity And Fairness

- We Believe In Social And Economic Justice For All
- We Govern Our Actions By The Principles Of Fairness And Equity

- We Value The Importance Of Safety In Our Organization And Our Community
- We Lead Social And Systems Change Advocacy

Quality – Striving For Excellence In Every Aspect Of Our Work

- We Implement And Develop Best Practices
- We Draw Upon Knowledge, Values And Skills Consistent With Excellence In Our Field
- We Continuously Improve What We Do And How We Do It.
- We Value Innovation
- We Are Dutiful Stewards Of Resources

C. Programs

In 2016, Family Services programs served more than 8,500 youth, individuals, and families through the following programs operating in Dutchess and Ulster counties. Hudson Valley Mental Health provided behavioral health services to over 5,000 people. This is a wide-ranging portfolio of programs and services, most of which are delivered in a one-to-one manner. Note that the type of services offered are broad as is required to provide a basis for moving residents from personal and/or social distress to greater participation on their community. The programs operated by Family Services/Hudson Valley Mental Health are listed below.

Family Services operates programs addressing seven aspects of community life:

Youth Services

- **Children’s Center:** the Children’s Center at Family court provides a safe and fun environment for children from 6 weeks to 12 years of age. We provide childcare for the children whose families have business within the courthouse.
- **Elementary After School Programs:** Family Services has implemented after school programs in the Poughkeepsie City School District for over a decade. The District has developed numerous goals to improve student outcomes. The District has emphasized three major goals, 1) attendance, 2) discipline, 3) Increasing academic achievement. Family Services Advantage after school programs support the District through developing performance targets designed to align with both the District’s goals as well as the required Advantage goals.
- **Teen Resource Activity Center (TRAC):** has been a safe haven for adolescents in Poughkeepsie since 1999. Now serving more than 200 teens each year, TRAC offers a free, supervised place for youth to come afterschool at the Family Partnership Center. Here youth engage in basketball or performing arts, eat a nutritious dinner, receive homework help and relax with friends, all while gaining exposure to positive adult role models.

Family Programs

- **Family Education Program (FEP):** is a group and home-based parenting education program operating in Ulster County for the past eleven years. The goal of the Family Education Program is to strengthen and support families by providing supportive modeling and coaching of effective parenting skills. Family Services utilizes the Nurturing Program, the nationally acclaimed strength-based and competency-based model program.

- **Supervised Visitation Program:** at Dutchess County Family Court provides supervised visitation for non-custodial parents and their children when there is an indication or allegation of domestic abuse, emotional instability, child abuse or neglect, or threats of abduction. The Supervised Visitation Program provides a safe, neutral environment where non-custodial parents and children can visit together.

Victim Services

- **Center for Victim Safety and Support (CVSS):** provides 24 hour non-residential, comprehensive services to victims of domestic violence, sexual assault, and other crimes. CVSS also specializes in enhancing the systems response to victims of crime. We operate under the guidelines of a victim-centered approach, supporting victims' rights, dignity, autonomy, and self-determination. CVSS is a mainstay of Family Services's programming, providing a comprehensive response to the issues surrounding domestic violence. Services provided by CVSS include 24-hour hotlines, advocacy, counseling, outreach/education to the community, rape crisis services, the Universal Response to Domestic Violence, coordination of the Sexual Assault Response Team, management of high-risk cases, and a Lethality Assessment Program.

Prevention

- **Family Services Sexual Violence Prevention Program (SVP):** is currently a regional program covering Dutchess, Orange and Westchester County. Our services are extensive as we address behaviors and attitudes towards sexual violence on an individual level by facilitating Mentors in Violence Prevention (MVP), as well as on a community level by engaging community members into SVP prevention through PhotoVoice.
- **The Ulster Prevention Council (UPC):** The Ulster Prevention Project began in 2006, under the direction of the Ulster County Substance Abuse Prevention Board, supported by the County Legislature and funded by NYS OASAS to address inefficiencies due to duplication of services and gaps in substance abuse prevention programming within the County. The Council integrated evidence-based prevention strategies and programs into the County's overall approach to substance abuse prevention. The Council also works closely with the Family Advocacy Initiative which provides support to individuals and families who face challenges securing substance abuse treatment services for themselves or their loved ones.

Community Safety

- **Domestic Abuse Awareness Classes for Men (DAAC):** is part of Dutchess County's coordinated response to domestic violence. It is a psycho-educational program for men to address the crime of domestic abuse and prevent recurrence of such crimes. DAAC only accepts clients who are mandated to attend. Clients are referred from Probation; Town, City, and County Courts; Parole; mental health and substance abuse services; the Department of Social Services; the District Attorney's Office, and other sources.
- **Personal Empowerment and Conflict Education (PEACE):** Groups for women who use violence and aggression in their relationships. It is a psycho-educational class for women who act out aggressively in family and personal relationships, assisting them to more constructively approach problem solving and conflict resolution.

- **Relapse Intervention for Sex Crimes (RISC):** is a community-based program providing evaluation and treatment of adult sex offenders and non-offending relatives. RISC is part of Dutchess County's containment approach to managing sex offenders in the community, an approach which relies on agency coordination, multidisciplinary partnerships, and job specialization to be effective. This approach aims to increase victim and community safety by reducing sex offender recidivism.
- **SNUG Neighborhood Violence Prevention:** Family Services is implementing the Poughkeepsie SNUG Neighborhood Violence Prevention Project utilizing the evidence-based Cure Violence model to reduce neighborhood violence and steer at-risk youth away from a culture of violence. Family Services is targeting a section of Poughkeepsie with the highest gun crimes surrounding the upper end of Main Street.

The Family Partnership Center

- **Family Partnership Center:** this former school building houses numerous programs and services offered by agencies housed in the Center, including primary health care, behavioral health services, youth programming, education, services for the homeless, and emergency food provisions. These services are offered to the community in the spirit of cooperation, collaboration, and success in order to improve the lives of individuals and families. The Center receives over 70,000 annual client visits. Over half of all visitors utilize between two and five Family Partnership Center services, and 20% of visitors access six or more.

Behavioral Health

An affiliate of Family Services, Hudson Valley Mental Health, Inc. (HVMH) is a not-for-profit corporation formed in 2006, and is charged with developing comprehensive and integrated services to meet the mental health needs of adults living in the community. In 2016 HVMH served over 5,000 clients & we provided more than 50,000 services. In carrying out this mission HVMH strives to ensure that services are accessible, affordable, culturally competent, cost-effective, recipient focused, community-oriented, and dedicated to continuous quality improvement.

- **Article 31 Mental Health Clinics:** HVMH currently operates 5 clinics in Dutchess County and 3 clinics in Ulster County. Our Dutchess County clinics are located in Poughkeepsie, Beacon, Rhinebeck, Millbrook and Dover Plains, and our Ulster County clinics are located in Kingston, New Paltz, and Ellenville. All HVMH clinics are licensed as Article 31 clinics by the New York State Office of Mental Health (OMH). HVMH is currently serving over 5,000 clients in Dutchess and Ulster counties.
- **Full array of skilled clinicians:** HVMH provides a full array of outpatient clinical treatment including individual and group psychotherapy and medication management. HVMH clinical staff includes licensed social workers, licensed mental health counselors, psychiatrists, nurse practitioners, and registered nurses. HVMH clinicians regularly receive training in best practices and evidence based treatments. In 2016, HVMH clinical staff completed extensive training in Dialectical Behavior Therapy, which is the leading evidence based treatment for people with Borderline Personality Disorder and are at high risk of suicidality & hospitalization.

- **Re-entry Supportive Transition & Reintegration Track (RESTART):** HVMH is also proud to continue partnering with DCDBCH as part of the Re-entry Supportive Transition and Reintegration Track (RESTART) Program in the Dutchess County Jail which has already shown to be reducing recidivism rates.
- **Partnership with Coordinated Behavioral Health Services:** HVMH continues to work closely with Coordinated Behavioral Health Services (CBHS). CBHS was incorporated in 2013 and the behavioral health partners have formed a subsidiary Independent Practice Association (IPA) with the purpose of developing value-based business initiatives that successfully manage care and provide the cost-effective outcome-based innovative services required for the future. The partners are: Abilities First, Access: Supports for Living, Inc., Human Development Services of Westchester, Mental Health America of Dutchess County, Mental Health Association of Rockland, Mental Health Association of Westchester County, Rehabilitation Support Services, CoveCare in Putnam County, and Westchester Jewish Community Services.

As the above list suggests, Family Services/Hudson Valley Mental Health offer a comprehensive menu of services for individuals and families in distress. The impact of their work is amplified through the many collaborations they have with other agencies, exemplified by Family Services' stewardship of the Family Partnership Center.

D. External Stakeholder Perceptions

The research for this strategic plan included extensive outreach to stakeholders. This included two groups: external stakeholders such as funders, partner agencies and local government officials as well as the tenant organizations of the Family Partnership Center. The results of this outreach are described below.

Partners/funders/local government officials: recognition of the organizations' value

During the course of this strategic planning process, 38 external stakeholders were contacted, with 31 interviews completed. A full list of those contacted and interviewed is found in the appendices to this report. During the course of the interviews, several points of consensus emerged. It was universally held that Family Services/Hudson Valley Mental Health both are strong service providers. They run their programs well and continually seek to maintain the highest standards of service delivery.

It was also widely held that the services provided were unique to Family Services/Hudson Valley Mental Health, with a recurring theme that the organizations had a distinct role in the communities they serve. Respondents indicated that the organizations (but particularly FSI) are there to address issues that other organizations cannot. The issues identified in such cases were of two types. First, respondents mentioned situations of severe individual and/or family distress as an area where Family Services/Hudson Valley Mental Health were counted on for their unique capabilities. Second, respondents cited Family Services's ability to engage and mobilize communities around pressing issues such as domestic violence, gang problems, etc.

During the course of the conversation another theme that developed (mostly, but not exclusively among elected officials and funders) was the increasing need for Family

Services/Hudson Valley Mental Health to provide measures of their impact on the communities in which they work. This was in the context that, while the respondents recognized the value of the organizations' work, it may become harder to support it in times of fiscal austerity unless the benefits of that work can be expressed through objective, quantitative metrics.

Family Partnership Center tenants: opportunities for greater collaboration.

A focus group was conducted for representatives of tenant organizations currently in the Family Partnership Center. The 11 participants represented 9 different tenant organizations. A full listing of the participants and summary of the session is included in the appendices to this report.

The Family Partnership Center was viewed as an asset by the participants in terms of its ability to support the organizations and their programs. They felt that the proximity to other agencies enable them to provide better service to clients through the ease by which they could refer and/or direct their clients to other services they needed that were located in the Center. It also improves the financial sustainability of tenants and serves as a catalyst for new programming. A location in the FPC provides organizations with ready access to a larger potential client base just from the foot traffic in the building as well as access to additional space, should opportunities arise to expand programs. Participants also pointed out that the co-location of services also provides opportunities for closer integration of such services as primary care and behavioral health services.

The participants also cited several disadvantages of the FPC. They agreed that, as tenants, there is always some inherent landlord/tenant tensions, but these are normal in a rental situation. It was also pointed out that, even with the proximity afforded by the FPC, it could still be difficult to coordinate activities among organizations in the FPC. It was also agreed that limitation on access to the facility after normal daytime operating hours could be a constraint on programs, at times. Participants also felt that the FPC carried a certain stigma regarding its safety, but that the situation had improved markedly over the past few years. It was also agreed that there should be greater attempts to link the FPC with the surrounding community.

When asked how an "ideal" FPC would operate, participants mentioned several things:

- The FPC would have a comprehensive database for clients to simplify cross-agency referrals, etc.
- There would be regular training and orientation of all partners to improve and expand inter-agency connections
- The FPC would have a formal core message or philosophy with a driving strategy and message of hope.

Internal Staff Perceptions: a commitment to transforming lives

Sixteen interviews were completed with staff from Family Services and Hudson Valley Mental Health. Several themes emerged from these discussions. To begin, people are here because

they care about the issues Family Services and Hudson Valley Mental Health are addressing. For both Family Services and Hudson Valley Mental Health, the culture reinforces the organizations' commitment to go beyond simply providing services and help transform lives and communities. As part of this commitment, staff members are wary of burn-out and overwork. They reported that, despite the demands of their work, people on staff feel increasingly well-treated, but there is always more that could be done to improve the quality of work life. On a related note, it was pointed out that it is important to maintain a human scale: the organization needs to be large enough to attract quality administration, but small enough to address clients as whole human beings. Striking that balance is an important part of the organizations' work. It was also broadly held that the organization's brand needs clarification and improvement, given that the organizations' work goes far beyond service to families.

When asked about emerging issues in the community, staff felt that the key emerging issues in the communities they serve are expanding youth services and addressing the opioid crisis. As part of this discussion, interviewees also raised the question about how Family Services/Hudson Valley Mental Health can do more to integrate ourselves into the communities we serve through such initiatives as increasing staff diversity and greater "grass roots" outreach to the community.

E. SWOT Analysis

The results of the analytical work described above can be summarized in a statement of the organizations' internal strengths and weaknesses as well as the external opportunities and threats it faces. This summary (known as SWOT analysis for Strengths, Weaknesses, Opportunities and Threats) is provided below for both Family Services and Hudson Valley Mental Health.

SWOT Analysis for Family Services, Inc.	
<u>Strengths</u> <ul style="list-style-type: none"> • Administrative capability • Strong program operations • Reputation as an innovative service provider • Critical mass to operate programs • Link to the FPC given its potential 	<u>Weaknesses</u> <ul style="list-style-type: none"> • Development capabilities • Historical "baggage" • Poor brand definition • The unrealized potential of the Family Partnership Center
<u>Opportunities</u> <ul style="list-style-type: none"> • Geographic expansion • The "Urban Agenda" in economic development • Targeted consolidations • Responding to the opioid crisis • Define key outcomes & metrics • Sectoral Consolidation 	<u>Threats</u> <ul style="list-style-type: none"> • Changing funding climate • Changing not-for-profit regulatory climate • Sectoral Consolidation

SWOT Analysis for Hudson Valley Mental Health	
<p><u>Strengths</u></p> <ul style="list-style-type: none"> • Administrative capability • Strong program operations • Reputation as an innovative service provider • Strategic alliance (IPA) • Critical mass to operate programs 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Historical “baggage” • Low Diversity in funding portfolio
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Geographic expansion • IPA-based expansion • Other behavioral health programs (e.g., jail programming) • Define key outcomes & metrics • Sectoral consolidation 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • Extreme uncertainty in the health care sector funding & structure (the future of managed care and value-based contracting) • Changing not-for-profit regulatory climate • Aggressive sectoral consolidation in health care

As shown in the tables above, both organizations have some weaknesses. Although it becomes less and less relevant, the organizations share the historical “baggage” associated with the turmoil experienced at the turn of the millennium when, as part of the Families First initiative, they went through a series of restructuring and leadership transitions. For Hudson Valley Mental Health, the low diversity in funding is a weakness in that it leaves the organization exposed should there be dramatic cuts in Medicaid funding for behavioral health. Family Services has traditionally had a relatively weak development/fundraising capability (although this is changing). It also suffers from poor brand definition and, as mentioned above, the challenges associated with the Family Partnership Center.

The major threat facing both organizations is the instability of human services funding given the restructuring taking place in the health insurance system and the uncertainty of funding in general at the federal level. Partly as a result of these conditions, there is an increased tempo in consolidations in both the health care sector and the human services sector. As is noted above, this is also an opportunity for both organizations in that, pursued properly, consolidation of services and/or functions has the potential to improve the capabilities and fiscal sustainability of both organizations.

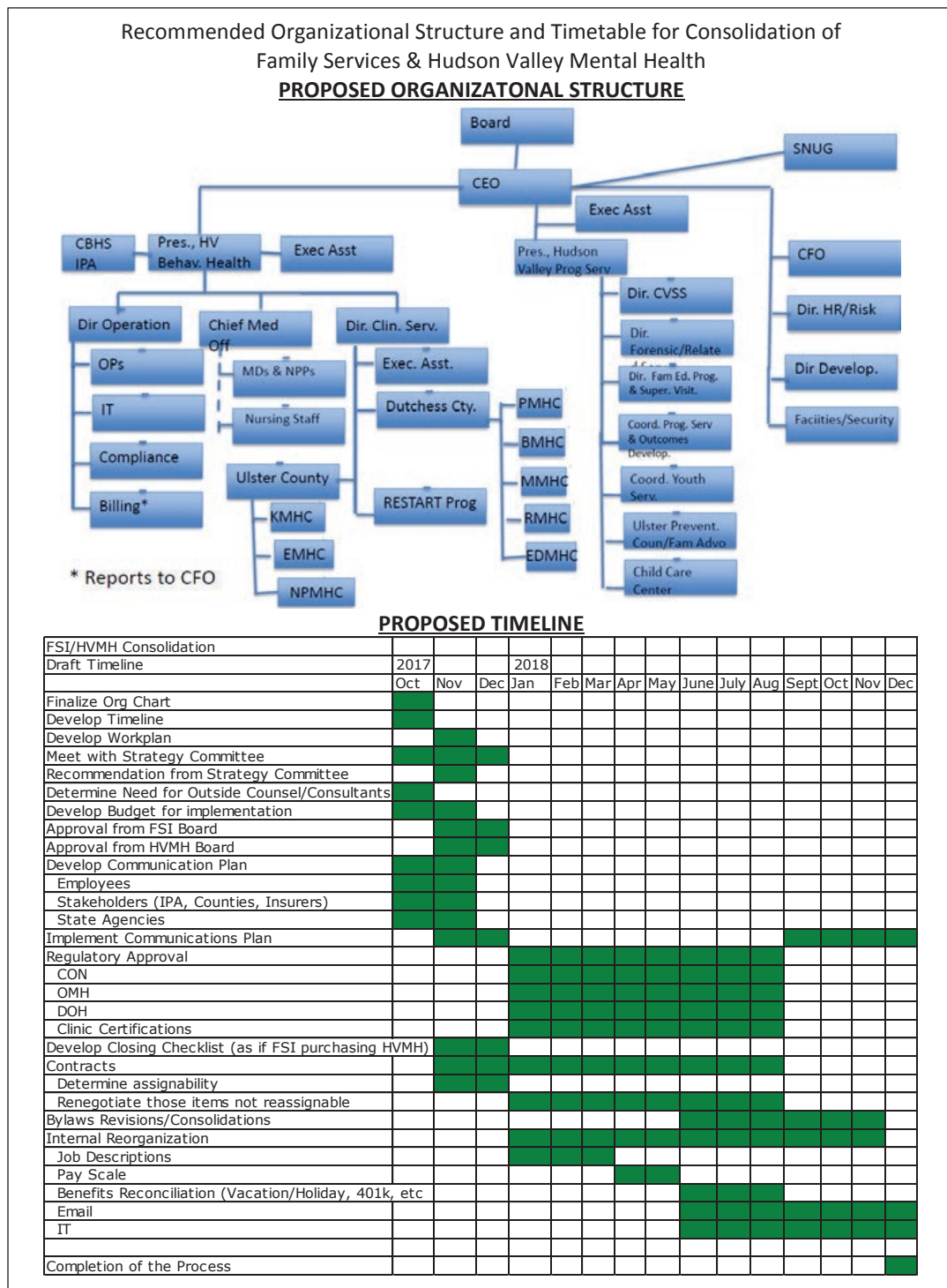
The organizations have many similar strengths. Thanks to their affiliation, they have administrative capabilities (e.g., back office capacity) quite rare for organizations of their size. Both are also noted for the strengths in operating programs and for being innovative providers. Both organizations have a variety of opportunities related to geographic-based expansion. They also appear to be poised to secure current (and possibly greater) levels of support by continuing to define key outcomes and metrics to document the positive impacts the organizations have on the communities they serve.

F. The Process of Consolidation for Family Services and Hudson Valley Mental Health

During this strategic planning process, a subcommittee of the strategic planning committee was charged with examining the feasibility of merging the two organizations. Through its work, the subcommittee concluded that the merger was both feasible and desirable. The recommendation is that the two entities be merged into a single organization, maintaining the formerly separate Hudson Valley Mental Health as a distinct division wholly within the new, larger organization. It was believed that this “holding company” structure allowed for the fastest path to consolidation, while preserving the operational strengths and flexibility among all divisions within the organization.

A summary of the subcommittee’s findings is in the appendices to this report.

Under the leadership of subcommittee member David Ping, the organizational chart and consolidation timetable on this page were developed to guide this process.



G. Overall Strategic Assessment: a unique resource for the communities they serve

Both organizations play a unique role in responding to community needs. They are often asked to take on important and difficult community tasks. The organizations often respond to these needs by organizing and rallying partners to assemble comprehensive solutions that involve coordinating services across agencies and changing the way a community's system responds to particular issues.

Domestic violence is a prototypical case. In years past, domestic violence was treated by law enforcement and other agencies as a private matter best handled within the household. Family Services has led the change in the community's response to domestic violence, ensuring that the victims receive the victim-centered treatment that they need and that the perpetrators not only receive just consequences, but also are given access to services they need to end the cycle of violence.

Thus, Family Services/Hudson Valley Mental Health have established a unique role for themselves in the communities they serve by:

1. Taking on difficult issues involving individual and family distress unable to be addressed by other organizations.
2. Seeking to provide services (either directly or through partnerships with other agencies) that not only relieve that distress, but also equip the affected individuals and families to recover and transition back into mainstream society.
3. Drawing upon their strengths in community advocacy, organizing and systems change to re-invent the ways communities address the issues they face.

For many reasons, the City of Poughkeepsie has been a flagship location for Family Services/Hudson Valley Mental Health throughout 140 years of service, and the City of Poughkeepsie will continue to be play that role. At the same time, the organizations' unique capabilities are proving to be valuable to communities throughout the Hudson Valley Region, including Newburgh, Middletown, Kingston and elsewhere. Participation in Coordinated Behavioral Health Services, an Independent Practice Association, is enabling Hudson Valley Mental Health to have greater visibility and potential impact in the Region. This strategic plan seeks to enable the organizations to continue to make their services available to communities throughout the Region.

III. The Core Idea: Catalyst for Community Transformation

As described above, the core idea of an organization represents its "unique and inherent truth." For Family Services/Hudson Valley Mental Health, that truth is the capacity to provide healing, recovery, safety, justice and hope, in short, to serve as a catalyst for community transformation.

Given their mission and stature in the region, Family Services/Hudson Valley Mental Health have been asked to take on issues of individual and community distress beyond the scope of other agencies. Communities turn to these organizations to become:

- safer
- healthier
- more inclusive
- better able to address common problems or priorities

It is impossible to overstate how valuable this can be for the communities of the Hudson Valley. We already know that, for the Hudson Valley as well as much of the United States, the 21st Century will be shaped by two trends: slow growing (and even declining) population along with a changing economy in which opportunities for success and continuing growth are driven by the quality of place.

In a time of slow population growth, the transformative power of the work of Family Services, Inc./Hudson Valley Mental Health to move people in distress toward fuller participation in the society not only benefits those clients, it also provides the community with an increasingly scarce resource: renewed human creativity and talent. At the same time, as urbanist Joel Kotkin and others have pointed out, in the digital economy, opportunities will accrue to those places that can maintain an interactive, cohesive sense of community:

Residents of New York, Chicago, Los Angeles, Houston, and a host of other, smaller communities must seek first and foremost to revive the ancient civic spirit in the new. They can do this only by fostering a sense of connectivity—in human bonds, not just electronic links—between the various communities, businesses, and neighborhoods of the city. More than anything, this reclaimed sense of civic spirit, not technology or government intervention, will determine how central cities can secure their place in the geography of the digital age.

Joel Kotkin, *The Future of the Center: The Core City in the New Economy*, Institute for Public Policy, Pepperdine University, 2007. pp. 48-49.

In this context, the capabilities of Family Services/Hudson Valley Mental Health—particularly the ability to forge and mobilize community partnerships—are invaluable resources for communities throughout the Hudson Valley. They not only help the individuals and families served, they provide tools for improving community life and social bonds and thereby strengthen the very *economic competitiveness* of the places they serve. It is that capacity for community transformation which represents the unique and inherent truth about Family Services/Hudson Valley Mental Health and their indispensable contribution to the region and local government partners.

IV. The Strategy: Deepening & Broadening Our Catalytic Impact

An organization's core idea is the foundation for the overall approach it takes to its work, i.e., its strategy. The strategy for Family Services/Hudson Valley Mental Health derives from the unique role they plan in transforming the communities they serve. The strategy is simple in that it involves Family Services maintaining and enhancing that role. It is complex in that supporting community transformation requires Family Services/Hudson Valley Mental Health to perform a wide range of activities that—at first glance—may not seem integrally related.

This includes continually improving and expanding a broad portfolio of programs that relieve individual and/or family distress. It also includes continuing attention to *prevention* in that such focus can, for many, obviate matters of healing and recovery. In addition, it involves maintaining an active role as an advocate on behalf of community interests and partnering with other agencies to ensure that critical community needs are met. Finally, in order to better serve communities and to continue to enjoy the support of funders, Family Services/Hudson Valley Mental Health must maintain their commitment to innovation and experimentation while redoubling their efforts to ensure that services are delivered

effectively and efficiently. In addition to innovation and experimentation, this strategy represents a continuing commitment to high-quality, evidence-based work derived as staff continually seek out best practices from across the nation and globe.

A commitment to ensuring that programming is diverse and multi-dimensional presents many challenges from a strategic perspective. In the not-for-profit world, it is a widely held belief that a strategy should establish a well-defined niche for an organization, the narrower that niche, the clearer the role of the organization and the easier it is to winnow out nonessential activities. Thus, the strategy for Family Services and Hudson Valley Mental Health must clearly set priorities for how an agency with limited resources can maintain the broad approach required to foster community transformation. This approach is encapsulated in the following four goals.

Goal 1: Continue to build the capacity for community transformation by maintaining and strengthening the current portfolio of programs and partnerships.

Goal 2: Respond to emerging needs in the communities we serve, with an emphasis on expanding programs serving vulnerable youth and families in crisis.

Goal 3: Invest in Innovation by improving data analysis capabilities.

Goal 4: Align assets to ensure more efficient and effective provision of services.

V. The Plan: Tactics, Implementation, Metrics and Timing

The goals set the general direction for the strategy. The tactics are the activities the organization undertakes to achieve those goals. They are the means by which the plan is implemented. The metrics are the means by which the organization measures its progress.

A. Tactics for Implementing the Strategy

This section outlines the tactics that will be undertaken in support of each of the goals of the strategy. The final section of this report outlines the metrics by which the success of the tactics will be measured and the timing associated with carrying out each tactic.¹

Goal 1: Continue to foster community transformation by maintaining and strengthening the current portfolio of programs and partnerships.

Tactic 1-1: Seek opportunities to enhance and/or expand existing programs. Despite what may seem to be an unfavorable climate for human services funding, Family Services/Hudson Valley Mental Health should continue to maintain and strengthen the broad array of programs they operate. It is the very breadth of their offerings that defines the unique role they play in the region. This tactic requires two things of the organizations:

¹ Some of the tactics have originated from the strategic planning process, while others were already underway or under consideration. These have been incorporated into the strategy and the larger plan.

- maintain an opportunistic approach to pursue opportunities for new funding and geographic expansion of existing programs as they arise.
- continue to emphasize and grow the organization's management capabilities so that the current reputation for high-quality programming is maintained and enhanced.

The example of the Center for Victim Safety and Support: The work involved with this tactic is exemplified by Family Services's continuing commitment to strengthen and grow its Center for Victim Safety and Support (CVSS). To illustrate this commitment, the appendices to this plan contain the logic model for the CVSS to provide a sense of the breadth of offerings is involved and the activities required to sustain them.

Tactic 1-2. Create a Quality Improvement Position. Part of what has enabled Family Services/Hudson Valley Mental Health to succeed is a reputation for quality programming. Creating a position to monitor quality improvement for Family Services provides additional internal oversight of operations and improves the ability to document the programs' success. This initiative also supports Goal 3, investing in innovation and quality by improving data analysis capabilities. This will be increasingly important in an era of limited funding and performance-based contracting by funders. Initially, this position will be entirely within Family Services, while efforts will continue to enhance Hudson Valley Mental Health's quality improvement and compliance functions.

Tactic 1-3. Improve Family Services Branding. Throughout its history, the tremendous value Family Services/Hudson Valley Mental Health have offered to communities has often been obscured by the complexity of the programming and operations required to act as a catalyst for community transformation. This tactic will involve creating a coordinated campaign to better describe the organizations' role in the communities it serves and to more effectively communicate that to a wider audience, ranging from the general public to current and potential funders. Given the wide array of Family Services's programs and the prospect of its consolidation with Hudson Valley Mental Health, this branding effort should include consideration of a name change for the newly consolidated organization.

Tactic 1-4. Seize opportunities to strengthen this and other organizations' administrative capacity. Family Services/Hudson Valley Mental Health have benefited from their ability to maintain and grow their administrative capacity in such areas as financial management, risk management and human resources. At a time when many not-for-profit organizations are seeking opportunities to strengthen their operations through shared services and consolidation, Family Services/Hudson Valley Mental Health should remain open to exploring such opportunities as means to further build their administrative capabilities as well as that of other partner organizations. This could take the form of extending our administrative services to others, formal affiliation, merger, or other linkages.

Tactic 1-5. Seek opportunities to diversify the organizations' leadership team, its board(s) and pursue deeper connections to the diverse surrounding community (as demonstrated by the SNUG project). Many of the organizations' clients come from ethnic minorities and working-class and low-income backgrounds. In order to make the best decisions about how to serve such clients, it is helpful to have leaders who can draw upon first-hand experience to understand the lives and social background of individuals with such backgrounds. To the extent possible, Family Services/Hudson Valley Mental Health must continue their efforts to recruit members of the leadership team and

board(s) from these constituencies and continue to pursue programming to build stronger connections to them.

Goal 2: Respond to emerging needs in the communities served, with a new emphasis on expanding programs serving vulnerable youth and families in crisis, including the impact of the opioid epidemic.

The tactics to achieve this goal are described separately for both Family Services and Hudson Valley Mental Health.

For FSI, this involves the following tactics:

Tactic 2-1. Enhance the Teen Resource Activity Center (TRAC) Program. TRAC provides structured recreational and personal development opportunities for teens, an important frontline defense against youths engaging in at-risk behavior. In cooperation with the City of Beacon, Family Services will seek to expand the program to Beacon. At the same time, Family Services will pursue enhanced interagency collaborations as a means to expand offerings available to TRAC participants.

Tactic 2-2. Pursue Options to Maintain the Elementary After School Program. Like TRAC, the Elementary After School Program is an important safeguard against at-risk behavior among youth. It is a challenge for schools to continue to support this program. Family Services will seek to keep this important community resource in place by pursuing ways to provide a summer program for students in Poughkeepsie's elementary schools.

Tactic 2-3. Expand the Family Education Program. For over a decade, the Family Education Program has promoted effective parenting skills among at-risk families in Ulster County. Family Services is actively seeking funding for geographic expansion in Dutchess, Ulster and Orange—and possibly Columbia and Greene—counties. It has recently succeeded in securing funding to serve 30 families in Orange County. In addition to the geographic expansion, Family Services is evaluating opportunities to serve at-risk families by aligning the Family Education Program with Hudson Valley Mental Health's behavioral health services (e.g., Family Therapy and Home and Community Based Services).

Tactic 2-4. Enhance the Domestic Abuse Awareness Classes for Men (DAAC). DAAC is currently structured as a 26-week class with a fixed curriculum. Family Services's success with the person-centered, clinical approach of the Relapse Intervention for Sex Crimes (RISC) program suggests that DAAC's effectiveness could be strengthened if it is restructured along those lines, tying the scheduling of offerings in the program to the clinical needs of participants, rather than operating on a fixed schedule.

Tactic 2-5. Seek to Expand the Supervised Visitation Program into Ulster County. The Supervised Visitation Program Family Services operates at Dutchess County Family Court provides facilities where non-custodial parents alleged to be suffering emotional instability and/or have engaged in domestic abuse, child abuse or neglect, or threats of abduction and their children can visit together in a safe, neutral environment. Ulster County has expressed an interest in hosting a similar program. Family Services is exploring this opportunity with the County. In addition to this potential geographic

expansion, there also may be opportunities to provide for fee-for-service for court-directed supervised visitation supported by the parents on a fee-for-service basis.

For Hudson Valley Mental Health, its tactics under Goal 2 involve aggressively pursuing potential opportunities emerging from Medicaid restructuring and the emerging value-based contracting environment. They are listed below.

Tactic 2-6. Continue participation in the Independent Practice Association (IPA), Coordinated Behavioral Health Services (CBHS). In the ongoing State Medicaid Restructuring, participation in an IPA enables Hudson Valley Mental Health to pursue opportunities for service provision for which an independent behavioral health organization would not be competitive. In addition, Hudson Valley Mental Health's participation in CBHS provides possibilities to secure operational and administrative efficiencies for Hudson Valley Mental Health's programs. It also positions Hudson Valley Mental Health to participate in the emerging value-based contracting environment that is a major component of Medicaid restructuring.

Tactic 2-7. Expand substance use services including pursuit of additional licensure opportunities to better serve existing clients. In light of the growing opioid crisis, Hudson Valley Mental Health is looking to expand its ability to respond to substance abuse issues. This could include adding additional programs as well as exploring the possibility of adding additional licensures that would enable the agency to address more aspects of the behavioral health issues related to addiction and substance use.

Tactic 2-8. Maintain the current Article 31 clinics and consider geographic expansion through new contracts with region's Local Government Units. Hudson Valley Mental Health operates eight behavioral health clinics licensed under the New York State Office of Mental Health and supported through reimbursements from Medicaid and private insurers. These are often the first line of treatment for people with behavior health issues. Hudson Valley Mental Health operates them under a policy that no client is turned away for lack of ability to pay. Keeping these clinics open and available is an essential part of the behavioral health services available to residents of the Mid-Hudson Valley. In addition, Hudson Valley Mental Health's contract with Ulster County has proven to be a successful model for transitioning to private operation of Article 31 clinics in a manner that maintains or improves client services in a financially sustainable manner. Hudson Valley Mental Health will seek to replicate that model with other counties in the region as a means of maintaining and expanding behavioral health services in the region.

Tactic 2-9. Address prescriber shortages to meet clinical needs through a variety of means, including exploring development of tele-medicine, directly hiring prescribers and other appropriate approaches. At the current levels of Medicaid reimbursement, it is difficult to recruit and retain sufficient numbers of psychiatrists and psychiatric nurse practitioners to provide prescriptions for behavioral health clients. Hudson Valley Mental Health is pursuing a variety options to address this, including the use of video-based telecommunications technology so that a prescriber in a single location can serve clients at multiple locations, directly hiring professionals who can prescribe medications, and others that may emerge.

Tactic 2-10. Maintain the Re-Entry Stabilization Transition and Re-integration Track (RESTART) program while exploring possible geographic expansion. RESTART is a multi-agency effort to reduce recidivism based at the Dutchess County Jail. Hudson Valley Mental Health provides the clinical behavioral health services to male and female inmates housed in the Dutchess County Jail who are at high risk for reoffending. Hudson Valley Mental Health will explore the possibility of offering such services to other County correctional facilities in the Hudson Valley region.

Tactic 2-11. Develop new lines of service including Home and Community Based Services and Clinical Off-site Services and other innovative services through Value-Based Payment opportunities. As Medicaid Redesign moves forward, new opportunities will be available for Hudson Valley Mental Health to expand its services, particularly given its participation in the CBHS IPA. The agency should be prepared to pursue such opportunities as they develop.

Goal 3: Invest in Innovation by improving data analysis capabilities.

Tactic 3-1. Develop the analytic capacity to understand, document & highlight outcomes of programs. As indicated in Tactic 1-2, Family Services/Hudson Valley Mental Health will create a Quality Improvement Position to gather and analyze data on the performance of the organizations' programs. This position will have lead responsibilities for the other tactics listed for this goal.

Tactic 3-2. Create a "Projected Impact" section in annual report and website listing the Evidence-based programs Family Services/Hudson Valley Mental Health operate and the impact anticipated based upon the outcomes documented by the funders. This tactic will begin the process of sharing quantitative measures of the organizations' impact in addressing key community issues. This work is intended to supplement the branding effort described in Tactic 1-3.

Tactic 3-3. Create a "Dashboard" of key outcomes & metrics for programs operated by Family Services/Hudson Valley Mental Health. A dashboard is a display that depicts key indicators of an organization's performance to provide interested parties with a summary depiction of the organization's performance. The creation of such a dashboard for Family Services/Hudson Valley Mental Health will provide government officials, funders, clients and others with a concise overview of the organizations' impact in the communities they serve. Creating the dashboard will involve identifying the five to ten most important outcomes desired by Family Services/Hudson Valley Mental Health, determining how that can be measured and creating and regularly updating the dashboard through a website or other social media. As is the case with Tactic 3.2, this work is intended to supplement the branding effort described in Tactic 1-3.

Goal 4: Align assets to ensure more efficient and effective provision of services.

Tactic 4-1. Formally Assess the Potential for Merger/Service Consolidation of Family Services/Hudson Valley Mental Health. As indicated in the introduction to this strategic plan, the current structure of Family Services/Hudson Valley Mental Health is a residue of a time of great organizational flux for the agencies. At a time when funders expect increasing efficiencies from the organizations they support, and when the organizations themselves are seeking ways

to better coordinate and integrate their services, systematically reviewing the current structure of the organizations and determining if and how it can be strengthened and streamlined is an important priority and is being pursued. The major thrust of this effort is to identify the benefits and costs of fully consolidating the structure into one agency with a single board and executive team. Should it prove feasible, the new consolidated structure would also clarify the organization's image among funders, partners and other stakeholders.

Tactic 4-2. Enhance stewardship of the Family Partnership Center through a staff position. As indicated earlier, the Family Partnership Center is a flagship program for Family Services, embodying its commitment to community transformation and interagency collaboration. Successful operation of the Center requires two things: rental income from partners that covers the cost of operations and the right mix of tenants to deliver complementary and coordinated services to the Poughkeepsie community. Up to now, the latter task of ensuring the proper tenant mix has implicitly fallen to the CEO of FSI, with impressive results, the most notable being the recent arrival of Dutchess Community College. This forward momentum, coupled with the tenants' perceptions of opportunities for improved interagency coordination and hopes for a growing presence in the neighborhood suggests that the Family Partnership Center could make great strides with increased attention to tenant mix and creative collaborations. Family Services will create a position to take on these tasks. It is envisioned that the FPC Stewardship Coordinator will work to recruit tenants, foster collaborations among tenants and seek to build relationships among the FPC tenants and appropriate partner organizations outside the Family Partnership Center. As an illustration of his or her potential role, the FPC Stewardship Coordinator could establish a community advisory committee that meets regularly to help identify priorities to be addressed by FPC partners, pursue creation of a comprehensive database for clients to simplify cross-agency referrals, and provide regular training and orientation of all partners to improve and expand inter-agency connections.

Tactic 4-3. Conduct a capital campaign feasibility study for the Family Partnership Center. A recent assessment by a Family Services ad hoc committee identified \$7 million in immediately needed physical improvements for the Family Partnership Center, along with an additional \$13 million in enhancements if the Center is to reach its full potential as a community resource. Therefore, Family Services will secure professional consulting services to conduct a capital campaign feasibility study to determine if there is sufficient philanthropic support for a major capital campaign to address the needs of the facility.

Tactic 4-4. Determine the long-term role of the Family Partnership Center. This is an exciting and challenging time for the Family Partnership Center. In many ways, it is poised to finally realize its full promise as a community resource for Poughkeepsie. It has a strong tenant mix, important physical improvements are underway, and it is perceived by tenants and other stakeholders as a safe, well-run facility. The next two years will truly define the long-term role the facility can play both as a program of Family Services and as a community resource. At that time, the results of the Stewardship Coordinator Position efforts and the Capital Campaign Feasibility study will determine the level at which the Family Partnership Center can be sustained both as an Family Services program and facility.

B. Implementation: The Role of Board Members and Staff

A strategy matters only insofar as it is implemented. Ensuring that the tactics are carried out and the goals are met requires certain roles on behalf of the organizations' staff and boards. This section outlines important elements of the roles of both the staff and boards.

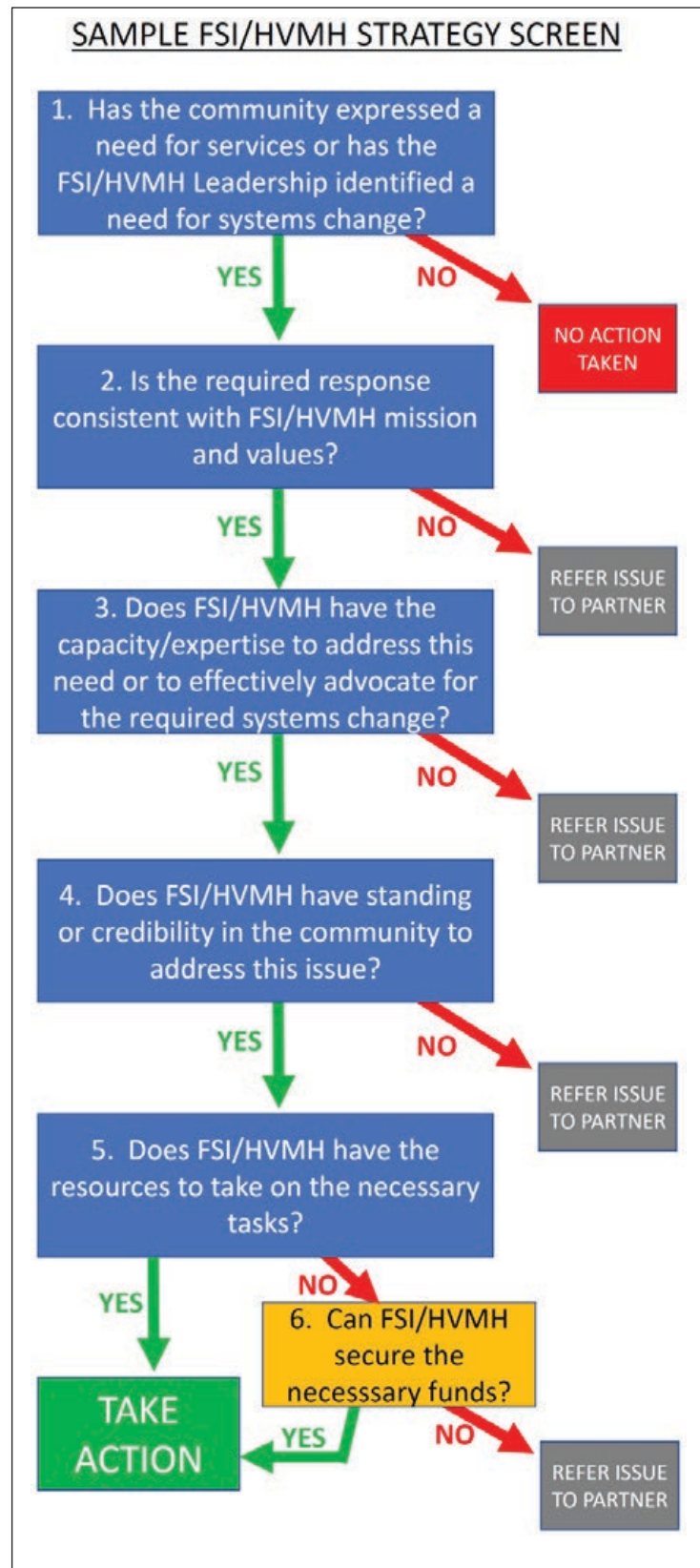
The Board Members' Role: The role of the board is to oversee and support the strategy. This involves four important roles:

- Fundraising: Family Services/Hudson Valley Mental Health have had great success in securing funding to operate particular programs from both public and private sources. But as the prospects for public funding remain stagnant (or even decline), there will be an increasing need to secure private support to keep the organizations responsive, innovative and growing. This will require a new more active role for board members in fundraising. This role has several dimensions to it. Individual board members can take those dimensions in which they have the most comfort and/or experience.
 - Annual Giving: All board members should contribute each year to the annual fund at whatever amount they feel they can afford. The organizations' other fundraising efforts are strengthened if they can report 100% board support to potential donors. In addition, board members should work with the development staff to identify potential donors and personally solicit contributions. Board members should also make every effort to attend and/or contribute to annual events such as the Family of the Year, the Report to the Community or the "Walk a Mile in Her Shoes" event.
 - Major Gifts: Board members' personal and professional connections are very important in the organizations' efforts to secure major gifts and legacy giving. Board members should be prepared to work with the development staff to identify acquaintances that are potentially able to make major gifts and to help cultivate relationships with such individuals by hosting coffees, dinners and other "friend-raising" events to build relationships between the individuals and Family Services/Hudson Valley Mental Health.
 - Capital Campaigns: Should Family Services determine to go forward with a capital campaign for the Family Partnership Center, board members should be prepared to work with the development staff to identify and cultivate potential donors similar to the role played in securing major gifts and legacy giving. Beyond that, it is important for board members to be active and visible advocates for the campaign in their networks of personal and professional contacts.
- Adopt a "Strategy Screen" to Assess New Strategic Initiatives: The strategic role of Family Services/Hudson Valley Mental Health as catalysts for community transformation requires that the organizations' maintain a broad and diverse array of programs. Therefore, the boards must have a mechanism for assessing whether the organizations should take on new initiatives that may be brought to them and/or proposed by the leadership team to be added to that portfolio. The criteria by which the boards make this assessment can be arranged as a "strategy screen" to determine how well a proposed program serves the organizations' strategy.² A draft strategy screen is included in the figure on the next page as an example of an approach the boards may wish to use in this effort.

² cf. David LaPiana, *The NonProfit Strategy Revolution*, Fieldstone Alliance, 2008.

- Monitor Organization Performance:** It is important that board members provide feedback to the CEO/President on the overall performance of the organization. Part of this involves gathering the perceptions of key stakeholders in the community. It also involves tracking key metrics involved in the organizations' performance, including the strategic plan. This document identifies metrics to measure the progress of the strategy. Board members should regularly request updates on these from the organizations' leadership team
- Prepare for Leadership Succession:** As is discussed throughout this document, the strengths of Family Services/Hudson Valley Mental Health are derived from a culture that is committed to delivering excellent services and transforming the circumstances of the communities in which they operate. The leadership of the organizations are instrumental in cultivating and transmitting this culture. Consequently, any change in leadership will have substantial implications. Thus, the process of leadership succession should be anticipated and a structure put in place to ensure an orderly and effective transition when the time comes. Several criteria can be used to determine if an organization is prepared for succession. These include:

 - a clear and accurate job description for CEO/President and board members



- a clear common understanding by the CEO/President and board members of their respective roles
- clear and accepted annual performance reviews for the CEO/President and board members
- a shared vision for the direction of the organization as expressed in a current, adopted strategic plan
- a board that understands the current financial condition of the organization
- formal policies that allow for emergency transition of the CEO/President role in emergency situations

The boards should review their preparedness for succession as part of their annual self-evaluation.

The Staff Role: Staff has the lion's share of the responsibility for carrying out the tactics. Their success depends upon three key staff roles:

- Maintaining a commitment to high standards of management practice: As noted earlier, both organizations are seen as strong managers of programs. This commitment to high quality management must be carried forward in the strategy implementation. Current management must adhere to their same high standards of conduct and administration as the organization progresses and grows. It is also important that in recruiting for new management positions, Family Services/Hudson Valley Mental Health continue to seek candidates with that same high level of demonstrated administrative effectiveness.
- Sustaining the organizational culture: Family Services/Hudson Valley Mental Health can take on the difficult work that they do because the individuals in the organization believe strongly in the possibility of individual and community transformation. It is critical that the culture that supports that ethos (and is eloquently expressed in the organizations' values) is preserved and strengthened. The commitment to diversify the organizations' leadership team is part of this effort.
- Continuing a commitment to metrics: Family Services/Hudson Valley Mental Health have long held high standards regarding organization transparency and accountability and are no stranger to using metrics to manage programs. This commitment must be maintained as human services moves into a new era of value-based payment reform and other systems of performance-based contracting.

Appendices

List of Stakeholders Contacted and Interviewed

SWOT Analysis

Sources Consulted

Stakeholders Contacted and Interviewed for this Strategic Plan

Stakeholders Contacted for Family Services

Name	Organization	Interviewed (X)
Jen McGahan	Hudson Valley Mental Health	X
David Ping	Health Quest Will Miss 4/8	X
Maria DeWald	will Miss 4/8	X
Margaret Calista	Will Miss 4/8	X
Andrea Reynolds	Dyson Foundation	X
Cecilia Stancell	Dyson Foundation	X
Sue Serino	New York State Senator	X
Natasha Cherry	City of Poughkeepsie Common Council	X
Marcus Molinaro	County Executive	X
Rob Rolison	Mayor	X
Top Pape	City of Poughkeepsie Police Chief	X
Bishop Debra Gause	Holy Light Pentacostal	X
Keri West	Family Services	X
Juliet Thigpen	Community Activist	X
Emilie Dyson	Dyson Foundation	X
Tim Massie	Health Quest	X
Sheila Appel	IBM	X
Mae Parker Harris	SNUG Steering Committee	X
Steve Gold	Assemblyman Frank Skartados' Office	X
Pastor Kelly	Faith Based Community Member	X



Stakeholders Contacted for Hudson Valley Mental Health

Name	Org	Interviewed (X)
Steve Muccio	PEOPLE	
William Porter	Director, Field Office, NYSOMH	X
Walter Ring	Liaison, NYSOMH	X
Margaret Hirst	Dutchess Co. Dept. of Behav. & Community Health	
Mayor Rob Rolison	City of Poughkeepsie	X
Amy E. McCracken	Ulster Co. Dept. of MH	X
Carol Smith	Ulster Co. Health Commissioner	
Kenneth Crannell	Dept. Co. Exec, Ulster County	X
William Eckert	Dir., Clinical Services, DCDB&CH	X
Allison Dubois	COO, Hudson River Health Care	X
Robin Peritz	Clinical Director, Poughkeepsie MH Clinic	X
Gerald Archibald	The Bonadio Group	
Melissa Zambri	Barclay Damon	X
Amy Anderson Winchell	Access: Supports for Living	X
Amy Kohn	CEO, Westchester Co. MHA	X
Andrew O'Grady	Mental Health America, Dutchess Co.	
Alan Trager	Westchester Jewish Comm. Svcs.	
Elizabeth Kadatz	Rehabilitation Support Svcs.	
Diane Russo	Putnam Family & Community Svcs.	
Stephanie Madison	MHA Rockland County	X

SWOT Analysis & Stakeholder Input

Peter Fairweather reviewed the input from stakeholders arrayed as an analysis of each organization's strengths, weaknesses, opportunities and threats (SWOT analysis) explaining the strengths and weaknesses of both Family Services and Hudson Valley Mental Health based on consultation with community stakeholders of various positions and organizations. Peter also explained the opportunities available and possible threats of each organization based on stakeholder input.

Figure 4. SWOT Analyses

			
<u>Strengths</u> <ul style="list-style-type: none"> •Administrative capability •Strong program operations •Reputation as service provider •Critical mass to operate programs •Link to the FPC given its potential 	<u>Weaknesses</u> <ul style="list-style-type: none"> •Development capabilities •Historical “baggage” •Poor brand definition •Link to the FPC given its unrealized potential 	<u>Strengths</u> <ul style="list-style-type: none"> •Administrative capability •Strong program operations •Reputation as service provider •Strategic alliance (IPA) •Critical mass to operate programs 	<u>Weaknesses</u> <ul style="list-style-type: none"> •Historical “baggage” •Low Diversity in funding portfolio
<u>Opportunities</u> <ul style="list-style-type: none"> •Geographic expansion •The “Urban Agenda” in economic development •Targeted consolidations •Responding to the opioid crisis •Define key outcomes & metrics 	<u>Threats</u> <ul style="list-style-type: none"> •Changing funding climate •Changing not-for-profit regulatory climate •Sectoral Consolidation 	<u>Opportunities</u> <ul style="list-style-type: none"> •Geographic expansion •IPA-based expansion •Other behavioral health programs (e.g., jail programming) •Define key outcomes & metrics 	<u>Threats</u> <ul style="list-style-type: none"> •Extreme uncertainty in the health care sector funding & structure (the future of managed care and value-based contracting) •Changing not-for-profit regulatory climate •Aggressive sectoral consolidation in health care

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