

Covering Kids & Families of Indiana, Inc.

Strategic Plan 2010

**Prepared by Health Management Associates for
Covering Kids & Families of Indiana
Board of Directors
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Covering Kids & Families of Indiana, Inc. Strategic Plan 2010

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Covering Kids & Families of Indiana, Inc. Strategic Plan 2010

Executive Summary

During the spring of 2010, the Board of Directors of Covering Kids & Families of Indiana engaged in strategic planning activities to assure the organization remains aligned with its mission and to prepare for the future as national health care reform is implemented. This effort extends a process that began in September 2006, when the Robert Wood Johnson Foundation (RWJF) selected Covering Kids & Families of Indiana (CKF) as one of only a small number of organizations to receive Foundation support to engage in strategy planning for the future. The selection of CKF was in large part an acknowledgement of the organization's potential to have a significant impact on health care coverage for families in Indiana. Health Management Associates (HMA) was engaged to provide technical assistance to the CKF Board of Directors in 2007 and again in 2010. This document represents the results of this ongoing effort, provides a brief summary of the organization's accomplishments between 2007 and 2010, and describes the Board's plan in 2010 and beyond to strategically reposition the organization to achieve its vision of health care coverage for all Hoosier children and families.

In 2007 the Board identified critical issues facing the organization as it looked to the future. While context and details change over time, the core issues remain. Indiana, like all states, will experience significant change in its public health programs as the Patient Protection and Affordable Care Act (PPACA), the recently enacted national health care reform law, is implemented. The law will have significant implications for Hoosier families' access to health care coverage. CKF needs to continue to expand its capacity to respond to these challenges and truly meet its mission on a statewide basis, and continue to align its financial resources to improve both the flexibility and stability of the organization. CKF has formalized its organizational structure which defines the relationship between the state office and local coalition partners, and has made significant progress to establish and leverage key partners in its efforts to support the expansion of health care coverage. CKF will continue these efforts and also explore new ways to engage stakeholders in health care coverage.

The Board redefined its goals and objectives for CKF moving forward in 2010, for both program goals and management goals. CKF's program goals are to:

- Be the state's strongest resource for facilitating health coverage enrollment;
- Be a statewide recognized expert and strong voice on health coverage issues; and
- Expand and strengthen the reach and impact of CKF's statewide and local grassroots network through increased interaction, partnerships and collaborations, and leverage.

CKF's management goals are to:

- Secure funding aligned with strategic direction needs;
- Ensure Board, staff and committee alignment with CKF goals.

The Board established a set of strategies for 2010 through 2014, designed to meet these goals. This plan is intended to be a blueprint for action and as such represents an agreement by the

members of the CKF Board of Directors about specific efforts they intend to make to lead the organization in the desired direction.

Mission and Vision Statements

Covering Kids & Families of Indiana developed its Vision and Mission statements through a strategic planning process the organization engaged in during the summer of 2004. That planning process was initiated in response to completion of the Robert Wood Johnson Foundation grant program and the Board's assessment of sustainability beyond the term of the grant's funding. CKF IN continues to operate under this vision and mission.

CKF of Indiana Vision

"Our vision is that all Hoosier children and families have health care coverage."

CKF of Indiana Mission

"To achieve our vision that all Hoosier children and families have health care coverage, Covering Kids & Families actively engages in a CARE model, focusing on:

- Coalition building among health centers, providers, practitioners, faith-based organizations, schools, state agencies, and funders throughout Indiana;
- Advocacy to reduce barriers and increase access, availability, and affordability;
- Resource building among our partners to increase access to health care; and
- Education that effectively responds to health disparities and positively influences public policy."

CKF of Indiana – Historic Context

Covering Kids & Families of Indiana, Inc. traces its beginning to the national initiative funded by the Robert Wood Johnson Foundation to reduce the number of uninsured children and adults who are eligible for but not enrolled in public health care coverage programs. Established as a legal sub-entity of Health and Hospital Corporation (HHC) in Indianapolis to serve as the lead agency for the RWJF Covering Kids & Families grant, CKF IN's early success in supporting Indiana Hoosier Healthwise enrollment and outreach was sustained in large part by the public hospital's access to Medicaid administrative funds. In November 2006, the RWJF grant program concluded and CKF of Indiana's Board of Directors began the transition to establish a Not-for-Profit 501(c)(3) corporation independent of HHC and to lay the groundwork for sustaining the work of the organization beyond its affiliation with RWJF.

Progress: 2007 - 2010

Since first establishing its strategic plan in 2007, CKF has made considerable progress implementing strategies to meet its goals and objectives. Between 2007 and 2010 some highlights of progress include:

- Furthered the goal to facilitate enrollment by
 - Monitoring the impact of Eligibility Modernization on enrolling children and families and served as a resource to the state to improve the system
 - Developed and distributed an enrollment tool kit of best practices for hospitals and provided technical assistance and training

- Provided in-depth analysis on enrollment trends to state agencies, stakeholders and partners
- Hospital and Health Committee engaged in intensive planning efforts to ramp up enrollment
- Furthered the goal to be a strong voice and advocate for health care policy issues:
 - An active Public Policy Committee expanded its agenda to include Eligibility Modernization, implementation of HIP, and SCHIP reauthorization
 - Successfully engaged legislature, executive branch, and congressional delegations
 - Established and strengthened relationships with key state agencies
 - Distributed several relevant policy briefs
 - Promoted SCHIP reauthorization through media events, town hall meetings and policy maker engagement
 - Established and strengthened relationships with national groups including Families USA, Georgetown Center for Children and Families, National Covering Kids & Families Network, and the Center for Budget and Policy Priorities.
- Expanded partnerships and local advocacy network
 - Established the Indiana School Health Network and serves as Lead Agency
 - Developed a formal coalition model and agreement
 - Geographically expanded existing coalitions and established one new coalition
 - Provided technical assistance in areas where no formal coalition exists
 - Pursued developing relationships in southern and western counties in partnership with IPHCA and RIHA with intent of developing coalitions
 - Assisted local coalitions to strengthen community resources and collaborative partners
- Furthered the goal to establish stable funding through
 - Entering into a new Administrative Claiming contract with Health and Hospital Corporation with enhanced FMAP for outreach
 - Established Resource Development as a standing committee and engaged in developing a funding plan
 - Entered into a contract with ISDH for administering the Coordinated School Health Program grant
 - Increased donations
 - Established working capital and retained earnings
- Aligned organizational structure to better meet programmatic needs
 - Developed new governing structure to increase ability to attract new and creative voices to Committees, coalitions, and Board of Directors
 - Established a Local Coalitions Committee
 - Expanded Board Committee capacity
 - Carved out functions to create two new Committees: Resource Development and Early Childhood
 - Hired additional staff including
 - Deputy Director
 - Director of Enrollment Assistance
 - Director of Coordinated School Health Program

Strategic Direction and Critical Issues

Through this strategic planning process, the Board chooses to establish a strategic direction with a dual focus:

- Outreach, enrollment, and retention;
- Policy and/or advocacy for health care coverage access and expansion.

Five primary critical issues for CKF emerged from the 2007 strategic planning process: 1) the shifting public health policy environment; 2) CKF's organizational capacity; 3) alignment of CKF's financial resources with its chosen strategic direction; 4) the need to formalize the organizational structure; and 5) the need to establish and leverage key partners. The goals and strategies CKF set out in the 2007 planning effort have served CKF well, allowing the organization to make significant progress toward furthering its mission. However, the critical issues still remain a factor looking forward from 2010.

Shifting Public Health Policy Environment

Like most states, Indiana is experiencing significant turmoil due to the extended economic recession, and public health programs are not immune to state actions to balance the budget. In addition, in 2010 Congress enacted and the President signed the Patient Protection and Affordable Care Act, the most significant health care reform legislation since Medicare and Medicaid. This legislation will result in a substantial decrease in the uninsured, and a substantial expansion in Medicaid enrollment beginning in 2014. As state Legislatures and administrators grapple with the growing cost of Medicaid within the current economic environment, the need to understand how reform measures and the shifting policy environment affect individuals and communities is great. Health care reform creates a dynamic environment with direct impact on access to health care. This environment presents great challenges and great opportunities for CKF in its pursuit to fulfill its mission. The dynamic environment calls for considerable nimbleness and the ability to respond quickly and effectively as policy decisions are made. It also increases the importance of quality education and advocacy around public health policy issues. CKF needs to be prepared to respond to these challenges.

Organizational Capacity

Our strategic direction requires continued expansion of the organization's capacity, both operationally and geographically. CKF needs to continue expanding to a state-wide presence, both "vertically and horizontally." That is, we need to expand partnerships and assist locales beyond those currently established relationships. In addition, CKF needs to expand its ability to inform state policy through advocacy and research. The advocacy should, however, remain focused on health care coverage and access for Hoosier citizens, and strive to provide an objective educated voice for its mission. CKF needs to enhance its capacity to provide support and technical assistance for enrollment growth, and to inform policy decisions.

Alignment of Financial Resources with Strategic Direction

CKF relies heavily on Medicaid administrative claiming funds to support its operations and these funds maximize resources available to assist local coalitions to enroll individuals into the health care programs. The extent of CKF's reliance on the funds restricts the organization's flexibility to engage in policy and advocacy activities critical to its mission, and puts the organization's

viability in a somewhat precarious position over the long term, by relying on the willingness of the state and HHC to accommodate the arrangement. If either of these entities declined to participate in the arrangement, it could be devastating for CKF.

In 2007 the Board set a goal to increase non-administrative claiming income from 4 percent of revenue to approximately 30 percent of total revenue by 2009, and establish cash reserves to meet a minimum of 30 days of operation. By the end of 2009 CKF exceeded the cash reserve goal, but increased non-administrative claiming funds to only 5.8 percent. While this represents movement in the right direction, we need to continue to diversify CKF's funding base to better align its financial resources with its strategic direction and to better ensure its ability to cover day-to-day operating expenses as well as its long-term viability. The approved 2010 budget anticipates an increase of non-administrative claiming funds to represent over 19 percent of total revenue.

Formalizing Partnership Structures

Covering Kids & Families of Indiana has made considerable progress to establish a partnership model with local coalitions that defines the roles and responsibilities of the respective entities. Existing local coalitions rally the resources in a specific community to educate and enroll families into health care programs while the state office provides the technical assistance needed to enhance the coalition's ability to meet its goals. A formal agreement defines benefits, expectations, and performance measures for each of the parties. Each of the partners is held accountable for performance measures established through the agreement. Clearly, both the state office and the local coalitions receive mutual benefit from the relationship. However, in some communities, the coalition model does not appear to meet local needs, or limited resources prevent a community from establishing a functioning coalition. The Board needs to explore alternative arrangements for such communities to offer enrollment and technical assistance and establish partner networks that can be successful in the community.

Establishing and Leveraging Key Partners

Ultimately the value of CKF and its ability to fulfill its mission lies in the effectiveness of its relationships with key partners and its ability to engage other individuals and organizations in its mission. Establishing these relationships and being able to leverage the resources partners can bring to the table around critical issues becomes the true test of the organization's strength, and communication is central to these relationships. While CKF has made considerable progress to strengthen key relationships and is recognized both internally and externally for its expertise and "ability to bring folks to the table", CKF continues to endeavor to expand its ability to have an impact statewide and in local communities. From the Board of Directors and staff to local coalitions and external stakeholders, the organization needs to clearly articulate its values, purposes, needs and expectations

Goals and Objectives

It is the Board of Directors' responsibility to establish the Strategic Plan for the organization and to review that Plan periodically for any needed revisions. This strategic plan sets out the goals and objectives for CKF, and identifies priority strategies to further those goals over a two to three year time frame. As such, the CKF Board anticipates that the strategic plan will serve to inform:

- CKF Committees as they develop their annual Work Plans;
- Local Coalitions regarding the CKF Goals and Objectives;
- CKF staff in the development of an annual Operations Plan;

Each CKF Committee and Local Coalition is responsible for developing an annual work plan that addresses the strategic goals of the organization. Work Plans are developed in the fall for implementation the following year. In developing their Work Plans, it is recommended that the Committees utilize a uniform management tool, such as SMART criteria (see Appendix III) to establish, prioritize and monitor work plan actions,

The Executive Director and staff are responsible for an Operations Plan that summarizes and synthesizes the Committee and Coalition work plans and supports implementation based on the organization’s strategic plan (See Figure 1).

Figure 1: CKF Planning Process



It is the responsibility of the Executive Committee, working with the Executive Director to ensure that the work of the Committees, Coalitions and the staff Operations Plan are coordinated, in alignment with CKF goals, and prioritized in consideration of resource capacity. **The Board of Directors is responsible for reviewing the Committee Work Plans and the annual Operating Plan to remain informed about the work of the organization and to assure that the work is consistent with the organization’s mission.**

The following goals have been identified by the Board of Directors as essential to meeting CKF's mission. Priority strategies are also identified. Appendix II provides additional strategies and suggestions identified by Board of Director members during the Strategic Planning Retreat.

Program Goals

The Board of Directors made slight revisions to its three program goals during the 2010 strategic planning session. The program goals are to:

- 1. Be the state's strongest resource for facilitating health coverage enrollment.**
- 2. Be a statewide recognized expert and strong voice on healthcare coverage issues.**
- 3. Expand and strengthen the reach and impact of CKF's statewide and local grassroots network through increased interaction, partnerships and collaborations and leverage.**

Priority Strategies

1. CKF will identify, coordinate, and prioritize enrollment and retention activities annually. A summary of priority activities will be developed annually in the fall by each Committee and incorporated into their work plans to implement the following year.
2. CKF will continue to identify and work to add new coalition sites with a goal of expanding representation in the Southern, Eastern and Western regions of the state. CKF will examine areas where there is a lack of coalition demand or feasibility for the existing coalition model, and make recommendations to the Board for building "non-coalition" area resources such as targeted or customized technical assistance for such areas, with an emphasis on areas identified as medically underserved.
3. CKF will devise a plan to disseminate Best Enrollment Practices to its partners in enrollment, through such means as continuing to develop and market enrollment tool kits; use of cost-effective technologies such as webinars and teleconferencing sessions that can be conducted with partners; and through regular channels such as online newsletters, as well as staff technical assistance.
4. CKF staff, working with the Public Policy Committee will create an annual public policy agenda to recommend to the Board annually, which anticipates emerging health coverage and enrollment-related issues. The advocacy agenda will be developed in a broad policy context, in consultation with the Board, using consensus statements that all Board members agree upon. The policy agenda will serve as a guide for policy advocacy efforts that are in alignment with CKF goals and within available resources identified for such activities.

Management Goals

The Board of Directors made slight revisions to two management goals during the 2010 strategic planning session. The management goals are to:

4. **Secure funding aligned with strategic direction needs;**
5. **Ensure Board, Staff, and Committee alignment with CKF goals.**

Priority Strategies

1. CKF will secure an enhanced match rate for administrative claiming by the end of CY 2010.
2. The Resource Development Committee will develop a plan to pursue new funding streams that can be used to support CKF goals. The plan will be submitted to the Board of Directors for approval by the end of CY 2010.
3. CKF will develop a plan to expand and stabilize new Coalition funding including identifying options for alternative coalition models designed to better meet local community needs.

The current Committee structure works well but the Board will determine whether Committee membership and participation is sufficient to achieve the strategic plan goals and strategies, as they are revised, and to maximize efficiency of CKF staff and Board of Director efforts. To facilitate this, the Board will do the following:

4. On a yearly basis the CKF staff will develop an Operations Plan based on the strategic plan, Committee work plans, and identified priority strategies for the year and present the plan to the Board in preparation for the coming year. The Operations Plan will include a budget, staffing plan, and identify any potential challenges or resource limitations relevant to implementing Board directives.
5. The Board of Directors will consider the Operations Plan annually and revisit the strategic plan to determine whether revisions, re-prioritization, or updates are needed.
6. Upon review of the Operations Plan and approved strategic plan, the Executive Committee will prioritize the strategies for the coming year and assure that Committee work efforts and the annual Committee Work Plans, are aligned with the strategic plan goals and available operational resources..

In consideration of the strategic plan, the Board will consider whether membership on the Board of Directors requires any adjustments to adequately reflect the long-term strategic needs of CKF, particularly as those needs relate to national health care reform.

Finance

Under its not-for-profit 501(c)(3) corporate structure, Covering Kids & Families of Indiana is no longer a component of Health and Hospital Corporation, but exists as an independent entity. This has implications for revenue streams and allowable uses, particularly its established funding stream from Medicaid administrative claiming. Administrative claiming is the key funding source that supports CKF's core function to expand outreach and enrollment activities throughout the state. It is a critical element of CKF's financial structure. It is important,

however, that CKF continue to restructure its resource base to diversify funding sources and transition to more flexible funding arrangements, and to maintain its working capital position.

Administrative Claiming

In 2010 CKF obtained agreement with Health and Hospital Corporation to extend its contract to 2011 to coincide with HHC's contract with the State to provide outreach and enrollment. This contract provides access to enhanced federal matching funds including CHIP matching funds, which provides significant additional revenue for CKF outreach, enrollment, and retention efforts. The use of administrative claiming has two primary issues:

1. The funds are restricted to enrollment or other Medicaid administrative functions only;
2. Funds must be kept "clean" for matching purposes. That is, in order to be eligible for federal match, any funds provided by providers cannot be re-circulated to providers in a "hold harmless" arrangement.

Under the state's contract with HHC to conduct outreach activities HHC is able to receive and consolidate donations from organizations, subcontract with CKF for enrollment, and claim administrative match for the outreach activities of local coalitions. Local coalitions, however, find it challenging to solicit donations that are to be made to HHC.

Given the level of support that the enhanced administrative claiming funds provide for outreach and enrollment and the benefit the enhanced match provides to both CKF and the Local Coalitions, the existing arrangement with HHC as a consolidator of donations will continue. CKF will continue to explore ways to mitigate the challenges for local coalitions to seek donations. The potential of moving to a direct contract between the state and CKF for outreach services remains an option for the future. However, the organization would need to position itself to successfully compete against other potential bidders for a contract. For now, the current arrangement offers the most significant support for CKF to pursue its mission.

Other Potential Revenue Streams

The restrictions on the use of administrative claiming funds means they are not available for CKF Indiana advocacy, research and policy development activities or for all CKF organizational administrative activities. It is vital that CKF staff have the resources to maintain necessary organization management functions such as audits and compliance reporting. This is particularly critical as CLF grows in size and complexity. The Board has identified other potential revenue streams which could be developed.

- **Business Retainer for Services:** CKF could charge members or others for services that it has provided free of charge in the past. This could cause some complaints from those who have benefited in the past, however. CKF will need to strike a balance between providing services to further its mission and ensuring ongoing financial support for its activities.
- **Philanthropy:** This could be a good solution in the short term and would also serve to enhance CKF name recognition. This would be the least restrictive funding stream.
- **Grants:** Governmental grants are typically competitive, and could have restrictions on uses but would not likely be as restrictive as administrative claiming.

- Membership/Subscription:** These could not be used as non-federal match for enrollment activities, but could support such activities as technical assistance. Membership fees could strengthen support for a collective agenda, but CKF will need to be cautious about competing with other stakeholder partners.

The Table below shows the use to which each of these funding streams could apply for CKF Indiana’s particular lines of business.

Lines of Business	Revenue Streams				
	Administrative Claiming	Business Retainer or Contract	Philanthropy	Grants	Membership Subscriptions
Enrollment Support	■		■	■	■
Policy Research & Development & Advocacy		■	■		■
Data Analysis		■	■	■	■
Administrative	■		■		■

Some activities, such as data analysis, may be claimable for federal match depending upon the use. CKF needs to be careful to establish parameters, however, on what services it can provide under existing resources, and what services will require additional financial support.

Working Capital

While a diversified funding base would provide CKF with increased fiscal stability, a critical component of stability is adequate cash on-hand for ongoing operations. As the organization continues to implement its strategic plan, staff must have adequate working capital in order to focus attention toward pursuing the goals of the organization and to minimize the diversion of staff time toward seeking funds to cover operating expenses. Although CKF exceeded its goals set in the 2007 strategic planning for establishing working capital, as program activities and staff expand, it will be necessary to raise additional working capital to address the needs of cash flow cycles. These cycles can extend up to 90 days for projects that involve state contracts, for instance. The need to raise the level of working capital prior to adding administrative expense represents a strategic restraint. The Board recognizes its responsibility to maintain adequate working capital as a prerequisite to launching new initiatives or implementing new directives.

Conflicts of Interest

The need to solicit donations creates potential conflicts for both Board of Director members and for local coalitions. Some Board members, such as state staff representatives, are prohibited from engaging in these types of activities. In addition, conflicts could arise with local coalitions where the central CKF office and the local organization both solicit from the same donor(s) for their respective activities. In drafting the resource development plan, the Resource Development

Committee will need to deliberate about necessary actions to take to identify potential conflicts and minimize the potential negative effects. For instance, CKF could initiate a coordinated fund-raising campaign with the local coalitions to address specific advocacy issues and which includes a revenue sharing component and which clearly articulates the specific roles of the local coalitions and the state office. Or CKF could limit its funding raising efforts to engage large corporate partners or foundations. Communication with local coalition partners is critical for avoiding or addressing conflicts, and searching for win/win solutions. It is also important that all affiliated coalitions understand this relationship and agree to abide by it. The other challenge for a Board involved in a variety of organizations and other Boards is to recognize that prioritization of goals can also lead to conflicts they may not even recognize. It is incumbent on all Board members to challenge shifts in priorities to make sure they are consistent with CKF's best interests.

Acknowledgements

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Appendices

APPENDIX I. Strategic Planning Process

Health Management Associates was engaged by Covering Kids & Families of Indiana to assist with the strategic planning process that would allow the organization to revisit its strategic plan and chart its course over the next few years. Early in the process HMA staff met with the Executive Director for a historical context briefing and to gain an understanding of issues within the organization and the progress made since 2007. HMA staff reviewed organizational materials including annual reports, promotional media, and support documents. Between March and April HMA conducted interviews with members of the Executive Committee, the Executive Director and a key stakeholder to seek their views of the organization's challenges and opportunities.

The CKF Indiana Board of Directors convened a special session on April 8, 2010 to participate in a planning exercise to revisit and revise the organization's strategic plan. As a prelude to the planning session, HMA provided an overview of the goals established in 2007 and CKF's progress toward meeting those goals and facilitated a discussion among the Board members present around the goals. Members proposed slight changes to the wording of the goals to reflect existing status of the organization but the general goal objectives were retained.

Small working groups of 4 or 5 Board members formed around each of the goals to develop strategies for meeting them, and a proposed timeline over the next three to four years. Each working group then brought the identified strategies to the full Board for presentation and discussion. After the presentations and clarification around any questions concerning the strategies, the Board members "voted" for strategies by indicating their preferences for strategies they were in strong agreement with versus those that were not as appealing, or that were deemed to be a lower priority. From the work of the small group sessions and resulting Board discussions HMA developed a draft of strategies around the goals. In addition, the Board requested that HMA develop a revision of the strategic plan to reflect the goals and strategies and to update plan elements to reflect the existing environment and context. HMA staff met with the Executive Committee through a conference call on June 14 to discuss the revised strategic plan, and then incorporated feedback into a final plan shared with the Board and discussed at a meeting on June 23, 2010. The Covering Kids & Families Board of Directors recommended changes to the document and approved the revised Strategic Plan pending Executive Committee review of all final edits.

APPENDIX II: Small Group Visioning Sessions, Board of Directors Retreat

The following is a synthesis of the small group visioning sessions around each of the identified CKF goals. Strategies identified by more than one of the small groups have been combined, and related strategies have been grouped to enhance cohesiveness. A timeline is included where identified in the visioning sessions.

Program Goals

The Board of Directors made slight revisions to its three program goals during the 2010 strategic planning session. The program goals are to:

- 1. Be the state's strongest resource for facilitating health coverage enrollment.**
- 2. Be a statewide recognized expert and strong voice on healthcare coverage issues.**
- 3. Expand and strengthen the reach and impact of CKF's statewide and local grassroots network through increased interaction, partnerships and collaborations and leverage.**

Proposed Strategies:

1. CKF will identify potential new enrollment sites that can facilitate enrollment within and beyond health care venues. The following may be considered in identification of new sites:
 - a. How data analysis can be used to maximize enrollment potential by identifying geographic and demographic areas of need. Examples of data sources that may be helpful include but are not limited to: GIS mapping, Free and Reduced Price Lunch data; SAVi data for Marion County, or similar data for other areas of the state.
 - b. Potential partnerships with state-level organizations and programs that can facilitate enrollment activities. Examples of potential state partners include, but are not limited to: Express Lane Eligibility entities, the school lunch program, Women Infants and Children program, 21st Century Scholars, weatherization programs, housing programs, and food stamps;
 - c. The feasibility of expanding presumptive eligibility to other service areas, such as in conjunction with well-child visits, and with assessing family members other than children when opportunities are presented (within 2 years);
 - d. Potential new enrollment sites and additional partners at the local level, such as hospitals, Federally Qualified Health Centers, Rural Health Centers, Schools, Local Health Departments (ongoing and within 2 years).;
2. CKF will identify and work to add one coalition site per year between 2010 and 2014 (3 sites) with a goal of expanding representation in the Southern, Eastern and Western regions of the state.
3. CKF will examine areas where there is a lack of coalition demand or feasibility for the existing coalition model, and make recommendations to the Board for building "non-coalition" area resources such as targeted or customized technical assistance for such areas (2010).

- a. The CKF Board, working with staff will increase focused interaction with key stakeholders to grow partnerships in medically underserved areas (Target: 9 areas by the end of 2014).
 - b. The CKF Board working with staff will establish a new partnership model or models that can serve local needs and which engage such entities as Critical Access Hospitals, Rural Health Clinics, Community Health Centers and Federally Qualified Health Clinics to expand and retain coverage (Target: 10 locations by the end of 2014) :
 - c. The CKF Board will assist staff to establish additional partnerships with schools through the Indiana School Health Network (Target: 10 school corporations by the end of 2014).
5. CKF will identify, coordinate, and prioritize enrollment and retention activities annually. A summary of priority activities will be developed annually in 2010 to implement the following year.
- a. In developing priority actions CKF will at a minimum consider:
 - i. Opportunities presented by the new hybrid enrollment system;
 - ii. Healthy Indiana Plan policy changes
 - iii. Activities of or feedback from regional advisory groups (TANF, Food Stamps)
 - iv. The state's progress in implementing health care reform initiatives (e.g. Exchange, CHIP or HIP policy changes)
 - v. Continuous eligibility and/or passive redetermination initiatives;
 - b. CKF will explore the feasibility of establishing a 1-800 number to provide an enrollment expert available to staff or people enrolling at the local level. Feasibility analysis will include, but not be limited to consideration of cost/benefit; administrative requirements and resource commitment; the potential of funding the activity through user fees and/or administrative claiming; the use of Ind-e-app to promote; and whether the activity would result in economies and efficiencies(within 2 years);
 - c. CKF will explore enrollment opportunities in hospital emergency rooms and local health care providers.
 - d. CKF will consider ways to modify Ind-e-App so that it is relevant to local coalitions, and how to expand its availability to other providers (ongoing).
6. CKF will devise a means, which could include establishing ad hoc Committee(s), to disseminate Best Enrollment Practices through:
- a. Continuing to develop and market tool kits to
 - i. Hospitals (Target: mid 2011)
 - ii. Health Centers - revise tool kit (Target: mid 2012)
 - iii. Schools - develop a school based tool kit (Target: end of 2012)
 - iv. New and expanding local coalitions by using existing data sources to target areas that represent areas of opportunity (ongoing)
 - b. Developing use of new technologies such as webinars and teleconferencing sessions that can be conducted with partners such as, but not limited to: Learning Well; IRHA; AHEC; IPHCA; IPHC; AAP; AFT; AMA; or AARP (2011 - 2010)
 - c. Developing a training session at the annual meeting on using the tool kit.

7. In anticipation of emerging coverage-related issues CKF staff will develop a public policy agenda to the Board annually (beginning in 2010). The agenda will be based on a survey of the Board members and include:
 - a. A concise description of the Public Policy Committee's charge and role and the policy position adoption process for the work plan or recommended changes to the work plan;
 - b. An advocacy agenda within a broad coverage context and using consensus statements that all Board members agree upon;
 - c. CKF's identified role with respect to policy areas within which it chooses to be involved:
 - i. **Lead:** Policy areas in which CKF will actively lead public discussion and communication;
 - ii. **Partner:** Policy areas in which CKF is an identified partner but does not actively lead public discussion and communication;
 - iii. **Monitor:** Policy areas in which CKF is not active, but which will be monitored for informational purposes;
8. The Board will explore the organization's capacity for financial support for such activities and identify strategies to generate resources needed to support efforts in lead policy areas, which may require policy research and analysis (2010). Such strategies can include but are not limited to:
 - a. Developing ad hoc partnerships with other stakeholders or research entities around specific policy issues to share resources and/or cost;
 - b. Identifying partners with a vested financial interest that could help fund partnership initiatives;
 - c. Use of existing Indiana-based data and resources;
 - d. Use of national-level information resources that can be customized for Indiana;
9. The Public Policy Committee will work with staff to create public policy media relevant to lead policy issues for public distribution. Information for dissemination can include, but is not limited to:
 - a. Material around lead policy issues that is geared for different or specific audiences, e.g. policy makers, providers, local coalitions, etc.
 - b. Repackaged complex policy information into short easily digested fact-based policy briefs;
 - c. Material usable by the CKF network and partners with a goal to more widely distribute information through media outlets such as, but not limited to:
 - i. Editorials
 - ii. Email lists
 - iii. Action alerts
 - iv. PowerPoints about Health Care Reform elements
 - v. Webinars
 - vi. E-newsletter posted to web;
10. CKF will work to build relationships through:
 - a. A deliberate effort for ongoing dialogue with partners and policymakers;
 - b. Committee members working with staff to establish the strategies for state interactions that clearly define the Board and staff roles;
11. Staff will explore with state policy makers, a potential role for CKF to assist with promoting future coverage expansion and enrollment.

12. CKF will strengthen partnerships with organizations and others to explore avenues to increase outreach and enrollment services to vulnerable populations. An outreach plan may be developed by an ad hoc Committee that consists of CKF Committees representation and includes participation or discussions with organizations such as Indiana Minority Health Coalition, Indiana Office of Medicaid Policy and Planning, Indiana State Department of Health, Indiana Perinatal Network, United Way, and other invested organizations or state agencies.

Management Goals

The Board of Directors made slight revisions to two management goals during the 2010 strategic planning session. The management goals are to:

- 4. Secure funding aligned with strategic direction needs**
- 5. Ensure Board, Staff, and Committee alignment with CKF goals.**

Strategies

1. CKF will secure an enhanced match rate for administrative claiming by the end of CY 2010.
2. CKF will develop a plan to pursue new funding streams that can be used to support CKF goals, including operational needs and policy and advocacy activities. Potential funding streams could include:
 - a. Individual and Corporate giving
 - b. Sell Memberships
 - c. Pursue grant opportunities
 - d. Explore methods to generate seed money
3. The plan will be submitted to the Board of Directors for approval by the end of CY 2010 to implement in 2011.
4. CKF will develop a plan to expand and stabilize new Coalition funding including identifying options for alternative coalition models designed to better meet local community needs.
5. Develop process to ensure that donations are perceived to be at local level (by end of 2010)
6. On a yearly basis the CKF staff will evaluate challenges and present a report to the Board (2010 and yearly)
 - a. First Board meeting revisit strategic plan and objectives for the year
7. Identify gaps in Board membership and determine how to address
 - a. Employers
 - b. Government
 - c. ISMA

Appendix III : SMART Criteria

SMART criteria

From Wikipedia, the free encyclopedia

SMART / **SMARTER** is a mnemonic used in project management at the project objective setting stage. It is a way of evaluating the objectives or goals for an individual project. The term is also in common usage in performance management, whereby goals and targets set for employees must fulfill the criteria. The first known uses of the term occur in the November 1981 issue of *Management Review* by George T. Doran. [1]

In recent years the terms 'SMART' (see below) and, less commonly, 'DUMB' (doable, understandable, manageable & beneficial) [2] have been used beyond the original context of people and/or project management.

Terms behind the letters

There is no clear consensus about precisely what the five + two keywords mean, or even what they are in any given situation. Typically accepted values are:

Letter	Major Term	Minor Terms
S	Specific	Significant,[3] Stretching, Simple
M	Measurable	Meaningful,[3] Motivational,[3] Manageable
A	Attainable	Appropriate, Achievable, Agreed,[5][6] Assignable,[7] Actionable,[8] Action-oriented,[3] Ambitious[9], Aligned
R	Relevant	Realistic,[7] Results/Results-focused/Results-oriented,[4] Resourced,[10] Rewarding[3]
T	Time-bound	Time-oriented, Time framed, Timed, Time-based, Timeboxed, Timely,[4][6] Time-Specific, Timetabled, Time limited, Trackable, Tangible
E	Evaluate	E Ethical, Excitable, Enjoyable, Engaging
R	Reevaluate	Rewarded, Reassess, Revisit, Recorded, Rewarding, Reaching

Choosing certain combinations of these labels can cause duplication; such as selecting Attainable and Realistic; or can cause significant overlapping as in combining Measurable and Results; Appropriate and Relevant etc. Agreed is often used in management situations where buy-in from stakeholders is desirable (eg appraisal situations).

References

1. Doran, George T. "There's a S.M.A.R.T. way to write managements's goals and objectives." *Management Review*, Nov 1981, Volume 70 Issue 11.
2. [Roger Bauer]. "SMART Goals are out DUMB Goals are in". *www.evancarmichael.com*. Evan Carol Michael. <http://www.evancarmichael.com/Marketing/1160/SMART-Goals-are-out-DUMB-Goals-arein.html>. Retrieved 17 September 2009.
3. Project Smart SMART Goals
- 4.ACRL - Writing Measurable Objectives
- 5.Ten Steps to SMART objectives.cdr
6. SMART Objectives
7. IT Project Management 4th Edition - Thompson Course Tech. - Kathy Schwalbe
- 8.The primary meaning (and connotation) of "actionable" is "subject to grounds for a law suit," which makes this term less desirable.
9. Wiktionary
10. ^ Favell, I. (2004) – *The Competency Toolkit*. Fenman, Ely, Cambs.