

# STRATEGIC PLAN

## ASSUMPTIONS THROUGH 2023

When planning for the future, one must create some sense of how the future will look. For the purpose of this strategic plan, the following are statements of events that will, in all probability, be accurate through 2023 and will, therefore, have a significant impact on the operation of the agency.

-  There will be no cure for HIV or AIDS.
-  The level of government funding will not increase at the rate of the increase in infection.
-  Government regulations will increase.
-  The number of new cases will increase.
-  There will be new strains of the virus.
-  Poverty will increase among people living with HIV or AIDS.
-  People will live longer with HIV or AIDS.
-  People living longer will require a wider spectrum of services over a longer period of time.
-  Public perception of risk of becoming infected will decrease.
-  Competition for charitable contributions will increase.
-  Legislators will limit or attempt to limit the content of education/prevention programs.
-  We will find and utilize alternate funding sources.
-  Demands on the staff will increase.
-  Public complacency about the epidemic will increase.
-  When compared to urban areas, rural communities will continue to be less accepting of diverse populations.

## KEY RESULT AREAS

The following key result areas were selected for the purpose of focusing discussion while addressing the major needs of the agency. Areas are listed alphabetically and, therefore, order is not an indication of priority. Each key result area will be evaluated using the SWOT (strengths, weaknesses, opportunities and threat) approach.

1. ADMINISTRATION/OPERATIONS

- Personnel
- Board
- Policies and Procedures
- Coalition & other funders
- Facilities/Equipment

2. DEVELOPMENT\*

- Individual donors
- Corporate sponsors
- Fund-raising events
- Private grants
- Endowment

3. DIRECT SERVICES

- Case Management
- Food
- Housing
- Transportation
- PrEP
- STI treatment
- Financial Assistance

4. EDUCATION/PREVENTION

- Prevention programming
- Outreach
- Education to HIV+ individuals

\* For the purpose of this document, "development" refers only to developing financial resources, not to program development. Program issues are addressed under the categories "direct services" and "education/prevention."

## STRENGTHS

### 1. ADMINISTRATION/OPERATIONS

We have dedicated and skilled staff with varied professional backgrounds.  
We understand and meet Coalition deadlines and requirements.  
We have an effective Fraud Risk Management Plan.  
We are fiscally responsible.  
We have effective office procedures.

### 2. DEVELOPMENT

We have developed a list of supporters.  
We have an effective method of tracking all donations.  
We thank all contributors in a timely fashion.  
We have some community support.

### 3. DIRECT SERVICES

Our policies/procedures are user-friendly and easily comprehended.  
We have developed an effective food program, which allows us to provide food for clients while protecting their anonymity.  
We have a three-tiered housing program that allows us to provide individualized service depending on client need.  
We offer a wide spectrum of services.  
We have standards of care.  
We have an acuity scale and measurable outcomes.

### 4. EDUCATION/PREVENTION

We target prevention activities to Coalition-defined priority populations.  
We have support from local establishments where said priority populations congregate (minority and alternative bars, housing authority, etc).  
We have an established program with local prisons.  
We have developed tools for measuring efficacy of educational programs.  
We are an independent testing site.

## **WEAKNESSES**

1. ADMINISTRATION/OPERATIONS  
We must overcome negative image in community.  
We have limited volunteer support.  
We work too frequently in survival mode.
  
2. DEVELOPMENT  
We must overcome negative image in community.  
HIV is a stigmatized disease.  
Community is unaware (or unwilling to accept) that AIDS is a significant problem in this area.  
Bad economy means less expendable income.  
Board, as a whole, does not fully embrace their role in fundraising.
  
3. DIRECT SERVICES  
There are not enough service providers willing to deal with PLWHAs
  
4. EDUCATION/PREVENTION  
We must overcome negative image in community.  
HIV is a stigmatized disease.  
Education programs have not been fully utilized as a public relations vehicle.

## OPPORTUNITIES

1. ADMINISTRATION/OPERATIONS
  - We can improve community relations.
  - We can solicit and utilize additional volunteers.
  - We can utilize improved technology to create a more efficient workplace.
  
2. DEVELOPMENT
  - We can explore alternate funding sources.
  - We can explore, develop and receive grant funding from private sources.
  - We can expand fundraising program.
  - We can expand program to solicit donations.
  - We can utilize the board to develop and implement a fundraising program.
  - We can recruit board members who are specifically interested in fundraising.
  
3. DIRECT SERVICES
  - We can examine outcomes on a quarterly basis to make sure services are being fully and effectively utilized.
  - We can do an annual consumer satisfaction survey.
  - We can do a needs assessment once every three years.
  
4. EDUCATION/PREVENTION
  - We can solicit and utilize volunteers.
  - We can expand our program within schools, local agencies and businesses.
  - We can track prevention/ed programs monthly to stay on schedule for meeting our deliverables.

## THREATS

### 1. ADMINISTRATION/OPERATIONS

Administrative requirements will continue to increase.

Cost of administering programs will continue to increase, though funders want to spend little on administration.

Government funders don't place high value on or understand need for organization development.

### 2. DEVELOPMENT

The economy means less expendable income and therefore fewer donations.

The trend appears to be a decrease in federal funding and a move toward block grants so state and local governments administer and set priorities, which results in unsure funding.

### 3. DIRECT SERVICES

Cost of malpractice insurance is driving many qualified physicians out of PA.

Cost of drugs, food, housing, etc. is increasing while government funding is decreasing

Clients will continue to live longer, requiring more service for a longer period of time.

There are no local dental providers who accept Medicaid.

### 4. EDUCATION/PREVENTION

Abstinence only programs are popular with legislators.

Intolerance and cultural insensitivity continue to be barriers.

Prevention/education is not a high priority for government funders, as they seemingly prefer to fund direct services.

## **GENERAL OBJECTIVES**

We (the staff, board and volunteers) will be made up of a cultural mix that is representative of the communities we serve.

We will build our volunteer program to include more people doing more significant work.

We will increase and expand our education programs.

We will conduct consumer surveys to evaluate the services we provide and to discover any unmet needs.

We will develop a Client Advisory Council which will enable us to formally solicit consumer input.

## **GENERAL OBJECTIVES**

We will revise our quality management program.

We will create a comprehensive 5-year strategic plan.

## STRATEGIC GOALS and OBJECTIVES

1. **We will have diversified funding to support (and eventually expand) programs.**
  - A. We will continue to bill DOH for HIV testing.
  - B. We will solicit at least 1 private grant per quarter.
  - C. We will continue to host 2 major fundraisers per year.
  - D. We will continue to solicit donations.
  - E. We will solicit grants for general operating costs.
  
2. **We will maintain a high profile in the community, ensuring the communities we serve and potential funders are aware of our programs.**
  - A. We will hold an open house
  - B. We will develop referral agreements with other local agencies.
  - C. We will create public service announcements on a regular basis.
  - D. Agency Management will participate on area boards and committees that address the needs of clients.
  
3. **We will ensure that critical needs are being met.**
  - A. We will conduct a survey of all clients regarding the usefulness of existing services and the need for additional services and realign our programs to reflect the need.
  - B. We will review and revise information packets for new clients.
  
4. **We will expand our testing program.**
  - A. We will utilize public service announcements, press releases and other advertising venues to increase awareness of free testing program.  
We will find alternative funding sources so testing is less restricted.