STRATEGIC, PERFORMANCE MEASUREMENT, MANAGEMENT AND IMPROVEMENT PLAN

2024

SLI is committed to demonstrating accountability through the development and implementation of performance measurement and management strategies. The plan is developed in a manner that sets goals, defines accountabilities, and produces results. The organization ensures that data collected to measure progress are reliable, valid, complete, and accurate. Source(s) utilized to obtain the data are included in the plan.

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Performance Measures

SLI is committed to leadership accountability through service delivery and business practices that are ethical, sustainable, and support growth. SLI develops and implements a variety of corporate plans, stakeholder input strategies, and data collection systems to gather information critical to the development of performance measurement and management in business functions and service delivery. For each business function, service program, and support service, the organization implements goals and objectives that measure effectiveness, efficiency, satisfaction, and access. Accurate and consistent data is of crucial importance in the development process of goals and responses to them. Toward that end, the organization addresses the reliability, validity, completeness and accuracy of data. This is completed in accordance with S.L.I. Policy on Performance Measurement and Management and through methodology processes described in S.L.I. Procedure on

Performance Measurement and Management. Progress on the goals is reviewed monthly through numerous sources of data. A report summarizing results is developed each January. Data is summarized and shared with person served, guardians, and stakeholders at least annually.

Gathering Input

The following are the strategies and methods for obtaining information utilized in the development of the performance measurement and management plan. The list is not necessarily all-inclusive.

- Safety & Accessibility Plan/ Report
- Safety & Accessibility Committee
- Admissions Committee
- Annual Report
- Budget/Audit
- Monthly Financial Statements
- Event Record Review/Analysis
- Annual Client Complaint & Grievance Review
- Recruitment & Retention Committee Report
- Workforce Development Plan
- Emergency Response & Recovery Plan Review
- Human Rights Committee
- Board of Directors Evaluations
- Advancement and Community Engagement Plan/Report
- Client Meeting Minutes
- Client Satisfaction Survey Results
- Stakeholder Satisfaction Survey Results
- Risk Management Plan/ Report
- SLI Monthly Management Reports
- SLI Year End Review Reports
- Staff Meeting Minutes
- Staff Satisfaction Survey Results
- Strategic Plan Review
- Technology Committee
- Technology Plan/Report

Results for Continuous Performance Improvement

Results of the Performance Measurement and Management System/Plan are reviewed at least annually and as needed and used to develop and implement performance improvement strategies, modify Corporate plans, and are guided by, in part, the strategic plan goals.

SLI Stakeholders

- SLI Clients
- Client Families/Guardians
- SLI Employees
- Board of Directors
- Donors
- Grantors
- SLI Volunteers
- Shawnee County Community Disabilities Organization
- Kansas Department for Aging & Disability Services
- Managed Care Organizations
- Legislators
- Kansas Department of Transportation
- Local Businesses
- Civic Organizations
- Health Services Providers
- Human Rights Committee
- Neighbors to Community Living Programs
- Vendors

SLI STRATEGIC PLAN 2024-2026

Updated January 2024

Introduction

This plan is the product of the work of the SLI and FSLI Board of Directors, staff, and observation of community need, to facilitate determining direction, ensuring resources, and providing oversight of the work of SLI. The strategic plan provides a guiding influence for the organization. This plan represents SLI's ongoing commitment to continue the tradition of quality services to the clients and community served by focusing efforts and resources strategically, wisely, and reflective of the mission and vision of the organization.

A variety of resources, data and information is utilized in the development of this plan. These resources include but are not limited to; Client, Staff, and Stakeholder Satisfaction Survey Results/Input, Performance Measurement and Management System, Safety and Accessibility Plan/Report, Risk Management Plan, Technology Plan, Cultural Competency Plan, Advancement and Community Engagement Plan, Succession Plan, Workforce Development Plan, Disaster Plan, Performance Improvement Plan, annual budget, current and projected financial position, audit, demographic information, legislative and regulatory requirements, monthly management reports, Safety Committee reports, Human Rights Committee reports, CARF accreditation standards, Critical Incident Reports and trend analysis, and the availability of funds and resources to implement the plan.

This plan is shared in appropriate formats with clients, families, staff of SLI, community members, donors, and other stakeholders. This plan is reviewed and revised at least annually at the July Board of Directors meeting at which time a S.W.O.T. analysis is completed. The results of the analysis are utilized in the development of strategic goals. The leadership ensures implementation of the plan throughout the year. The most recent review and revision to this plan was August 2024. This plan looks different from prior years because the Board adopted strategic plan is streamlined and focused on three specific, overarching goals. The Performance Measurement and Management Plan will be the tactical work of the staff to make progress.

Mission and Vision

We are SLI: A not for profit supporting the efforts of individuals living with intellectual/developmental disabilities by promoting;
Success
Learning
Inclusion

Our Vision
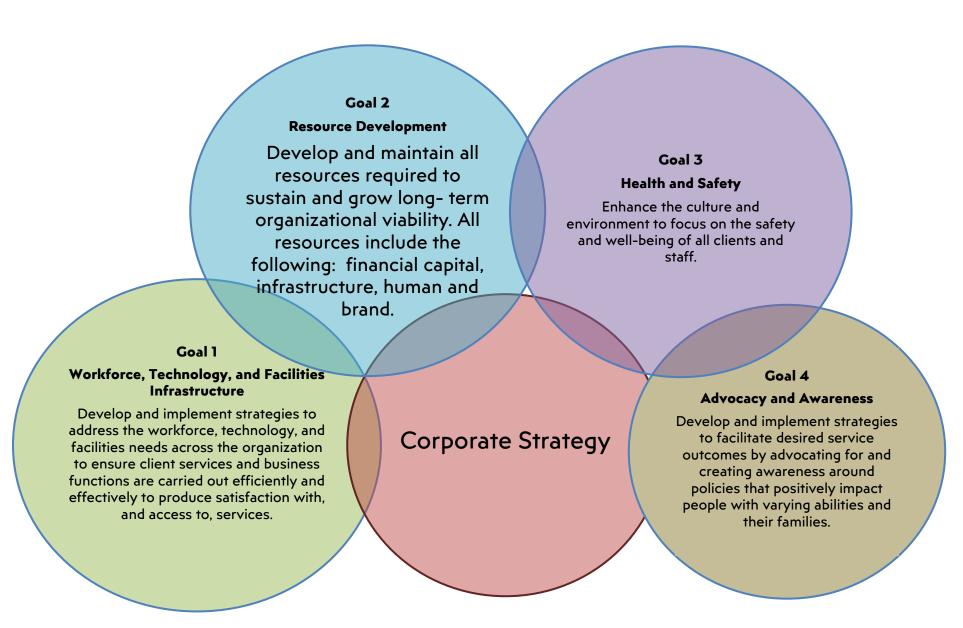To accomplish the mission of SLI, the organization will:
- Offer guidance to clients in determining and following their chosen path in life
- Enhance clients' individual capabilities and skills by offering life-long learning opportunities
- Engage clients, families, and guardians in developing plans and measuring accomplishments
- Promote clients' rights through education and advocacy
- Promote inclusion in all aspects.

Each of the overall goals reflect the mission, vision, and values of SLI and the strategies for continuous improvement and progress over the next three years. The Performance Measurement and Management System is utilized to define, measure, and evaluate the objectives that are developed to meet the overall goals. Objectives are reviewed, at least annually and a written report is developed at least annually, to measure progress and develop performance improvement activities.

Goal 2

Resource Development

Develop and maintain all resources required to sustain and grow long- term organizational viability. All resources include the following: financial capital, infrastructure, human and brand.

Goal 3

Health and Safety

Enhance the culture and environment to focus on the safety and well-being of all clients and staff.

Goal 1

Workforce, Technology, and Facilities Infrastructure

Develop and implement strategies to address the workforce, technology, and facilities needs across the organization to ensure client services and business functions are carried out efficiently and effectively to produce satisfaction with, and access to, services.

Corporate Strategy

Goal 4

Advocacy and Awareness

Develop and implement strategies to facilitate desired service outcomes by advocating for and creating awareness around policies that positively impact people with varying abilities and their families.

Community Living Program

Data Collected/Evaluated by: Program Supervisors, Health and Safety Director, VP of Community Living Program's, VP of Program Support Services, Chief Program Officer

Person responsible	Strategic Plan Goal	Measure (Objective)	Goal (Target)	Reliable, Validity, Completeness, Accuracy	2023 Outcome	2024 Outcome	Data Source	Indicator
HSD VPPS CLD VPCL	3	**Effectiveness**: Number of medication events resulting in medication to wrong person.	0-2	Measured through analysis of medication event reports/trends.	Did not meet 3 Goal continued for 2024.		Medication Event Records and Speed Script	Number of medication events recorded in the data system.
CLD VPCL	1	**Satisfaction:** Clients happy with their SLI home/community living staff.	90%	Measured through results of client satisfaction surveys.	Goal new for 2024.		Satisfaction survey results	Percent reporting satisfaction
CLD VPCL	3	**Effectiveness:** Clients are actively engaged in activities to meet goal objectives.	75%	Data tracking on learning objectives.	Did not meet 72% Goal continued for 2024.		Learning objective data	Percent of clients participating in activities
CLSS CPO VPCLP VPSS	3	**Access:** Engage clients in activities of their choice that promote socialization and inclusion. Based on client input, prepare activity calendar of community and virtual activities to locations monthly.	12 calendars sent to DSP's.	Activity calendars representative of client choice, inclusion, and increased socialization.	New goal for 2024.		Activity calendars sent to DSP's.	Number of calendars sent via agency email to DSP's.
CLD VPCL VPPS CPO AD	3	**Efficiency**: Maintain or reduce client vacancies to no more than 4.	0-4	Measured through new admissions and discharges. Admission committee meeting minutes and client vacancy report.	Did not meet goal. 7 vacancies Goal continued for 2024.		Client vacancy report	Number of client vacancies.
CLD VPCL VPPS CPO and AD	2	**Access:** Develop a plan to identify potential points of contact for new client admissions.	1	Plan adopted by President/CEO, presented to Board.	New Goal for 2024.		Board Agenda	Plan developed.

Community Integration Programs

Data Collected/Evaluated by: ILA's, Health and Safety Director, VP of Community Living Program's, VP of Program Support Services, Chief Program Officer

Person responsible	Strategic Plan Goal	Measure (Objective)	Goal (Target)	Reliable, Validity, Completeness, Accuracy	2023 Outcome	2024 Outcome	Data Source	Indicator
VPCLP CPO		**Efficiency**: Increase frequency of ILA contact with clients enrolled in independent living program	6.7 hours per day	Client admissions agreements and reports	Goal Exceeded 6.51 YTD Revised for 2024		Client admissions agreements and reports	Increase in number of client contacts at the end of 2024 compared to the end of 2023.
VPCLP CID RD	1	**Satisfaction**: Maintain or increase client satisfaction with CIP/Retirement Staff.	90%	Measured through results of client satisfaction surveys.	New Goal for 2024		Satisfaction survey results	Percent reporting satisfaction.
VPCLP ILA	1	**Satisfaction**: Clients will report being satisfied with Independent Living Program.	90%	Measured through results of client satisfaction surveys.	New Goal for 2024		Satisfaction survey results	Percent reporting satisfaction
CLSS ILAS CPO VPCLP VPSS	3	**Access**: Engage clients in activities of their choice that promote socialization and inclusion. Based on client input, prepare activity calendar of community and virtual activities to ILP Clients.	12 calendars	Activity calendars representative of client choice, inclusion, and increased socialization.	New Goal for 2024		Activity calendars sent	Number of calendars mailed through USPS to ILP Clients
CID RD	3	**Effectiveness** – Clients are actively engaged in activities to meet goal objectives.	75%	Data tracking on learning objectives.	Did not meet 74% Goal Revised for 2024		Learning objective data	Percent of clients participating in activities
CID RD	3	**Efficiency**: Increase enrollment in CIP and Retirement-RCIP CIP Capacity: 35 RCIP Capacity: 15	2	Client admissions agreements and reports.	Did not meet CIP: 28 RCIP: 10 Goal continued for 2024		Client admissions agreements and reports	Increase in number of clients enrolled at the end of 2024 compared to the end of 2023.

Business Functions

Data Collected by: Chief Compliance Officer, Chief Advancement and Community Engagement Officer, Chief Finance Officer, Chief Technology and Acquisitions Officer, Chief Program Officer, Chief Executive Officer

Person responsible	Strategic Plan Goal	Measure	Goal (Target)	Reliable, Validity, Completeness, Accuracy	2023 Outcome	2024 Outcome	Data Source	Indicator
CCO CACEO CFO CTAO CPO CEO	1	**Satisfaction:** Employees reporting being satisfied with their employment	91%	Measured through results of employee satisfaction survey	91% goal exceeded Continue and adjust in 2024		Staff satisfaction survey results	Percent reporting satisfaction.
CCO CPO CEO	1	**Effectiveness:** Reduce direct support professional turnover	35%	Measured through monthly Employee Status Form and data system review of terminations.	Goal not met 37.72% Continue and adjust goal in 2024 from 33% to 35%		Monthly Workforce Development report, termination review in data system	Staff turnover percent
CCO CTAO	3	**Efficiency:** Reduce vehicle accidents with costs over deductible to 2 or less	2	Measured through vehicle accident reports and insurance loss data and number of staff receiving driver safety training.	4 – goal not met Continue in 2024		Accident reports, claims data, monthly CCO reports	Number of accidents with costs over the deductible
CCO CTAO	3	**Efficiency:** Reduce treatable workman's compensation claims exceeding deductible to less than 2 per year	2> over deductible	Measured through the monthly Workforce Development report, insurance claims data, and workman's compensation claims data system	Goal exceeded, 1 completed claim over deductible. Continue in 2024		Monthly Workforce Development report and insurance claims data.	Number of workman's compensation claims exceeding the deductible.

Person Responsible	Strategic Plan Goal	Measure	Goal (Target)	Reliable, Validity, Completeness, Accuracy	2023 Outcome	2024 Outcome	Data Source	Indicator
CACEO	2	**Efficiency –** Identify and acquire revenue from community resources including but not limited to individuals, clubs, organizations, faith community, foundations, corporations	$300,000	Network for Good donor management system. Monthly ISS and Network for Good reconciliation.	$292,770 Continue in 2024.		Network for Good ISS Excludes grant promises	Finalized total of donations received during the FY.
CACEO CFO	2	**Efficiency –** Increase the amount of net proceeds generated by the Festival of Trees event	$95,000	Actual net proceeds collected from FOT as verified by the CFO	$90,031.74 Goal revised for 2024.		Network for Good, Bidpal, Square entries/transactions	Finalized total of cash; does not include in kind
CFO	1	**Efficiency –** Client attendance data tracked in the online attendance program	90%	Online program attendance reports and accounts receivable review	Goal not met 82% Continue and adjust in 2024.		Online program attendance reports	All program attendance reports completed online
CTAO	1	**Access –** Complete setup of employee and client data, security settings, begin pilot by March 1, 2024. Train staff and deploy company-wide on May 1, 2024.	Purchase software to convert paper client records into digital format	Software presented, selected, purchased	Goal updated for 2024.		Contract or submission of payment for software	Software purchased
CTAO	1	**Access –**Increase adoption of paperless processes	All SLI forms for electronic use converted and put into field use. 100%	Convert all Word forms to PDF, and make PDF forms fillable for ease of use. Each department head will review department forms for accuracy and completeness prior to implementation	Goal adjusted to include field implementation at 100% in 2024		Electronic forms, paper forms, department head reviews	All forms converted to access electronically

Person Responsible	Strategic Plan Goal	Measure	Goal (Target)	Reliable, Validity, Completeness, Accuracy	2023 Outcome	2024 Outcome	Data Source	Indicator
CTAO	1	**Access –** Increase cybersecurity education across all staff.	95% of staff participate in quarterly cybersecurity training	Utilize vendor certified training to record and report	91% goal not met. Continue in 2024.		Vendor Training record	Percentage of staff trained
Management Board	2	**Effectiveness -** Strengthen board development	Improve scores and participation in board assessment	Board Minutes	Goal added in 8/2023, no comparative data as of 01/24.		Board Minutes	Assessment participation
Management Board	4	**Effectiveness -** Enhance visibility, engagement, and understanding of advocacy activities	Report on advocacy activities at Board meeting	Resource guide circulated to board members by 7/24. SLI hosts two community engagement events to present information about programs and services.	Goal added in 8/2023, no comparative data as of 01/24.		Board Minutes	Board knowledge

Notable Information/Extenuating Circumstances

Community health issues significantly impacted services and departments in 2022 and 2023. These were inclusive of a variety of items including but not limited to COVID, RSV, flu variants, and other viral and bacterial conditions. Major impacts included direct client services and supports, client access to health care, staff recruitment and retention. The organization continues to focus on client and staff health and safety.

The state is in process of obtaining approval for its HCBS waivers. The state is in process of coming into compliance with the CMS Settings Final Rule. SLI itself has been evaluated for conformance with the Final Rule. At present, all locations have been determined compliant. However, the process, in particular for those clients who live independently, continues to take an enormous amount of time and resources.

Presently the state has two corrective action plans with CMS, active around deficiencies. These impact SLI by frequently changing expectations and requirements as the state attempts to address these issues with the Federal government.

The state has not significantly funded the waiting list for HCBS I/DD services in many years, and does not have a plan to do so. This impacts SLI by greatly limiting client admission requests and impacts our capacity to fill current and future openings in our day and residential program.

Economic concerns continue with SLI impacted both by nation-wide issues, regional issues such as Missouri raising their minimum wage, and specific to Kansas financial issues such as lack of increased tier rate funding, and lack of waiting list funding. This items impact SLI's capacity to fully address future financial planning areas due to lack of reliable data.

The staff vacancy rate is improving but there are still significant staffing shortages. While staff vacancy rate continued to improve very nicely in 2023, it is still not at a level that gives the capacity to serve clients who have the need for significant supports that we do not have in place. We continue to focus on staff recruitment, retention, and training to broaden our pool of direct support professionals.

SLI continues additional bonus incentives to improve recruitment and retention. These include much higher bonuses for direct service professionals, quarterly longevity bonuses, a much higher hiring bonus, COVID vaccine bonus, and an increase to front line supervisor bonuses.

SLI continues endeavors to become more electronically enabled to reduce paper and increase efficiencies in work production and review.