



STRATEGIC PLAN 2023



Contents.

Leadership Message	3
About CAP	4
Our Approach	5
Our Process	6
Mission, Vision, & Values	7
Our Team	8
Our Participants	9
Our Community Stakeholders	10
SWOT Analysis	11
PEST Analysis	12
Service Area Analysis	13
Goals & Strategies	14
Communication	17
Approval & Acceptance	18
Action Plans	19
Reference & Supporting Documents	36

Leadership Message.

We are delighted to share our new strategic plan with you.

Cascade AIDS Project (CAP) and its health program, Prism Health, have developed our strategic plan to inform and guide our important work over the next three years. The plan was developed to prioritize the work that addresses identified community needs within an evolving healthcare and social policy environment.

The process of conducting strategic planning has allowed CAP to proactively assess the external and internal environment for emerging trends, expectations, and issues. The resulting plan builds on and enhances our capacity to nurture a culture that supports health, wellness, and community responsibility for taking care of each other, and the individuals and families we serve.

Our strategy over the next three years will not only focus on increasing access to services but transforming how those services are delivered in order to improve health outcomes, participant satisfaction as well as the efficiency of service delivery. We see our role as working to dismantle barriers to health equity, and our ongoing commitment is to ensure that equity remains an integral part of our internal culture and external mission. We take pride in the initiatives highlighted in this report, and we extend our deepest gratitude to our dedicated staff, Board Members, and community partners for the role they all play in our continued success.

We are excited for what's to come and look forward to enhancing our services to meet the growing demands of the communities we serve.

In Solidarity,

Tyler TerMeer, PhD
Chief Executive Officer

About CAP.

Cascade AIDS Project (CAP) is a non-profit organization that was founded in 1985 as a grassroots response to the AIDS crisis. As the oldest and largest community-based HIV services provider in Oregon and southwest Washington, we seek to support and empower all people with or affected by HIV, reduce stigma, and provide the LGBTQ+ community with compassionate healthcare. We do so by helping to ensure the health and well-being of our program participants each year through health, housing, and other social services. When the need for affordable, accessible, and culturally affirming primary care services was identified as a community need, we responded by opening Prism Health in 2017.

Prism Health provides high quality, affordable, and accessible health care for all, with a focus on serving individuals who identify as lesbian, gay, bisexual, transgender, queer, plus all other gender and sexual minorities (LGBTQ+). All of Prism services aim to reach the most vulnerable – those living below the poverty line, communities of color, homeless or unstably housed individuals, and people experiencing mental health and/or addiction issues.

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Nicki Turk

Our Approach.

In developing this strategic plan, CAP examined our current organizational state of affairs and our communities' needs for services and established our desired future position.. The purpose of the Strategic Plan is to set and document goals and strategies for the organization. The goals and strategies are directed at the programs and services that will better serve the needs of our participants, patients, and the community.

CAP remains clearly focused on improving the health in the communities we serve. The management, governing board, and staff will use the strategic plan initiatives to direct programs and services to meet and exceed community expectations for affordability, access, quality, and person-centered services. The Strategic Plan also supports the professional aspirations of our valued employees.

The CAP mission and vision reflect a conscious decision by the organization to advance the well-being of our participants and patients through quality medical and social support services. The perpetual focus of the organization is to develop programs and services to meet the needs of the underserved, uninsured, LGBTQ+, those affected by HIV, and others experiencing any barriers to achieving health and wellness.

We believe for strategic planning to be effective it is critical that it is conducted in the context of the community it serves and not in a vacuum. This is particularly important in today's health and human service environment, where change is dynamic and occurring at a rapid pace. The Board and Executive Leadership will continue to evaluate, assess, and adjust the strategic plan on a regular basis, creating a "living" document that is responsive to the changing human service environment.

Our Process.

The Strategic Plan was developed with input from a wide variety of constituents as well as a review of available, relevant data. The process used demonstrates our continued commitment to advancing the CAP vision while upholding the core values of the organization.

Key steps in the Strategic Planning process are outlined below.

-  CAP engaged the services of a Planning Consultant familiar with health and human service non-profits and federally qualified health centers. The Chief Executive Officer and Chief of Staff directed the overall planning process, with guidance and facilitation of the Consultant.
-  A virtual Community Stakeholder Focus Group was held with key representatives of non-profit agencies, academic institutions, elected officials, and community partners also serving the CAP service area.
-  A Planning Retreat was held with a Strategic Planning Team comprised of representatives from all levels of the organization to identify strengths, weaknesses, opportunities, and threats; review trends in the local and state legislative environment; review and update the mission statement, vision, and values; study the service area needs, and identify potential strategic initiatives.
-  Additional meetings were held with the Strategic Planning Team to identify the goals, strategies, and action steps. Strategies were refined and action steps were finalized.
-  The final Strategic Plan was presented, reviewed, and approved by the Board of Directors.

Mission, & Vision Values.

The Strategic Planning Team reviewed the current Mission, Vision, and Values of the organization and recommended making minor changes to the statements to represent and describe CAP's current and future purpose.

Mission We promote well-being and advance equity by providing inclusive health and wellness services for LGBTQ+ people, people affected by HIV, and all those seeking compassionate care.

Vision Healthy, Inclusive & Empowered Communities.

Values **Respect.** We respect each other's perspective, differences and contributions, and value the differences that each individual represents. We will be humble, respectful, and honest in our interactions with others.

Equity. We are committed to reducing health disparities through access to quality, affordable, affirming, trauma-informed services. Everyone deserves the opportunity to achieve their best health.

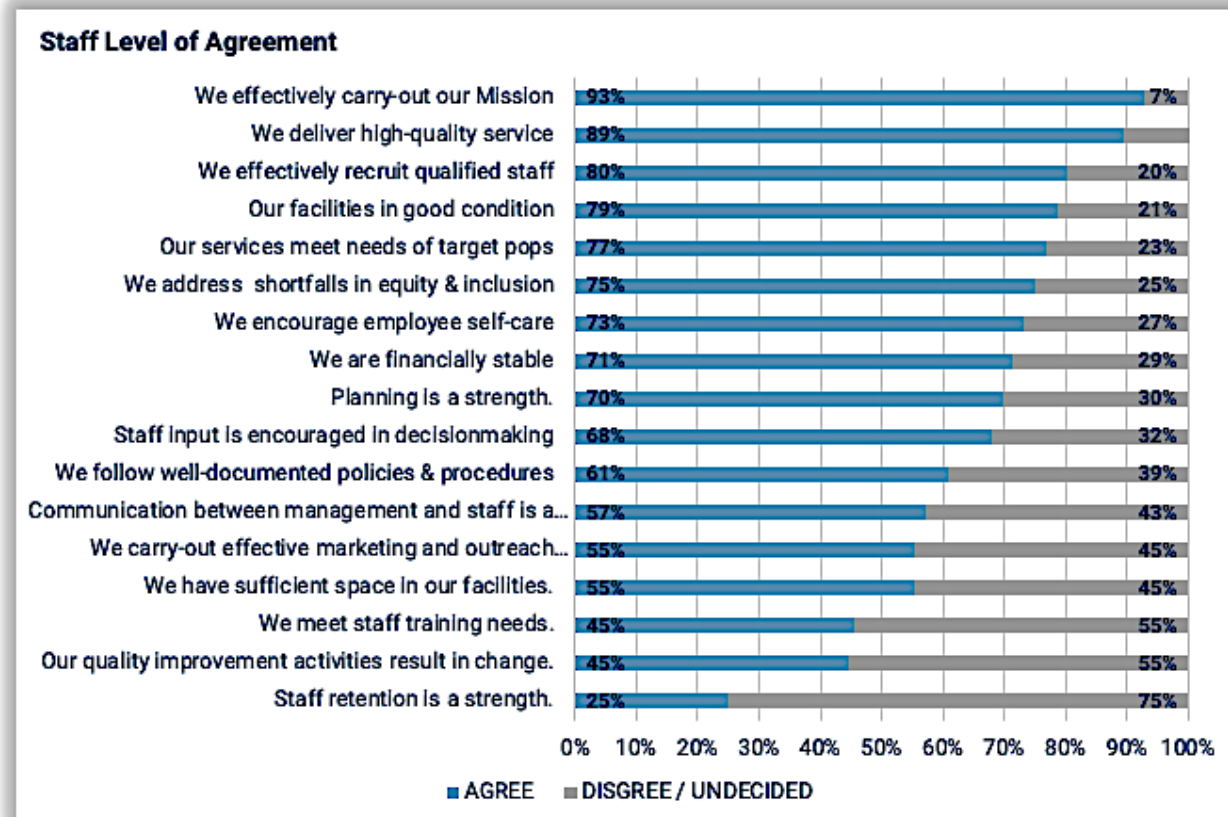
Collaboration. We value the diverse backgrounds and perspectives in our community and our team, and believe all relationships are a potential opportunity for partnership.

Stewardship. We will make careful, responsible decisions about the human talent and financial resources that have been entrusted to us.

Social Justice. We work with and on behalf of the vulnerable and oppressed, opposing injustice and advocate for equal opportunity and meaningful societal participation for all people.

Our Team.

To prepare for the strategic planning process, CAP conducted a survey to seek input from its Board and staff to better understand what they believe should be the organization's priorities for the upcoming year. *The full report may be found in the Reference & Supporting Documents section of this report.*



Our Participants.

It is important that any goals and strategies CAP puts in place will serve to improve the lives of our program participants and patients. To gain their input, we invited them to participate in a focus group to learn what they believe we do best and where we can improve our services. *Example responses are below. The full report may be found in the Reference & Supporting Documents section of this report.*

Can you describe the mission of CAP?

- AIDS education, prevention & treatment.
- Facilitate housing.
- [Participants were not aware of primary care services, one participant knew of Prism, but didn't know what it was exactly.]

Are there gaps in services CAP could offer?

- More work with homeless -they don't have medical care, need HIV testing & mental health services
- Addiction services.
- Offer greater connections to community services (ex. food pantries).
- More services directed to women and children. There is a perception that services primarily target white, gay men.
- Affordable housing – (ex. could be a conduit for roommates, advertising)

What else would you like to tell the CAP leadership?

- Increase the visibility. CAP needs to be out there in the community and much more present.
- Call and visit prior clients. Social connections are extremely important.
- Build connections – Encourage aggressive “friendshipping” between clients.

Our Community Stakeholders.

In order for the planning process to be effective, we believed it was critical that it be conducted in the context of the community we serve. We proactively sought input from our community leaders to better understand their perception of CAP and Prism Health, and to build strong support for the plan's future implementation. Individuals representing community stakeholders, including hospitals, health care systems, non-profit, and public agencies, were invited to provide input by participating in a focus group discussion. Seven individuals attended. Some of the feedback the group provided is bulleted below. *Additional information may be found in the Reference & Supporting Documents section of this report.*

What is CAP's mission and what do they do best?

- Serve individuals with HIV to have healthy lives using a holistic approach to services.
- Prevent the spread of HIV.
- HIV Advocacy and public policy support at the local, regional, and national level.
- Connecting persons with HIV to vital resources based on social determinants of health.

What should be CAP's priorities?

- Develop and launch an internal race and equity plan.
- Create a welcoming environment for all with emphasis on people of color, and those who do not identify as LGBTQ+.
- Continue building strong collaborative relationships and partnerships that are based on the needs of participants and patients and create linkages for supportive services.
- Invest in internal infrastructure including a focus on living wage and staff retention.

Stakeholder Focus Group Attendees

Patricia Charles-Heathers
Multnomah County

Toni Kempner
Multnomah County

Amanda Hurley
Multnomah County

Julia Lager-Mesulam
OHSU/Partnership Project

Representative Rob Nosse
*Oregon State Legislature
District 42*

Patricia Patron
Outside In

Mary Rita Hurley
Our House of Portland

SWOT Analysis.

SWOT is a useful technique for understanding the Strengths and Weaknesses of an organization, and for identifying both the Opportunities open to it and the Threats it faces. Our SWOT provided insight into what direction to take CAP and Prism. It is a tool that helped us to look at the internal and external environments and what impact it will have on the organization. It also provided valuable information to assist us to make decisions and create a meaningful analysis of the potential challenges, that the health center faces. Below are CAP's strengths, weaknesses, opportunities, and threats as identified by the Strategic Planning Team.

<p>Strengths</p> <p>S</p>	<ul style="list-style-type: none"> • Passionate team • Adaptable & flexible • Culturally responsive • Positive sexual health services 	<ul style="list-style-type: none"> • Strong responder to HIV needs • Diversified funding streams to sustain operations • Persistent
<p>Weaknesses</p> <p>W</p>	<ul style="list-style-type: none"> • Staff turnover, retention • Internal connectedness; more difficult during pandemic/virtual work 	<ul style="list-style-type: none"> • Brand identity • Communication • Limited staff capacity • Insurance contracting
<p>Opportunities</p> <p>O</p>	<ul style="list-style-type: none"> • Collaborations & partnerships • Telehealth services • Expansion of LGBTQ+ community services 	<ul style="list-style-type: none"> • Substance abuse disorder treatment • Internal connectedness • Leverage individual and group commitment to equity
<p>Threats</p> <p>T</p>	<ul style="list-style-type: none"> • If services expand, possible resistance from current community collaborators. 	<ul style="list-style-type: none"> • Funding reductions • Staff retention

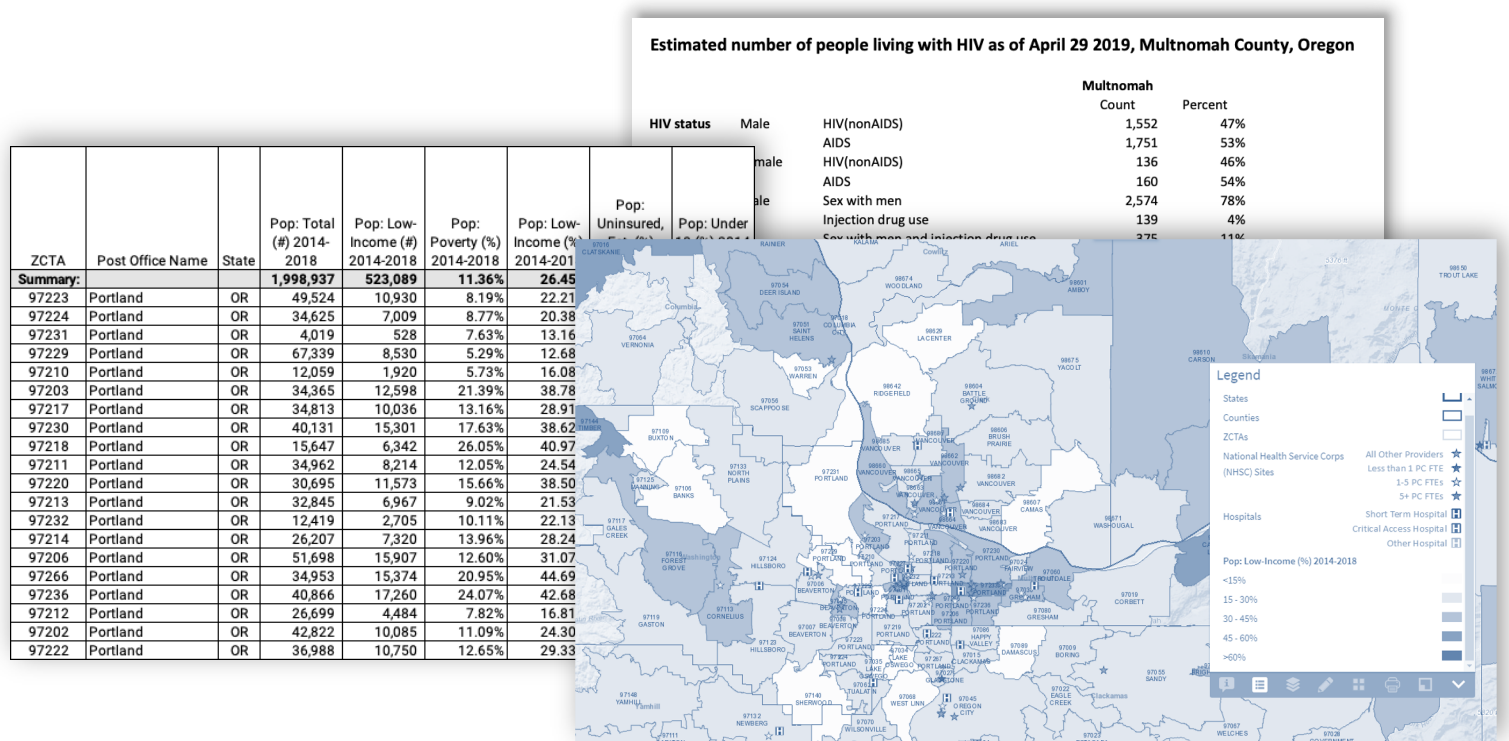
PEST Analysis.

In a PEST analysis, individuals brainstorm the “big picture” characteristics of the organization’s external environment (this could be a community, region, country, etc.) and from this, draw conclusions about significant forces of change operating within it. This exercise provided the Strategic Planning Team with a context for more detailed planning. Similar to a SWOT, the PEST Analysis allowed us to look at the “big picture” factors that might influence our strategic decisions. Below are the **Political, Economic, Socio-cultural,** and **Technology** issues that were identified by the Strategic Planning Team as having an impact on CAP.

Political P	<ul style="list-style-type: none">• Presidential & other elections• Possible reductions in funding	<ul style="list-style-type: none">• ACA may be overturned• 340b at risk
Economic E	<ul style="list-style-type: none">• Deficits in tax revenue• Increased cost of living• Unemployment; loss of health insurance	<ul style="list-style-type: none">• Difficulty fundraising environment• Long-term financial consequences of Covid
Socio-Cultural S	<ul style="list-style-type: none">• Portland is growing• Lack of affordable housing• Increasing Latinx population	<ul style="list-style-type: none">• Outreach locations closing (ex. gay bars)
Technology T	<ul style="list-style-type: none">• Increasing telehealth improves access but can increase social isolation	<ul style="list-style-type: none">• Apps can help to reach target populations• Barriers: Cost of technology & fear of using.

Service Area Analysis.

The Strategic Planning Team used information from the UDS Mapper, a data source that reports information from the Uniform Data System (UDS), along with US Census data with geographical reporting, to carefully analyze its service area. In addition, the Team reviewed Oregon Health Authority data on HIV, Substance Abuse, and other relevant data. See *Reference & Supporting Documents* for details about our existing and potential service areas.



Goals & Strategies

The Strategic Planning Team identified the strategic goals for the organization in key areas. Action Planning Teams in each strategic goal area of the organization were identified and began the development of action plans. Emphasis was placed on creating plans that measure progress and provide a level of accountability throughout the organization. During a series of web meetings, the Strategic Planning Team finalized goals, strategies, and action plans.



CAP will provide safe, person centered, quality services throughout the organization.

- Create an effective, organizational-wide, risk management program that minimizes risk and increases the safety of patients/clients and staff.
- Create a clinical learning environment that is rewarding, effective, and beneficial for students, employees and patients.
- Engage patients/clients & employees in development of satisfaction surveys in an effort to mitigate turnover, increase retention, and improve CAP community climate.
- Meet or exceed clinical measures including HRSA UDS.
- Create a performance improvement plan that integrates trauma-informed principles and practices, the importance of interconnectedness, and teamwork in our organizational culture and service delivery practices.



CAP will foster an equitable organization by centering inclusion, justice, education, empowerment and accountability within our community.

- Build organizational diversity, equity & inclusion (DEI) and institutionalize equity throughout the organization.
- Create alternative systems for feedback, accountability, and conflict resolution.
- Foster a culture of communication, empathy, inclusivity, and learning.
- Assess and improve employment systems and processes.
- Strengthen community and advocacy.

Goals & Strategies



CAP will create and maintain a friendly, welcoming environment that supports workforce wellness and long-term success, as well as increasing expertise and supporting growth.

- Refine our recruitment, hiring, and onboarding practices to better attract and retain exceptional and diverse talent.
- Partner with Directors and supervisors to develop management best practices and provide staff development and training programs.
- Increase the retention of our staff overall, with a focus on retaining BIPOC staff.
- Implement transformational leadership opportunities across the agency.
- SEIU and CAP continue their commitment to improving and maintaining a working environment of mutual stewardship, trust, and efforts that will benefit employees, CAP, and ultimately the beneficiaries of CAP services.
- Increase staff engagement on key elements that matter for organizational performance and culture.



CAP will develop and strengthen an identity that is understood and embraced by the communities we serve and those that support our mission.

- Increase community engagement and awareness of our services through a sustainable marketing and advocacy program.
- Create a comprehensive fund development plan to meet the emerging needs of our community.
- Grow and strengthen our Public Policy & Advocacy program to engage policymakers and advocates in our work and dismantle systemic barriers to achieving our mission.
- Invest in the internal expansion and strength of our team in order to meet opportunities for growth and program development.

Goals & Strategies



CAP will provide access to high quality, integrated, sustainable services and service delivery sites that meet the needs of our community.

- Assess and identify gaps in services that CAP may best fill directly or by leveraging partnerships with existing community programs, to address the deficiencies.
- Develop a standardized process for determining the feasibility of implementing or expanding programs, services, and sites to ensure the necessary resources are available for success and sustainability.
- Create a standard process for the implementation of new services, sites and programs that assigns responsibility and accountability, and improves communication between involved departments.



CAP will continue to be responsible stewards of our financial resources to improve and maintain our long-term program sustainability, with a focus on equity.

- Explore and assess revenue maximization strategies that are in line with our goals and values.
- Develop a fully integrated grants and contract management process that takes a holistic view of pre-and post award workflow and responsibilities.
- Create an internal culture of performance and financial accountability.
- Build and sustain an operating reserve and a capital assets maintenance fund that allows proactive responses to changing cashflow and capital needs.
- Create a plan for managing excess working capital for strategic investments in new programs, services, and sites.
- Ensure that we establish an equity-centered approach to all of our financial practices and relationships.

Communication.

CAP steadfastly believes that strategic plans and processes only work when they are embraced by all employees and the Board and are integrated into each decision and action.

Communication of the strategic plan will be a constant, enhancing the understanding of the mission and vision. The strategic plan will be communicated through face-to-face interactions, electronic, and print media.

The strategic plan is the framework that all employees and governance will use for creating their planning processes and day-to-day work. It is a “living” document that will be monitored quarterly, reviewed annually, and updated every three years.



Acceptance & Approval

The plan represents the commitment of the Board to the mission, vision, values, and organizational goals and strategies. The Board recognizes that active governance and oversight are required, and the staff is committed to the plan's implementation with quarterly tracking and alignment with CAP performance management systems for additional accountability.

The Board of Directors of Cascade AIDS Project approved the strategic plan on

Action Plans.

Priority Areas:

Quality
Equity & Inclusion
People & Culture
Development & Community Engagement
Growth & Expansion
Financial Stewardship

(Detail attached)

CAP will provide safe, person centered, quality services throughout the organization.

Strategy 1:
Create an effective, organizational-wide, risk management program that minimizes risk and increases the safety of patients/clients and staff.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
1a	Gather all existing risk & safety policies and procedures and organized.	All risk & safety plans have been gathered and organized.	Q2 FY2022	COS, Director of Healthcare Operations
1b	Integrate and organize comprehensive risk management program organization-wide, with addendums created for specific programs.	Risk management program is developed and finalized.	Q3 FY2022	COS, Director of Healthcare Operations, Risk Management Teams
1c	Obtain Board approval of plans	Board approval received.	Q3 FY2022	COS

Strategy 2:
Create a clinical learning environment that is rewarding, effective, and beneficial for students, employees and patients.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
2a	Develop curriculum for integrated LGBTQ modules.	Completed modules are placed in Relias	Q2 FY2022	Medical Director, HR Administrator
2b	Create academic partnerships, affiliate agreements & format clinical rotations with regional schools across various programs.	Affiliate Agreements, including Clinical Rotation Requirements & Insurance Liabilities are executed.	Q2 FY2022	Medical Director
2c	Develop to provide assessment of student skills, experiences, preceptor assessments & patient satisfaction with services in a learning environment.	Evaluation systems are implemented, baseline established to create future metrics.	Q3 FY2022	Medical Director

CAP will provide safe, person centered, quality services throughout the organization.

Strategy 3:

Engage patients and clients in development of satisfaction surveys in an effort to mitigate turnover, increase retention, and improve CAP community climate.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
3a	Review past satisfaction surveys & work with patients and clients to develop new questions.	Survey developed.	Q1 FY2022	Director of Healthcare Operations, HR Administrator
3b	Select a platform for future development and delivery of satisfaction surveys	Vendor / method selected	Q2 FY2022	Director of Healthcare Operations, HR Administrator
3c	Roll out quarterly assessment of satisfaction	Patient satisfaction program launch	Q3FY2022	Director of Healthcare Operations, HR Administrator

Strategy 4:

Meet or exceed clinical measures including HRSA UDS.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
4a	Identify key stakeholders for representation on QA/QI Team based upon selected clinical measures.	Stakeholders identified for QA/QI team.	Q1 FY2022	Medical Director
4b	Create and utilize dashboards from OCHIN data extraction to evaluate current clinical measures.	Dashboards created and used to determine baseline and improvement metrics.	Q2 FY2022	Medical Director
4c	QA/QI members will create and evaluate PDSA cycles for pertinent clinical measures.	PDSA cycles created and evaluated by QA members monthly.	Q2 FY2022	Medical Director
4d	Report status of current clinical measures and seek approval for additional measures, when requested.	QA/QI activities, including UDS measures are reported as standard report to the Board.	Q2 FY2022	Medical Director

CAP will provide safe, person centered, quality services throughout the organization.

Strategy 5:

Create a performance improvement plan that integrates trauma-informed principles and practices, the importance of interconnectedness, and teamwork in our organizational culture and service delivery practices.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
5a	Provide all employees training in trauma informed care.	Training provided to all employees.	Q1 FY2022	Medical Director, HR Administrator
5b	Integrate trauma-informed principles and practices into CAP culture, and determine how to measure and evaluate organizational effectiveness.	Metrics and method is determined and evaluation is occurring annually.	Q4 FY2022	Medical Director, HR Administrator
5c	Create performance improvement teams focused on improvement of clinical, organization culture, service line efficiency, etc. that allows each employee to make valuable contribution to the overall success of the organization.	PI teams created and every employee assigned to a team.	Q3 FY2023	Medical Director, HR Administrator

CAP will foster an equitable organization by centering inclusion, justice, education, empowerment and accountability within our community.

Strategy 1:

Build organizational DEI capacity & institutionalize equity throughout the organization.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
1a.	Create and implement organizational Equity Plan and implementation strategies for staff.	Implementation strategy guides for each department and the overall organization will be completed. Each department will have created their own internal timelines with implementation strategies.	Q2 FY22	Equity & Inclusion Advocate
1b.	Improve onboarding training to include: CAP's history with equity work, CAP's Equity Plan, and expectations for all staff through a mix of self-guided, didactic, and discussion-based learning	Creation and implemetation of new Relias video content that explores CAP's history and commitments to equity work. Creation and facilitation of discussion-based onboarding training.	Q1 FY22	Equity & Inclusion Advocate, HR Administrator
1c.	Educate and empower supervisors to facilitate team-based equity conversations.	Annual equity-based climate survey will assess the impact of equity conversations between supervisors and staff.	Q3 FY22	Equity & Inclusion Advocate, HR Administrator
1d.	Institutionalize and further develop affinity groups to include: community-building opportunities, mentorship, and training opportunities.	Create affinity groups that utilize HR's professional development program, offer limited "grant" funds to attend equity related training opportunities, share opportunities for community engagement, have quarterly conversations with local leaders at relevant community organizations, nonprofits etc,	Q3 FY21	Equity & Inclusion Advocate
1e.	Assess KPIs, job descriptions, job requirements, and performance evaluations for opportunities to embed equity advancement expectations.	The successful implementation of the aforementioned employment systems.	Q1 FY22	Equity & Inclusion Advocate, HR Administrator

CAP will foster an equitable organization by centering inclusion, justice, education, empowerment and accountability within our community.

Strategy 2:

Create alternative systems for feedback, accountability & conflict resolution.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
2a.	Develop and implement bias incident reporting process.	Bias Incident Reporting Process goes live with framework for Educational Accountability Discussions.	Q3 FY22	Equity & Inclusion Advocate, HR Administrator
2b.	Develop and implement alternative feedback and conflict resolution system based in restorative justice.	Alternative feedback and conflict resolution system implemented with institutionalized support from HR and Directors.	Q4 FY21	Equity & Inclusion Advocate

Strategy 3:

Foster a culture of communication, empathy, inclusivity, and learning.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
3a.	Engage supervisors with a new framework of supervision that centers personal growth, professional growth, and role responsibilities.	With input from supervisors, implement new structure that revamps 1:1s to include equity discussion component, professional growth, and job responsibilities.	Q4 FY21	Equity & Inclusion Advocate
3b.	Develop a formal collaboration with the Union Executive Committee to support labor management relations	Recurring equity-based meetings scheduled that explore and address equity within CAP with clear guidelines for collaborative engagement and outcomes.	Q4 FY21	Equity & Inclusion Advocate
3c.	Develop a series of activities and opportunities for engagement that explore equity, professional growth, or topics of interest for staff.	Implementation curriculum is created for monthly semi-optional events. Monthly meetings are facilitated. Quarterly attendance required.	Q2 FY22	Equity & Inclusion Advocate
3d.	Perform an annual CAP Culture Survey that factors that impact equity and engagement including, but not limited to: sense of belonging, welcoming climate, stress, supervisory experience, etc.	Create the survey, in addition to a plan that address how the data will be used to inform our work, improve equity-related outcomes, and improve overall workplace culture.	Q2 FY22	Equity & Inclusion Advocate
3e.	Require all supervisors to undergo an annual cultural competency assessment and collaboratively create Engagement Plans to improve intercultural competencies. (offer opportunity to all staff)	Structured plan created for annual equity coaching meetings that includes assessment and goal planning for the next year. Half year check-in process created.	Q4 FY21	Equity & Inclusion Advocate

CAP will foster an equitable organization by centering inclusion, justice, education, empowerment and accountability within our community.

Strategy 4:

Assess & improve employment systems, & processes.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
4a.	Create and maintain regional and/or national recruitment pipelines to employ more diverse staff.	HR creates and maintains new/previous pipelines that increase our diversity within our teams that may include (but is not limited to) racial diversity.	Q4 FY21	Equity & Inclusion Advocate, HR Administrator
4b.	Assess challenges related to language equity within CAP.	Assessment completed and action plan developed to address equity challenges related to language accessibility throughout CAP	Q4 FY21	Equity & Inclusion Advocate
4c.	Review and improve opportunities for professional development.	HR offers a robust, strengths-based professional development program for staff that also engages them within an equity framework.	Q2 FY22	Equity & Inclusion Advocate, HR Administrator
4d.	Assess "other duties as assigned" workload equity within teams.	Workload is equitable across all employees within their respective departments and teams. System is created so that there is an agreed-upon method that teams can connect with supervisor regarding concerns.	Q4 FY21	Equity & Inclusion Advocate

Strategy 5:

Strengthen community engagement & advocacy.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
5a.	Create and maintain a multicultural community engagement calendar to support CAP's presence in communities that have traditionally been furthest from access and opportunity	Accessible community engagement calendar is available to all staff.	Q1 FY22	Equity & Inclusion Advocate
5b.	Create a consistent community engagement plan with participation from every department.	Each community-facing department will have a consistent community engagement plan that outlines the logistics of event attendance.	Q2 FY22	Equity & Inclusion Advocate
5c.	Revamp Community Advisory Committee that includes staff, community members, and (if possible) board representation	Community Advisory Board Committee Charter developed. Marketing and engagement plan to solicit new members is created. Infrastructure for how this committee will engage with CAP leadership is developed.	Q4 FY22	Equity & Inclusion Advocate, Executive Team

CAP will create and maintain a friendly, welcoming environment that supports workforce wellness and long-term success, as well as increasing expertise and supporting growth.

Strategy 1:

Refine our recruitment, hiring, and onboarding practices to better attract and retain exceptional and diverse talent.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
1a.	Analyze applicants to better understand who is and is not applying to work with CAP and who among the applicants are successful and what systemic barriers exist for applicants, and understand sources, diversity and quality of applicants.	Analysis completed.	Q3 FY21 to Q1 FY22	HR Administrator, Equity Advocate
1b.	Develop new equitable recruitment, hiring, and onboarding processes and create/disseminate new orientation materials for all hiring managers.	New process, plan, and materials in place	Q3 FY21 to Q4 FY22	HR Administrator, Equity Advocate
1c.	Utilize social media for posting and supporting recruitment from different places / groups	Social media as part of overall recruitment plan developed and implemented.	Ongoing	HR Administrator
1d.	Use video job postings and information sessions to increase awareness and interest in roles	Video postings and information sessions held for key identified roles	Ongoing	HR Administrator

Strategy 2:

Partner with Directors and supervisors to develop management best practices and provide staff development and training programs.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
2a.	Conduct a competency gap analysis to recognize any barriers to success, including any systemic barriers staff may face.	Competency & gap analysis completed.	Q1 to Q4 FY22	HR Administrator
2b.	Using the gap analysis and working with supervisors, create career paths for staff in their CAP employment.	Career paths completed for identified staff.	Q4 FY22 to Q2 FY23	HR Administrator
2c.	Build a Strengths-based culture and help managers harness their talents to increase the engagement and performance of their teams	Strengths-based framework, training, projects and goals implemented and utilized consistently	Q1 FY22 to Q4 FY23	HR Administrator

CAP will create and maintain a friendly, welcoming environment that supports workforce wellness and long-term success, as well as increasing expertise and supporting growth.

Strategy 3:

Increase the retention of our staff overall, with a focus on retaining BIPOC staff.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
3a.	Conduct Stay Interviews to better understand what staff enjoy about working with CAP and furthering our mission.	Stay Interviews are completed for all staff and continuing assessment determined.	Q2 to Q4 FY22	HR Administrator
3b.	Analyze Exit interview data / recommendations to understand more intimately what options or changes could entice staff to stay longer, and any barriers to success or retention CAP and staff face.	Analysis completed and opportunities are addressed in retention planning.	Q4 FY21 to Q3 FY22	HR Administrator
3c.	Using analyzed data from the above, create retention plan goals and objectives with leadership.	Retention Plan implemented and result data being gathered for review	Q4 FY22 to Q2 FY23	HR Administrator
3d.	Partner with Equity Advocate and DEI Committee to build structures and guidelines for creating and facilitating Employee Resource Groups/Affinity Groups	ERG protocol and resources rolled out	Q3 to Q4 FY21	HR Administrator, Equity Advocate

Strategy 4:

Implement transformational leadership and development opportunities across the agency.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
4a.	Use gap analysis and retention plan to better understand where CAP becomes a transformational place of work and rewarding employment.	Transformational report analysis available for review and solutions implementation.	Q4 FY22 to Q2 FY23	HR Administrator
4b.	Research and present opportunities to provide professional development training and experiential learning regarding the importance of equity and inclusion, and applying TIC practices throughout the organization. [Also refer to Strategy 5 - QUALITY]	Training plan that is interactive, supportive, helps with burnout and fatigue as well as moves the culture forward is complete.	Q2 FY22 to Q3 FY23	HR Administrator
4c.	Develop a coordinated staff which recognizes and appreciates the interconnectedness of all roles. [Reference Strategy 4 in the Growth & Expansion Action Plan]	Organization culture and people mgmt processes reinforce interconnectedness.	Q1 to Q4 FY22	HR Administrator
4d.	Develop new system to provide professional development / training funds to staff, ensuring resources are distributed in a relevant and equitable manner.	New professional development and training funds policy in place	Q3 FY22 to Q3 FY23	HR Administrator, Equity Advocate

CAP will create and maintain a friendly, welcoming environment that supports workforce wellness and long-term success, as well as increasing expertise and supporting growth.

Strategy 5:

SEIU and CAP continue their commitment to improving and maintaining a working environment of mutual stewardship, trust, and efforts that will benefit employees, CAP, and ultimately the beneficiaries of CAP services.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
5a.	Ombuds training for HR and UEC to balance the work between the SEIU and CAP Management	Training completed	Q3 FY21 to Q4 FY22	HR Administrator, UEC
5b.	Survey to better understand from all sides what the union / management relationship looks like, what the strengths are and what the opportunities are for improvement	Survey questions are created, agreed upon by union and leadership, and timeline is set for survey to go out.	Q3 to Q4 FY21	HR Administrator, UEC, Equity Advocate
5c.	Create action steps with the UEC and leadership based on the survey results, and implement them as part of a coordinated effort to support mutual working relationships and focus on shared goals.	Action items are shared among CAP and implemented with a timeline and structure for review, including what ideal success will look like.	Q1 FY22 to Q2 FY22	HR Administrator, UEC, COS/CLO
5d.	Regularly assess leadership and union partnership at 12 month or 24 month intervals as agreed by involved parties.	Assessment at agreed upon interval is happening, with changes to the action items as needed.	Q2 FY22 and Ongoing	HR Administrator, UEC, COS/CLO

Strategy 6:

Increase staff engagement on key elements that matter for organizational performance and culture.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
6a.	Execute organizational engagement survey and follow-up plan annually	Results discussed at UEC and leadership level, action plan developed and presented to staff	Q2 FY22 to Q3FY22	HR Administrator, Equity Advocate, UEC
6b.	Explore development of new HR structure that better serves the organizations goals and values	New structure and committees proposed and approved, Vision presented at all staff meeting	Q4 FY21 to Q2 FY22	HR Administrator, Equity Advocate
6c.	Explore development of a weekly agency-wide internal communications plan / strategy	Plan in place and executed	Q4 FY21 to Q1 FY22	HR Administrator, CEO, Director of Development & Communications
6d.	Explore the development of a people and culture committee to develop an annual plan for workplace culture.	Committee meetings scheduled and annual plan developed	Q3 FY22 to Q1 FY23	HR Administrator

CAP will develop and strengthen an identity that is understood and embraced by the communities we serve and those that support our mission.

Strategy 1:

Increase community engagement and awareness of our services through a sustainable marketing and advocacy program.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
1a.	Regularly share and ensure understanding of the strategic plan and vision with staff, volunteers, and participants allowing them the opportunity to influence CAP's future.	Communicate staff meeting. Media release.	Q4-FY2021 ongoing	CEO
1b.	Complete a brand assessment with constituent input, and execute a plan that aligns with and communicates our identity.	Brand assessment completed, plan launched.	Q2-FY2022	Development & Communications
1c.	Develop and launch a system for annual marketing planning with diverse and effective strategies for external communication.	Standard marketing plan tool is created and implemented.	Q3-FY2022	Development & Communications

Strategy 2:

Create a comprehensive fund development plan to meet the emerging needs of our community.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
2a.	Create plan to educate and develop staff and board understanding of fund development and creating a culture of philanthropy in the organization.	Board and staff participate in and complete fund development workshops and trainings	Q4-FY2021 - ongoing	Development
2b.	Create fund development plan with multiple elements including: events, annual giving, major donors, peer-to-peer, planned giving, grant funding, and online strategies.	Standard fund development plan is created and implemented	Q4-FY2021 - ongoing	Development
2c.	Create, launch, and train staff in a standard process for the grant and contracts cycle including seeking, approving, implementing, and reporting.	Standard process is created and implemented	Q3-FY2022	Development & CFO

CAP will develop and strengthen an identity that is understood and embraced by the communities we serve and those that support our mission.

Strategy 3:

Grow and strengthen our Public Policy & Advocacy program to engage policymakers and advocates in our work and dismantle systemic barriers to achieving our mission.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
3a.	Build a Public Policy & Advocacy program framework, including a web page, a conflict-of-interest statement, and a policy committee.	Framework completion	Q4-FY2021	Development; Public Policy & Grants Manager
3b.	Develop a sustainable public policy and advocacy program in alignment with the overall fund development plan.	Fund development plan including public policy & advocacy is launched.	Q3-FY2021	Development; Public Policy & Grants Manager
3c.	Advocate successfully for local, state, and federal policies that dismantle systemic barriers to achieving our mission.	Policies enacted	Q3-FY2021 -ongoing	Development; Public Policy & Grants Manager

Strategy 4:

Invest in the internal expansion and strength of our team in order to meet opportunities for growth and program development.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
4a.	Complete an assessment of current and future department staffing needs and growth opportunities that are aligned with CAP's strategic plan.	Assessment completion	Q4-FY2021	Development, Communications, Public Policy
4b.	Develop a plan for incremental staffing growth and focus area development to meet needs and department goals.	Plan launched and budgeted for annually	Q4-FY2021 - ongoing	Development, Communications, Public Policy
4c.	Regular assessment of effectiveness of department structure and staffing	annual assessment	ongoing	Development, Communications, Public Policy

CAP will provide access to high quality, integrated, sustainable services and service delivery sites that meet the needs of our community.

Strategy 1:

Assess and identify opportunities where CAP can better serve our community and address deficiencies, while leveraging partnerships with existing community programs.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
1a.	Develop standardized process for conducting a comprehensive needs assessment that includes a review of existing services and identify areas of opportunity and need in Oregon and Washington	Need assessment process completed and approved by BOD	Q1 to Q2 of FY2022	CEO
1b.	Review and assess department level certifications and qualifications to increase service capacity, improve participant, client, and patient services and outcomes, and bolster revenue generation	Results of department level certification assessment presented to ELT and Department Director for consideration	Q1 to Q2 of FY2022	CEO, COS/CLO
1c.	Actively participate in assessment and planning activities sponsored by other organizations, coalitions, and communities	Documentation of outcomes of needs assessments created and shared annually with Director level staff	Ongoing	COS/CLO
1d.	Annual stakeholder / client surveys and focus groups created and disseminated	Data from annual surveys compiled, analyzed, and response to opportunities and deficiencies formulated	Ongoing	COS/CLO

Strategy 2:

Develop a standardized process for determining the feasibility of implementing or expanding programs, services, and sites to ensure the necessary resources are available for success and sustainability.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
2a.	Develop a standardized process for reviewing new programs and services that can be initiated at all levels of the organization	New program process created and approved by ELT	Q3 FY21 to Q4 FY21	COS/CLO
2b.	Communicate the process for reviewing new programs throughout the organization and stakeholders	New program process shared with agency via all staff meeting and email	Q1 FY2022	CEO
2c.	Develop mechanism for determining effectiveness and sustainability of programs and services including the development of evaluation metrics for ongoing effectiveness and improvement	Mechanism created and approved by ELT	Q3 FY21 to Q4 FY21	CEO
2d.	Create feedback loop for internal and external communications regarding new and programs and services	Communication plan developed	See Development and Community engagement action	Director of Development

CAP will provide access to high quality, integrated, sustainable services and service delivery sites that meet the needs of our community.

Strategy 3:

Create a standard process for the implementation of new services, sites and programs that assigns responsibility and accountability, and improves communication between involved departments.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
3a.	Design, develop, and/or purchase and implement a standard project management system	Project management system in place	Q3 FY22 to Q4 FY22	CFO, Operations/IT Manager
3b.	Train all staff on the project management system	All employees trained and documented in Relias	Q1 FY23	CFO, Operations/IT Manager
3c.	Implement the new standardized process for the implementation of new services	Process has been implemented with 6 month evaluation	Q2 FY23	ELT

Strategy 4:

Create and launch an organizational development, impact, and readiness plan to ensure we have the necessary structure and systems to best support current operations as well as future growth.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
4a.	Conduct an organizational assessment to evaluate the present organizational structure and systems, and determine whether a plan for infrastructure-building will improve the preparedness, effectiveness, and success of growth initiatives	Assessment completed and presented to ELT and relevant board members	Q3 FY21 to Q4 FY21	CEO, COS/CLO
4b.	Create and implement a plan for revising the organizational structure and systems if the evaluation provides evidence that changes could improve CAP's ability to manage its growth more efficiently	Organization structural and systems change plan implemented if determined to be necessary	Q1 FY22 to Q4 FY22	CEO, COS/CLO
4c.	Create and implement a plan to ensure that existing operations and future growth are in alignment with the mission, vision, and values of the agency	Annual assessment of organizational alignment completed and presented to ELT and BOD	Ongoing	Board & CEO
4d.	Create systems to ensure long-term organizational stability, including but not limited to regular assessment of business model and enterprise-level risk assessment and mitigation	Annual assessment of organizational stability including assessment of business model and risk	Ongoing	CEO, COS/CLO

We will continue to be responsible stewards of our financial resources to improve and maintain our long-term program sustainability, with a focus on equity.

Strategy 1:

Explore and assess revenue maximization strategies that are in line with the goals and values of the organization.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
1a.	Develop systems, methodology, monitoring analysis to establish a fair NICR (Negotiated Indirect Cost Rate) for government contracts.	Document approved by identified contact of cognizant federal agency.	Q1 FY2023	CFO, Controller
1b.	Apply similar and appropriate revenue maximization approaches to commercial insurance, managed care, and value-based care agreements, as well as foundation grants.	Agreements with commercial insurance entities, HRSA, and major foundation grants > \$100k reviewed for proper treatment.	Q4 FY2023	CFO, Director of Healthcare Ops, Controller

Strategy 2:

Develop a fully integrated grants and contract management process that takes a holistic view of pre-and post award workflow and responsibilities.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
2a.	Partner with Development team to define process flow, responsibilities, time line, etc. [See Action Step 2c in DEVELOPMENT AND COMMUNITY ENGAGEMENT ACTION PLAN]	Standard process created and implemented	Q3 FY2021	Development and CFO
2b.	Restructure the finance team to better manage the increasing complexity of grant, contract, and compliance work.	Restructuring activities executed	Q4 FY2023	CFO

We will continue to be responsible stewards of our financial resources to improve and maintain our long-term program sustainability, with a focus on equity.

Strategy 3:

Create an internal culture of performance and financial accountability.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
3a.	Review best practices in accounting/financial reporting systems. Select most appropriate option that supports both complex non-profit fund accounting and user-friendly reports with timely information. Develop realistic timeframe for transition.	New finance/accounting system installed	Q2 FY2022	CFO, Controller
3b.	Create monthly/quarterly financial reporting package with dashboards that provide usable and meaningful information for those responsible for successful outcomes.	Reports from Sage Intacct and Epic	Q2 FY2022	CFO, Controller
3c.	Redesign budgeting annual planning process to empower management staff to participate in and utilize financial reports/ dashboards to inform their program management.	Reports in new finance system, train staff in using the new system to track actual spending vs. budget	Q3 FY2022 - FY23 budget process	CFO, Controller
3d.	Implement Internal Controls, Account Reconciliation, and Month End close management software (Blackline)	New software implemented and in use by finance team	Q2 FY2022	CFO, Controller

Strategy 4:

Build and sustain an operating reserve and a capital assets maintenance fund that allows proactive responses to changing cashflow and capital needs.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
4a.	Develop the agencies operating reserve to a level that meets the requirements of the Board.	Reserve target achieved.	Q4 FY2023	CFO
4b.	Develop a capital budget and capital planning process for CAP's major assets.	Capital budget process incorporated in annual budget process.	Q1 FY2022	CFO
4c.	Stabilize a Capital Assets Maintenance Fund at a level that allows for sustainable repair and maintenance of CAP's major assets.	Capital Plan in place.	Q1 FY2022	CFO

We will continue to be responsible stewards of our financial resources to improve and maintain our long-term program sustainability, with a focus on equity.

Strategy 5:

Create a plan for managing excess working capital for strategic investments in new programs, services, and sites.

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
5a.	Define metrics and criteria for investments in programmatic sustainability. [Also refer to Action Step 2c in GROWTH ACTION PLAN]	Program sustainability metrics and criteria finalized.	Q2 FY2022	CFO
5b.	Define metrics and criteria for investments in infrastructure sustainability.	Infrastructure sustainability metrics and criteria finalized.	Q2 FY2022	CFO
5c.	Define metrics and criteria for financial investments that meet socially responsible values and equity imperative.	Investment policies updated.	Q4 FY2022	CFO

Strategy 6:

Ensure that we establish an equity-centered approach to all of our financial practices and relationships

	ACTION STEPS	MEASUREMENT	TIME FRAME	LEAD RESPONSIBILITY
6a.	Restructure banking and credit relationships to align on values of equity and social responsibility.	Feasibility determined and plan executed.	Q2 FY2022	CFO
6b.	Apply an Equity lens and accountability measures to all Financial and Operational policies	Develop metrics to measure equity outcomes for all policies.	Q2 FY2022	CFO, Controller
6c.	Incorporate ongoing equity and cultural competency training to the Finance team, and implement professional development plans and quarterly SMARTIE goals into the performance review/check-in process.	New practices implemented	Q3 FY2021	CFO

Reference & Supporting Documents

Community Stakeholder Focus Group Summary
Participant Focus Group Summary
Staff & Board Survey Results
Workshop Presentation
UDS Mapper Data
Additional Information