



NASDDDS STRATEGIC PLAN

October 2002

Introduction.

In the fall of 2001, as part of a comprehensive reassessment of the organization's activities, the Board of Directors of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) decided to prepare an updated strategic plan to guide the Association's efforts over the next several years. This decision was ratified by the NASDDDS membership in November 2001 during the Association's Annual Membership Meeting.

The strategic goals, desired outcomes and implementation strategies described in this document represent the culmination of a year-long process that began with a membership survey aimed at identifying the top system improvement priorities of the Association's 51 member state agencies. The methodologies used in developing NASDDDS' new Strategic Plan are summarized in Appendix A to this document.

In preparing a new strategic plan, the NASDDDS Board had three primary objectives in mind. First, the Board wanted to be certain that the plan was designed to carry out the Association's basic mission and reflective of the values articulated in the organization's guiding principles (see Figure 1). Second, the aim of the Board was to ground the plan in the realities facing member state agencies as they strive to improve the accessibility and quality of publicly financed services and supports to person with developmental disabilities and their families. This latter objective, as noted above, was achieved by obtaining structured feedback from the membership on the highest priority system improvement goals among member state agencies. Third, the Board wanted to initiate a dynamic, interactive set of Association activities, all of which were focused on helping member states accomplish shared system improvement goals. The aim, therefore, was to design a plan that: (a) treated all major organizational functions as inter-related vehicles for achieving strategic objectives; and (b) would be flexible enough to allow Association leaders to respond to changing circumstances and take advantage of emerging opportunities.

NASDDDS Mission and Guiding Principles

Mission. *To assist member state agencies in building person-centered systems of services and supports for people with developmental disabilities and their families.*

Guiding Principles. *The Association's goal is to promote and assist states in developing effective, efficient service delivery systems that furnish high-quality services and supports to people with lifelong developmental disabilities. State service systems should be based on the principle that people with developmental disabilities have a right to:*

- *be treated with respect and dignity;*
- *be independent and make individual choices;*
- *participate in family and community life;*
- *have opportunities to maximize their full potential and;*
- *receive outcome-based services and supports.*

Figure 1

Strategic Goals.

As a result of a membership survey, conducted in the late winter/early spring of 2002, the Board and staff identified five, high priority system change goals. These strategic goals, listed in priority order, are as follows:

- Goal 1:** ***Strengthening System-wide Quality Assurance and Improvement Capabilities.***
Establishing health and welfare safeguards that balance personal security with individual freedom and choice; instituting better methods and techniques of tracking sentinel incidents and assessing provider performance; building system-wide capacity to design and carry out targeted quality improvement initiatives; assessing and documenting practices, policies, and program structures associated with quality outcomes in self-directed services; reconciling competing expectations regarding the assurance of quality in Medicaid funded supports held at the federal, state, provider and individual consumer levels; synchronizing federal Medicaid policies and expectations in this area with state latitude in designing QA/QI components that address local needs.
- Goal 2:** ***Building the Community Infrastructure Needed to Under-Gird a System of Individualized Supports.*** Re-designing/strengthening existing case management/service coordination systems; fostering the development of new, non-traditional support options that offer individual/families a real choice among competing service vendors; creating the mechanisms necessary to sustain self-directed/self-determined support options (e.g., fiscal intermediaries; support brokers; etc.); assuring that federal Medicaid policies foster the delivery of self-directed/self-determined services.
- Goal 3:** ***Building Community Capacity to Support People with Multiple and Complex Needs.***
Designing flexible systems of support in the community for people with developmental disabilities who: (a) commit crimes or dangerous acts, (b) have dual diagnoses, (c) have intensive medical needs, and (d) have atypical support needs due to the nature of their diagnoses (e.g., autism, Prader-Willi Syndrome and other low incidence conditions); analyzing support strategies, definitions, clinical interventions and statutory frameworks associated with effective service provision; developing individual budgeting formats that can be tailored to the needs of the individual, adjusted to reflect changing support requirements and tracked to document expenditures; developing provider capacity to support people with unique needs.
- Goal 4:** ***Developing a Skilled Workforce.*** Identifying, describing and analyzing effective approaches to workforce development; comparing states' efforts to address chronic staff vacancies, provide training, improve employee benefits and pay rates, improve retention, and decrease turnover rates; launching and sustaining innovative recruitment campaigns; developing longer-term recruitment policies and practices; developing and promoting service strategies that are less reliant on paid support workers.

Goal 5: *Developing Responsive Financial Systems and Strategies.* Designing resource allocation, rate setting and payment strategies that accurately and reliably link support costs with individual needs; comparing state fiscal policies and practices to determine the efficacy of different approaches; analyzing state costing methods to determine the cost-effectiveness of different strategies of furnishing services and supports; describing the different tactics states use to respond to budget cuts, agency restructuring and growth limitations.

Considered together, the five strategic goals outlined above address a number of specific, high priority system change objectives that seek to develop the capacity among member state agencies to effectively support people with developmental disabilities to live productive and meaningful lives with their friends and families in the community. These goals are fully consistent with the Association’s mission and guiding principles. The Strategic Plan provides a methodology for coordinating the Association’s current and future activities around a set of desired outcomes, as well as a mechanism for directing, managing and tracking the ongoing results of NASDDDS’ efforts (see Figure 2 below).

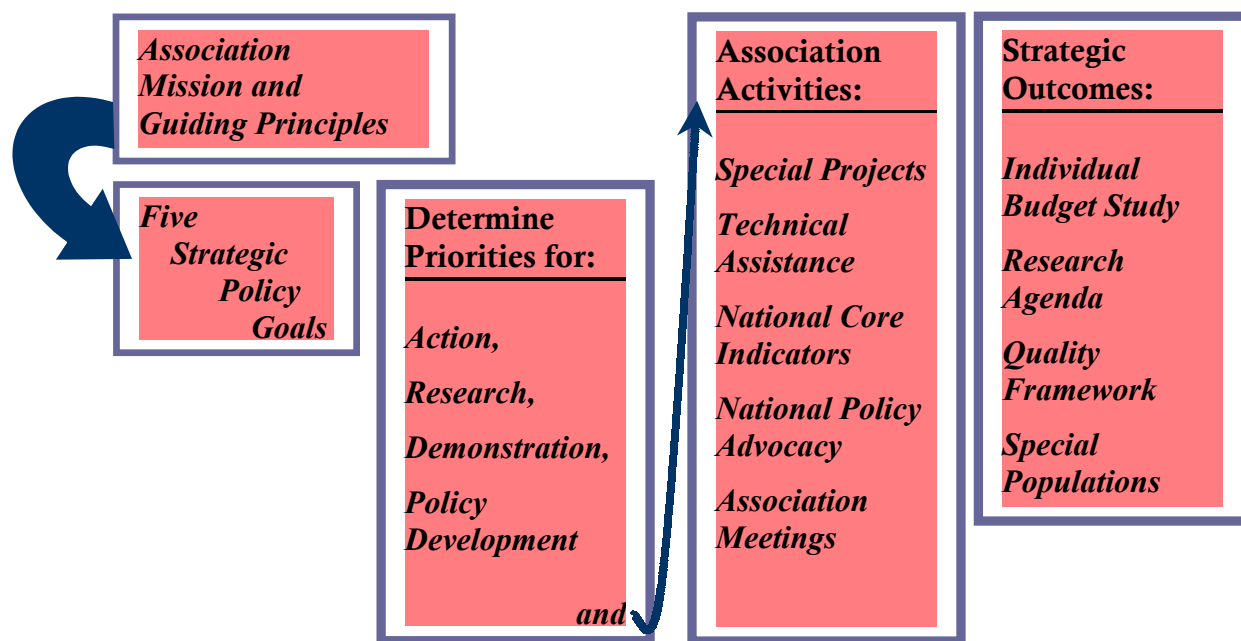


Figure 2. The Association’s *Mission and Guiding Principles* form the foundation for NASDDDS’ *Strategic Goals*. These goals, in turn, provide a framework for determining *Action Priorities*, which set the direction of *Association Activities* aimed at accomplishing *Strategic Outcomes*.

Outcomes and Implementation Strategies.

The Strategic Plan will guide the selection of new outcomes and provide direction to the Association’s leadership and staff in aligning existing and new activities with emerging policy priorities. The Association’s staff will facilitate implementation of the plan by working on behalf of member state agencies in identifying areas of mutual interest and

concern, facilitating the exchange of information and access to expertise, and providing leadership to confront barriers to the accomplishment of mutually desired outcomes.

The next section of the plan discusses specific outcomes related to each strategic goal and includes related implementation strategies. Sample activities related to each goal are included in italics to clarify the focus of the desired outcomes.

Goal 1: Strengthening system-wide quality assurance and improvement capabilities.

Current Association Activities:

- Reinventing Quality Project
- Quality Mall
- Annual Reinventing Quality Conferences
- Quality Inventory Project
- Quality Framework

Desired Outcomes:

- a. A national, best practices information bank is available to member state agencies. This information bank should contain readily accessible materials addressing the design, implementation, and operation of the essential components of a statewide quality management and improvement system.
- b. Resources for technical assistance and support are accessible to member state agencies to the extent needed to ensure that such agencies are able to institute and maintain a comprehensive statewide quality assurance and improvement system.
- c. Association leaders and their designees are actively involved with state and federal agencies in determining key policy initiatives, including: (a) extending options for federal participation in state costs related to the design, implementation and operation of statewide MR/DD quality management and performance tracking systems to the extent permissible under Medicaid law, and; (b) improving the congruence between CMS regional and central office perspectives on the delivery of Medicaid-funded services to persons with developmental disabilities.
- d. Valid, reliable, and robust sets of national performance and outcome indicators are available to member state agencies for use in assessing the effectiveness of publicly funded developmental disabilities services and supports.

Illustrative Examples:

- Establishing collaborative methods to assess the extent to which federal, state and provider organization policies and procedures prevent consumer choice and control.
- Developing effective strategies for negotiating the balance between individuals' rights to exercise choice and freedom of action, and Medicaid requirements to protect personal health and welfare.
- Developing open procedures to identify and track sentinel incidents, assess provider performance and document consumer approval of the supports which are delivered.
- Documenting effective approaches for identifying service deficiencies, ensuring remediation and providing training and technical assistance.
- Documenting operational practices, policies, and program structures that lead to quality outcomes in self-directed services;
- Reconciling competing Medicaid quality assurance expectations held by the federal government, state governments, providers, individual consumers and family members.

Implementation Strategies:

- a. Intensify efforts to cover relevant federal policy developments as well as innovations in QA/QI policies and practices in the Association's periodicals (*Beltway Briefs*; *Perspectives*; *Beyond the Beltway*; and *Community Services Reporter*).
- b. Strengthen working relationships with CMS and its contractors to ensure that information on QA/QI best practices is: (a) relevant and responsive to the needs of member state agencies; (b) made available to states on an ongoing basis, and; (c) integrated into the development of new practice guidelines and requirements.
- c. Re-evaluate the pros and cons of launching an Internet-based QA/QI Resource Bank to ensure that member state agencies have ready access to relevant, timely and comprehensive best practice information.
- d. Work with CMS officials to ensure the issuance of policies that clarify the circumstances under which states may: (a) receive federal financial participation (FFP) in the costs of designing, implementing and operating management information systems that enhance the state's capacity to effectively administer and monitor the quality of Medicaid-funded services to persons with developmental disabilities; and (b) capture FFP for various, non-MIS-related administrative activities in connection with overseeing and improving the quality of HCB waiver services.
- e. Work closely with CMS and its contractors to ensure that federally funded QA/QI technical assistance services are: (a) relevant to the needs of NASDDDS member state agencies; (b) tailored to the particular needs of the state agency requesting assistance, and; (c) available to states when and how they need them.
- f. Prepare a five year progress report on the National Performance Indicators (NPI) (formerly the Core Indicators Project) that takes stock of accomplishments to date and maps out a three year plan to expand and improve the scope and utility of NPI activities.
- g. Develop and field test additional NPI quality indicators and related measurement indices in collaboration with HSRI, with the goal of expanding and improving the utility of the present indicator set as a quality assessment tool.
- h. Identify and implement targeted strategies for expanding the number of member state agencies participating in the National Performance Indicators program, including the feasibility of obtaining grant or contact funds to subsidize state participation and underwrite the cost of developing and field testing new indicators and refining existing indicators.

Goal 2: Building the community infrastructure needed to under-gird a system of individualized supports.

Current Association Activities:

- Association Meetings
- National Policy Forum
- National Policy Work Group

Desired Outcomes:

- a. All individuals with disabilities and their families have access to a competent, well-trained and knowledgeable service coordinator (case manager) to assist them in locating and gaining access to the services and supports they need and establishing strong ties to the local community.
- b. A stable, well-trained direct support work force is available in communities across the United States to assist individuals with disabilities to live productive and rewarding lives in their home neighborhoods and among people of their own choosing.
- c. State/local service delivery and financing policies are sufficiently flexible to permit local service agencies, working in tandem with family members and persons with disabilities, to develop and implement unique support plans tailored to the needs and aspiration of each person enrolled in publicly financed DD services.
- d. A sufficient number and diversity of qualified service providers are available in all geographic areas of the country to offer individuals with disabilities and families real choices of where and from whom to receive publicly financed services and supports.
- e. Each state and locality has in place the necessary financial and administrative support structures to allow self-determined (self-directed) service options to flourish.

Illustrative Examples:

- Re-designing and strengthening existing case management/service coordination systems.
- Developing a skilled work force that is qualified, motivated and competent to function successfully within decentralized, person-centered support networks.
- Fostering the development of new, non-traditional support options that offer individuals/families a real choice among competing service vendors.
- Creating the mechanisms necessary to sustain self-directed/self-determined support options (e.g., fiscal intermediaries; support brokers; etc.) and assuring that federal Medicaid policies foster the delivery of self-directed/self-determined services.

Implementation Strategies:

- a. Intensify efforts to disseminate information concerning innovative state/local work force improvement initiatives through the Association's periodicals (*Beyond the Beltway* and *Community Services Reporter*).
- b. Track initiatives by federal agencies to assist states in addressing the shortage of qualified, competent front line staff (and supervisors) within publicly funded disability service delivery systems, and keep member state agencies apprised of relevant new developments through the Association's periodicals (*Beltway Briefs* and *Perspectives*).

- c. Design and carry out a special study of the manner in which selected member state agencies administer their quality management and improvement systems, including staffing levels and budget allocations for various QA/QI program components (see also Goal 1).
- d. Prepare an analysis of effective case management/service coordination/support brokerage systems in 8-10 states; pinpoint common characteristics that contribute to the effectiveness of these systems and identify current issues facing public officials and other stakeholders in these states as they look toward the future.
- e. Collaborate with a qualified policy research center(s) in a study of the capacity of state MR/DD service systems to effectively manage a decentralized network of individualized community services and supports.

Goal 3: Building community capacity to support people with multiple and complex needs.

Current Association Activities:

- Organizing thematic programs on topical issues at the Association’s Annual and Mid-Year meetings.
- Conducting a study of individual budgeting practices.

Desired Outcomes:

- a. An information-bank is available to member state agencies that includes descriptive and analytical information on state initiatives that successfully meet the needs of people with intensive, challenging and/or antisocial behaviors. In addition, technical resources are available to states on a wide range of funding, policy, and implementation issues associated with the development of effective supports for such individuals.
- b. Member state agencies are able to readily access technical assistance, information analyses and comparative cost data on different approaches to financing and delivering crisis services and specialized interventions for individuals with special needs.

Implementation Strategies:

- a. Explore the feasibility of creating a consortium with other national organizations, such as the National Association of State Mental Health Program Directors and the National Association for the Dually Diagnosed, focused on the provision of high quality medical, behavioral, educational and social supports to individuals with co-occurring conditions,

<i>Illustrative Examples</i>
<ul style="list-style-type: none"> • Designing flexible support systems in the community for people with developmental disabilities who: (a) commit crimes or engage in other dangerous behaviors; (b) have dual diagnoses; (c) have intensive medical needs; or (d) have atypical support needs due to the nature of their diagnoses. • Identifying support strategies, definitions, clinical interventions and statutory frameworks associated with the effective provision of services to such individuals. • Developing individual budgeting formats that can be tailored to the needs of the individual, adjusted to reflect changing support requirements, and tracked to document expenditures. • Developing provider capacity to support people with unique needs.

low incidence disorders, or especially intensive needs for developmental services and supports.

- b. Establish a standing committee to advise and assist the Association's staff in disseminating information on improved methods of diagnosing, assessing and treating persons with various DD-related conditions and syndromes.
- c. Complete the planned study of individual budgeting methods being used by selected state MR/DD service systems and prepare a report summarizing the study's findings and conclusions (see also Goal 5 below).
- d. Include a series of articles in the Association's periodicals (*Beyond the Beltway* and *Community Services Reporter*) on promising new approaches to assisting individuals with atypical and challenging support needs to live successful lives in integrated community settings.
- e. Prepare, based on a special membership survey, an analysis of the methods and techniques used across the country to ensure that community MR/DD agencies have access to high quality crisis intervention services. Identify commonalities and differences among the approaches used to provide access to such services. Complete case studies or other qualitative reviews of state services currently supporting individuals with challenging behaviors, such as those with co-occurring conditions, individuals with intensive medical needs, and individuals whose actions may pose a threat to others.
- f. Develop a series of technical assistance products. These products might include, for example: (a) a series of white papers, case studies and/or project descriptions identifying key structural and functional issues associated with mounting successful program alternatives; (b) a "speakers bureau" of highly skilled individuals who are available to provide states with proven training and intervention strategies that address the needs of special populations, and; (c) the development of a research agenda, in concert with the Arc National Research Coalition, that focuses on effective intervention strategies.

Goal 4: Developing a skilled work force.

Current Association Activities:

- Focusing on issues related to direct support professionals during the 2001 and 2002 Reinventing Quality conferences.
- Addressing the topic of workforce development at national conferences and meetings (e.g., the 2000 Annual Meeting).

Illustrative Examples

- Identifying, describing and analyzing effective approaches to workforce development;
- Comparing states' efforts to address chronic staff vacancies, provide training, improve staff benefits and pay rates, improve retention, and decrease turnover rates;
- Developing, launching and sustaining innovative recruitment campaigns;
- Developing long-term recruitment policies and practices; developing and promoting service strategies that are less reliant on paid supports.

- Assisting in the development and maintenance of a site on the Quality Mall dealing with staff recruitment/retention issues.

Desired Outcomes:

- a. Member state agencies regularly receive information from the Association on federal, state and local initiatives addressing the shortage of qualified, effective front-line staff (and supervisors) within publicly funded disability service delivery systems. New initiatives as well as program and legal developments are tracked through the Association's periodicals, *Beltway Briefs* and *Perspectives* (see also Goal 2).
- b. A workforce development resource kit is available to assist member state agencies in developing effective strategies for informing the media, legislators, advocacy groups, providers, and others of the benefits of employment within the DD field. Each kit includes specific written materials, sample recruitment strategies of proven effectiveness, technical resources, and descriptions of the range of satisfying employment opportunities available.
- c. Newly appointed state program administrators and other key MR/DD agency staff members have ready access to training and on-the-job mentoring as they undertake their new duties.
- d. A rich pool of potential leaders is ready to step in and replace existing public and private program administrators as the current generation of leaders retires or moves on to other pursuits.

Implementation Strategies:

- a. Intensify efforts to disseminate information concerning innovative state/local work force improvement initiatives in the Association's periodicals, *Beyond the Beltway* and *Community Services Reporter* (see also Goal 2 above).
- b. Track initiatives by federal agencies to assist states in addressing the shortage of qualified, competent front line staff (and supervisors) within publicly funded disability service delivery systems, and keep member state agencies abreast of relevant new developments through the Association's periodicals, *Beltway Briefs* and *Perspectives* (see also Goal 2 above).
- c. Explore the feasibility of joining with other national DD-specific professional organizations to map out a strategy to groom a new generation of DD leaders and to promote the recruitment and retention of top-notch clinicians to assist individuals with developmental disabilities.
- d. Develop a training program or academy for newly appointed state directors and, possibly, other key staff members of state MR/DD agencies. This program would

include an intensive series of courses and informal gatherings designed to provide practical, hands-on tools for the management of state DD service systems.

- e. Develop a resource kit containing current materials that member state agencies can use in collaboration with the media, legislators, advocacy groups, provider agencies/organizations and others to mount effective staff recruitment and retention campaigns.

Goal 5: Developing responsive financial strategies.

Current Association Activities:

- Completing individual budgeting study.
- Reporting the results of the staff's analysis of state MR/DD budgets for FY 2003.
- Evaluating the impact of Medicaid program changes on state costs and reporting to the membership in *Beltway Briefs* and *Beyond the Beltway*.

Illustrative Examples:

- strategies that accurately and reliably link support costs to individual needs.
- Compare state fiscal policies and practices to determine the efficacy of different rate-setting and payment approaches.
 - Analyze state costing methods to determine the cost-effectiveness of different strategies of furnishing services and supports.
 - Describe the different tactics states use to respond to budget cuts, agency restructuring and growth limitations.

Desired Outcomes:

- a. A report on individual budgeting practices in states is available to the membership, documenting the approaches and the methodologies associated with effective individual budget development and quality outcomes for participating individuals and families.
- b. Member state agencies have readily accessible information and technical assistance on the development of individualized rate-setting and payment policies.
- c. Information, critical analysis and technical assistance is available to Association member states on: (i) the development of responsive financial policies and practices; (ii) incentives and sanctions that might be included in provider agency contracts to reward quality services or sanction substandard performance, and; (iii) the development of effective plans for the transition from facility-based services to open networks of individual services and supports.
- d. Support and technical assistance is available to member state agencies that choose to begin collecting data consistent with the National Core Indicator dataset.

Implementation Strategies:

- a. Complete the study of state individual budgeting methods of individual budgeting and prepare a report summarizing the study findings and conclusions (see also Goal 3 above);
- b. Conduct a survey and prepare a white paper/report on existing methods used by state MR/DD agencies to assist community provider agencies to transition from facility-based services to an integrated network of community supports.
- c. Complete an analysis and prepare a summary report on state budgeting and rate setting methods in collaboration with the staff of a qualified policy research center(s), with the aim of pinpointing rate-setting, reimbursement and payment approaches that facilitate individualized services and supports.
- d. Assist in the expansion and further development of the National Core Indicators program.

External Factors.

Given the enormity of the tasks involved and the limited resources available to the Association, it will be essential to establish clear priorities in implementing the Strategic Plan. This prioritization process should take into account a number of factors that influence the capacity of state MR/DD service systems to pursue change. Specifically, the Association's Strategic Plan should reflect the challenges associated with:

- Negotiating the System. State developmental disability programs operate in a complex social and political environment. Working through state, local, regional/county, and federal government bureaucracies as well as a complicated maze of non-profit and for-profit service providers and advocacy organizations, state developmental disability authorities must deal with situations involving shared responsibilities, competing agendas, and incompatible philosophies. Underlying it all is the need to maintain public trust and support while resolutely focusing on achieving outcomes that improve the lives of people with developmental disabilities.
- Effective Collaboration. The objectives identified in the Strategic Plan must reflect the interdependence of developmental disability services within a much broader human services delivery system. Targeted activities under the Strategic Plan, therefore, must cut across multiple stakeholder agendas, taking advantage of "win-win" solutions that seek to forge a working consensus among different interest groups while continuing to focus on the needs of citizens with disabilities.
- Resource Limitations. Most American citizens appear to agree that people with disabilities should receive the support they need to live productive lives free from the threat of abuse, neglect, and maltreatment. In the real-world context of state finances, however, the urgency of the needs of such individuals for assistance and training must

compete for funding with other needy populations and public sector initiatives valued by taxpayers.

Conclusion.

The Strategic Plan describes an ambitious set of Association goals, desired outcomes, and implementation strategies. Designed as a *working document*, the NASDDDS Board intends to revise and update the plan periodically to take into account new realities in the ever changing social, programmatic and political environment. The extent to which plan objectives can be achieved is, of course, limited by the financial and personnel resources available to the Association. Typically, there are several optional approaches to addressing a particular issue and certainly all of the available alternatives should be weighed before determining the best approach to implementing each strategy in order to ensure the optimal use of the limited resources available. Some implementation strategies, for example, may be best addressed through the creation of an ad hoc work group made up of representatives of member state agencies, the Association's staff and outside persons with expertise in the topical area. In other instances, the objective might be most effectively accomplished by the staff alone. In still other cases the most expeditious approach may be to contract with a specific entity or "expert" to product a specific product(s) or provide specified services. Finally, some situation might be addressed best by entering into collaborative ventures with other organizations that share the Association's interests.

The Association's Board of Directors intends to continually monitor progress toward achieving the goals of the Strategic Plan and keep the membership abreast of relevant new developments. NASDDDS' membership meetings will be used to appraise the membership of the status of plan-related activities, including the progress achieved, the barriers that have been encountered, and the steps that have been taken to resolve such barriers.

Finally, the Board of Directors intends to evaluate efforts to accomplish the plan goals on a regular basis and, where necessary, alter plan work objectives and implementation strategies to take advantage of emerging opportunities and otherwise improve the prospects of achieving the Association's goals.

October 17, 2002

Appendix A

Methodology.

At the November 2001 Directors Forum, members of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) ratified the Board of Directors' recommendation that the Association adopt an updated set of strategic goals to guide the organization's activities over the next several years. At its January 2002 meeting, the Association's Board identified ten key areas of developmental disabilities policy and asked the staff to survey the membership in order to determine the top five system improvement goals of member state agencies over the next two to three years. A one-page questionnaire was sent to all state MR/DD directors on February 12, 2002, along with a five-page explanatory paper. Response to the survey was strong, with completed survey questionnaires being received from 42 of the 51 member state agencies (an 82% response rate). The five top-ranked policy areas that emerged from this survey, in order of priority, were:

- Strengthening system-wide quality assurance and improvement capabilities.
- Building the community infrastructure needed to under-gird a system of individualized supports.
- Supporting people with unique needs in the community.
- Developing a skilled workforce.
- Developing responsive financial strategies.

Following the completion of the membership survey, telephone interviews were conducted by several members of the Board to more fully elucidate the current challenges facing state MR/DD agencies. The comments of state directors during the course of these interviews reflected a desire to improve the capacity of their respective state MR/DD service systems to address the needs of individuals with developmental disabilities and to ensure that people with disabilities are able to access a quality lifestyle. In a nutshell, the interviewees expressed a clear preference for implementation strategies that: (a) cut across Association activities; (b) tie current and future Association activities together in an effort to achieve high priority, cross-cutting system reform goals; (c) stress collaborative ventures with other agencies and organizations interested in achieving outcomes consistent with NASDDDS' Strategic Plan; and, finally (d) continue to provide the membership with readily accessible information on innovative practices and new program development opportunities.

The results of the membership survey and the feedback received from selected member state agency directors formed the basis for the development of a draft Strategic Plan document. The staff presented this draft plan to the Board of Directors at its September 2002 plan. The final plan incorporates revisions agreed to by the Board at its September 2002 meeting.

In summary, the overall process of plan development was dynamic, designed to stimulate the active participation of the membership through an iterative process involving the following sequential steps:

- a. The conduct of a membership survey to gather structured feedback concerning the priority issues facing member state agencies.
- b. The collection and analysis of survey responses and the preparation of a report summarizing the findings of this membership survey, including a prioritized list of system improvement goals.
- c. The dissemination of this preliminary report to all state directors, followed by a discussion of the implications of the survey findings and the proposed goals with the membership at the Association's 2002 Mid-Year Meeting in Breckenridge, Colorado.
- d. The presentation of a set of goal statements, desired outcomes and proposed implementation to the Association's Board of Directors.
- e. Distribution of a list of Board-approved strategic goals to the membership, with a request for input on near-term implementation strategies.
- f. The presentation of a draft Strategic Plan to the Board of Directors for review and approval at its September 2002 meeting.
- g. The preparation of a final Strategic Plan incorporating revisions approved by the Board of Directors.
- h. The distribution of this final version of the plan to all member state agencies in advance of the Association 2002 Annual Membership Meeting in Alexandria, Virginia.

The Association's Strategic Plan is intended to serve as a dynamic vehicle to transform the goals of the membership into explicit action strategies that will have a positive impact on the ability of member state agencies to accomplish their respective missions. The plan will be implemented through a recursive process of repeated analysis and discussion designed to build a consensus among member state agencies on a core set of objectives that should be pursued during the years ahead.