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CINHC

CALIFORNIA INSTITUTE FOR
NURSING & HEALTH CARE



**UPDATED STRATEGIC BUSINESS PLAN
FOR CALIFORNIA INSTITUTE FOR
NURSING & HEALTH CARE**

Prepared by
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I. EXECUTIVE SUMMARY

Purpose and Organization of this Plan

This document constitutes the Updated Strategic Business Plan for the California Institute for Nursing & Health Care (CINHC) for the next three years and should guide the Board and Executive Director in decision-making, particularly during the upcoming year of leadership transition.

Sections III, IV, and V of the business plan are organized around three related organizational areas: (1) program development, which relates to mission, programs and services, strategic partnerships and communication; (2) leadership development, which addresses Board recruitment and transition planning as well as succession planning for the Executive Director; and (3) financial development and modeling, where key revenue-generating sources, likely targets willing to pay, and key messages for use are described in the fund development plan; financial projections (pro forma) are located in the appendices. A narrative section related to the three areas (pages 8-28) sets the context for and summarizes where and how CINHC expects to move forward, and identifies specific goals along with implementation strategies for reaching the goals.

Section VI contains the action plan that details the activities and timeline for program delivery, leadership and revenue generation; in the action plan areas of responsibility for carrying out the activities have been assigned to the Board, existing and new Board committees and staff. However, to ensure greater ownership of the business plan, *the Board may need to spend more time adding detail to the activities and confirming commitments or changes to the assignments.*

Future Direction

Based on the market assessment research conducted by BARBARA AVED ASSOCIATES in early 2011 and the Board's decisions made subsequently at the April 2011 retreat, which is summarized in Section I, CINHC will reframe and expand its mission to include a broader focus on *transforming the capacity of nurses to meet the evolving health needs of Californians*, as further described in this plan, to align with changes in the health care environment and in nursing. While there are a number of strategies CINHC will employ to achieve its mission, the core strategy that CINHC has adopted is to implement the recommendations of the Institute of Medicine's (IOM) Initiative on the Future of Nursing (IFN) in California.

The Board believes the work related to the IFN recommendations represents the greatest opportunities for CINHC to make a contribution to healthcare in the upcoming years as it outlines the priorities to develop a nursing workforce to meet the evolving needs of the healthcare system. The IFN recommendations, which include emphasis on increasing education levels, developing new and improved competencies, leading healthcare system change efforts, practicing at the highest level of preparation, and developing and applying data analysis for workforce planning, will help guide the organization in its work: serving as a screen through which CINHC can determine which actions to pursue and which not to pursue and to prioritize among potential actions.

CINHC will also use its position as the structural home for the California Regional Action Coalition's (Cal AC) work in implementing the IFN recommendations when fundraising for CINHC's operating costs. CINHC will need to make very clear to stakeholders and prospective funders what the unique and continuing work of CINHC is and what is to be implemented in the next three years in partnership with Cal AC.

Desired Strategic Goals of the Business Plan Implementation

The following are examples of *some* of the goals, on the strategic level, that CINHC hopes to achieve by implementing this business plan.

Area	Strategic Goals Desired and Indicators of Success
Core programs and services	<p>New capabilities developed to transform nursing, e.g., working more inter-professionally.</p> <p>Core nursing skills and competencies are strengthened.</p> <p>Nursing workforce better reflects the diversity of the CA population.</p> <p>More nurses prepared at the BSN level.</p>
Strategic communication/marketing	<p>CINHC's value proposition is clear and broadly understood by internal and external stakeholders.</p> <p>Recognized as the go-to organization in CA for implementing IFN recommendations (beyond nursing workforce).</p> <p>Operational priorities and approaches defined.</p> <p>Stakeholders drawn in that bring ideas, skills and funds.</p>
Relationships/key partnerships	<p>Enhanced value for CINHC (and the partners).</p> <p>Added capacity (time, talent) for taking on mission-driven work.</p> <p>Expanded opportunities for funding</p>
Board Recruitment/transition	<p>Desired membership criteria defined.</p> <p>Talent pool expanded by greater diversity in membership</p> <p>Timing of new members overlaps sufficiently with transitioning members to not lose continuity or momentum.</p>
Succession planning	<p>Stellar candidate pool from which to select new ED.</p> <p>Adequate overlap between current and new ED for smooth</p> <p>Transfer of responsibilities and maximum knowledge shift.</p>
Finances	<p>Sustainable funding to support core administrative operating costs.</p> <p>More diverse revenue mix.</p> <p>Funding/fundraising strategy in place with clear roles and responsibilities established.</p> <p>Priority projects sufficiently funded.</p> <p>Business established with value-based consulting/project fees.</p>

Most Immediate Next Steps

The action plan in Section VI contains a myriad of activities and a timeline for short- and long-term implementation. The most immediate actions this calendar year are highlighted in yellow in those charts. Among the activities, the following are the highest priorities that should occur during and/or right after the Board meeting of June 27, 2011:

Most Immediate Next Steps:

- Board Chair to have a personal conversation with each Board member immediately following adoption of this business plan to gauge willingness to stay on the Board through the transition and level of personal commitment and energy to fundraising and other priorities.
- Board Chair to schedule a Board meeting immediately following adoption of this business plan for greater Board ownership of the plan, i.e., identifying *top* priorities to achieve mission (which to pursue, which not to pursue—or put on longer range timeline), forming or activating committees, setting meeting dates, and making individual Board member assignments for actions.
- Executive Director to secure a communication/marketing specialist (pro bono if possible, otherwise hired) to begin crafting messages reflecting the new focus of the organization.
- Executive Director to secure a fundraising expert.
- Board to reconstitute and activate its fund development committee. First solicitation should be for resources for fundraising consultant. (See Fund Development Plan that begins on page 21).
- Board to create an ad hoc Board recruitment committee and recruit members meeting agreed-to criteria.
- Board to form a special committee and begin the process of selecting a new Executive Director.
- Executive Director to make assignments for staff-assigned responsibilities in the action plan.

II. INTRODUCTION

In December 2010, BARBARA AVED ASSOCIATES (BAA) was engaged by the Gordon & Betty Moore Foundation (GBMF) and the California Institute for Nursing & Health Care's (CINHC) Board of Directors to conduct a Market Assessment to determine CINHC's value proposition and, depending on the results, to update the organization's strategic business plan.¹ The Market Assessment, dated May 2011, was presented to and acted upon by the CINHC Board during its spring 2011 retreat. This report, driven by that work, constitutes the Updated Strategic Business Plan for the engagement and charts the course that guides CINHC in pursuing its program goals and strengthening its infrastructure and financial sustainability.

Because the Market Assessment provided a rich source of findings about the organizational business model and financial picture, and answered key questions about CINHC's value proposition (e.g., what is unique about CINHC's role in addressing current healthcare priorities with respect to other key California nursing and healthcare organizations) that information is not generally repeated in this report except in summary fashion. The Market Assessment report and this Updated Strategic Business Plan should be considered "companion pieces" in understanding the future state of the organization; hence, CINHC should consider co-binding the two documents with the Market Assessment appended to this Business Plan.

The Market Assessment showed that CINHC brings value to its stakeholders. The report concluded that CINHC's current financial model would not sustain the organization in the mid- to long-term, and found that in order to sustain its business model, CINHC would need to have immediate, significantly larger, and consistently available access to unrestricted contributions to cover core administrative costs.

Summary of the Spring 2011 Board Retreat

The consultants met with the Board at its annual retreat in Irvine, CA, over the course of the day on May 16, 2011. The Board reviewed the perceptions of internal and external stakeholders about CINHC's mission, visibility, effectiveness, unique value, and organizational structure and future options, and the recommendations external stakeholders made about future work priorities, strategic communication, and potential income-generating strategies. The three organizational scenarios presented in the Market Assessment—continue to exist, merge/affiliate, or cease to exist—were also discussed to thoroughly understand the implications of each option and what would be required to successfully implement the chosen option.

After learning the results of the anonymous straw poll taken the night before—in which eight Board members indicated they were in favor of CINHC continuing to exist, three in favor of merging or affiliating with another entity, and no one favoring ceasing to exist—the Board formally voted to continue the organization unless funding was not forthcoming.

Understanding contributions have not recently been forthcoming to support CINHC's current mission regarding building and sustaining a quality nursing workforce, the Board voted that:

- CINHC should become the structural home for the California Regional Action Coalition's (Cal AC) work to implement the recommendations of the IOM/RWJ Initiative on the Future of

¹ An earlier (2008) business plan provided groundwork for chronicling CINHC's accomplishments and financial development needs and strategies to that point in time.

Nursing (IFN) in California. *The IFN recommendations represent the most value to CINHC's future work.*

- Similar to the work of AARP to house the Center to Champion Nursing in America, the Institute would house the Cal AC. On behalf of the Executive Team and the Cal AC Leadership Council, CINHC recommended commitment to providing administrative and program leadership to implement the IFN recommendations, pending available funding.
- CINHC would formally accept the responsibility to function as the fiduciary partner to pursue funding from corporate entities and/or foundations in order to carry out the work of the Cal AC and its committees or task forces. Pursuit of this option would begin immediately.²

The Board also voted that *if no substantial commitment for funding for the IFN Cal AC is realized by September 1, 2011, actions to implement the merger scenario would be initiated.*³

Because the Market Assessment indicated CINHC's mission and purpose were unclear to some stakeholders—particularly as the nursing shortage no longer drives the organization—the Board saw the need to “re-purpose” the mission statement to reflect the changing nursing and healthcare environment. Several mission statements were drafted *but none was actually voted upon*—which will be one of the first implementation activities of this business plan. The Board also elected to not change the organization's nursing focus to include allied health professionals at this time.

The updated Strategic Business Plan was written with the understanding that regardless of CINHC's ability to stay independent (versus looking for a merge/affiliation partner), the organization will still need to raise funds for its administrative costs, still need to recruit new Board members and a new Executive Director, and still pursue and implement future work opportunities.

The strategic planning process is dynamic and continuous, and the 2011–2013 goals and strategies in this plan should be viewed as a point in time. For effective implementation, some of the proposed actions in the charts in Section IV may need to be translated into more detailed activities. The activities should be regularly monitored and updated as needed, and metrics or success indicators determined and tracked for progress.

Study Team and Acknowledgements

BAA is a Sacramento-based firm that provides consultation in strategic planning, evaluation, and organizational capacity building for health and human services organizations. The consultant team consisted of Barbara M. Aved, RN, PhD, MBA; Reginald A. H. Goodfellow, PhD; and Dorothy Meehan, MBA, CPA. We would like to acknowledge the support of Deloras Jones, RN, MSN, and Bob Patterson, RN, MSN, of CINHC, for their graciousness and patience throughout the project in responding to requests for information to help us meet tight timelines. We appreciated Board members' feedback on drafts of the reports and the time they spent with us and their thoughtful comments at the Board retreat and during discussion of the draft of this business plan. We would also like to acknowledge and thank Stacy Walder, Program Officer at GBMF, for providing overall project guidance and helpful suggestions, and reviewing earlier drafts of the reports.

² On May 26, 2011, based on unanimous vote, the executive team of the Cal AC affirmed CINHC as the structural home for the Cal AC and the CA Campaign for the Future of Nursing. Note: The formerly named California Regional Action Coalition (RAC) changed its name to the California Action Coalition, abbreviated as Cal AC.

³ During discussion of this business plan the Board re-voted this motion changing the date of September to October.

III. PROGRAM DEVELOPMENT PLAN: ORGANIZATIONAL PRIORITIES

1. MISSION/PURPOSE

External stakeholders have confirmed the ongoing importance and value of CINHC to provide statewide guidance and coordination to ensure that California's nursing workforce meets the evolving needs of the healthcare system. As a result, CINHC has determined to formally update its mission to reflect its evolving broader role.

CINHC was originally founded with the purpose of solving the nursing supply crisis in California. However, over the past 10 years, CINHC has developed an even broader role to address emerging health system needs related to both capacity and competency development of the nursing workforce. However, the mission and purpose of CINHC beyond nursing workforce planning and development was not clear to some stakeholders, limiting its value to those (few) who believe the nurse shortage problem has been resolved. As a result, CINHC plans to update the formal mission statement in order to more effectively communicate to the stakeholder community the current and future desired purpose of the organization.

How Should CINHC Move Forward?

There is clear benefit to revising the current mission statement to succinctly identify CINHC's primary purpose and scope and reflect the image it wants to project. The mission statement currently on the CINHC website is the following: *Through collaborative strategic workforce planning and research, education reform, nurse practice development, and sponsorship of initiatives that seek to solve the current nursing supply crisis, CINHC will strengthen the ability of California nurses to deliver quality health care in diverse settings.*

The mission statement that resonated best with most Board members reads as follows: *"Transforming the capacity of nurses to meet the evolving health needs of Californians."*⁴

Business Plan Goal

1. Select a mission statement that re-purposes CINHC in a way that readers can easily understand CINHC's primary purpose.

Implementation Strategies

1. Review the draft mission statements discussed at retreat and vote to finalize.
2. Modify website and marking/organizational profile materials to reflect chosen mission statement.

⁴ Another mission statement favored by Board members reads as *"Leading the transformation of nursing to improve the health of Californians."*

2. PROGRAMS AND SERVICES

The core business of CINHC is built on leveraging its strengths and reputation as the go-to organization in California for nursing workforce issues—and transitioning it to an expanded role in transforming nursing practice. In “re-purposing” CINHC and framing the future work of the organization the Board identified the following principles that CINHC will build into future programs and services:

- Shows evidence of best practice
- Ensures accountability
- Builds capacity for better educated workforce
- Exemplifies leadership
- Embodies inter-professional models of care teams
- Is outcome focused, including population-based outcomes
- Typifies collaborative partnerships
- Emphasizes preventive health
- Integrates diversity
- Demonstrates innovation in models of care/care redesign
- Ensures a nurse in every aspect of care

Building educational capacity, expanding diversity, and improving/redesigning nursing practice are among CINHC’s most vital core programs. Stakeholders uniformly recognized the effectiveness of CINHC’s work in these areas. Programs associated with these components of CINHC’s *Master Plan for the California Nursing Workforce* are succeeding and will continue over the next three years. The Board understands that the RN “shortage” has only been temporarily addressed, and that California must continue to be vigilant in monitoring supply. Additionally, the nursing education programs (both pre- and post-licensure) must effectively prepare nurses to provide high quality care that meets the needs of both the population and the profession with the rapid and complex changes in the current health care environment.

Moving away from the nursing shortage issue over the next three years, and developing new competencies around leading change and focusing on capacity building (the capacity to work in professional teams, assimilate best practices, see patients as part of the team) is also a core strategy for CINHC and an important transformation for increasing CINHC’s impact.

How Should CINHC Move Forward?

As CINHC looks to the future, the Board has determined that the Institute of Medicine’s Initiative on the Future of Nursing (IFN) highlights nationally validated top priorities for nursing workforce development to meet current and future workforce demands, and as such, will provide the foundation to guide future priorities and programming for CINHC, as well. Successful programs developed by CINHC to date will continue to be implemented and spread as deemed valuable and necessary to meet statewide demands, and it is expected that new programs will be developed to expand upon future needs, including those posed by the IFN.

CINHC is more firmly established and poised for future growth to expand the organization’s impact with affirmation by the Cal AC. Consequently, this plan incorporates programs CINHC will continue over the next three years and perhaps expand, that are also a good fit with some of the work the Cal AC is undertaking. Similarly, the business model anticipates opportunities presented by health reform.

Expanded Focus

The influx of newly covered individuals and families expected to have health insurance beginning in January 2014 will create increased demand for health care services, and it will be important to assure that more coverage translates to more access to care—and that the contribution nursing can make is reflected in all of those areas. In order to make quality care accessible to diverse populations, industry stakeholders believe it is necessary to expand the role of health care providers, especially nurses who can work at the top of their scope of practice ranges. This is one of the places where CINHC's programs on educational capacity and advanced practice can be most beneficial—particularly if CINHC can show how nurses improve quality of patient care while controlling costs.

As a collaborative partner, CINHC can play a dominant role in California's ability to realize the potential benefits of health care reform by expanding the role of nurses in the health care system and ensuring there is continued monitoring of the supply of well-educated nurses. While nursing workforce issues will remain a niche activity for CINHC, using the IFN recommendations as a roadmap to repurpose the organization could encourage additional donors if it is apparent that CINHC is concerned not just about nursing but overall health care.

Educational Capacity

The IFN recommendations offer several opportunities for CINHC—some of them new and others that are an expansion of existing CINHC activities. These are described below.

Academic progression—one of the eight IFN recommendations—is to increase the number of RNs with BSN degrees. CINHC will continue its collaborative model with community colleges, and if adequately funded will be expanded throughout California to help meet this goal.

Transition into practice—another focus of the IFN recommendations—will continue to implement residency programs as these have achieved a great deal of success and are still needed to help new graduates become more hireable. The residency programs should continue to be expanded beyond the Bay Area. CINHC is currently a partner on four grants for this program, e.g., Saddleback College in Irvine, but will need to seek additional funding including from HRSA to sustain and expand the program.

The role of **continuing education** will also be critical to realizing the IFN recommendations. Not only will CE for nurses need to cover many more areas of training and education, it will also need to focus on team-based approaches for collaboration. Accordingly, CINHC will have existing and new educational programs in place (transition to practice, advanced practice, professional development, faculty development) to bring leadership, expertise, data, and ideas and solutions to the deliberations.

The **Bay Area Nursing Resource Center (BANRC)**, that provides three centralized, customer-focused nursing education services for schools of nursing and clinic agencies within the 9-county Bay Area is thriving and should continue. This program's **Centralized Clinical Placement System** (an automated, Internet-based tool that optimizes nursing student clinical placements for matching student needs to hospital clinical placement opportunities) has been replicated in Southern California—under the leadership of CINHC's S. CA Coordinator—and the plan is that it will move toward implementation in the Central Valley counties in 2013. The **Centralized Faculty Resource Center** that brings together nursing schools and potential nursing faculty, established to create a pool of qualified candidates in the SF Bay Area to teach in schools of nursing, is offered as a companion product with CCPS and will try over the three-

year period to expand to schools of nursing in Fresno, Stanislaus, and other Central Valley schools.

Magic in Teaching, a one-of-a-kind continuing education program for nurse education faculty provided in partnership with the BRN, focuses on professional development and renewal. This program essentially breaks even (possibly earning a little each year to fund it in whole in the future) and was valued by external stakeholders. It will continue if funding is available and be offered once a year in the fall alternating between Northern and Southern California.

The **Clinical Faculty Development** training program that initially trained staff nurses in the SF Bay Area to serve as clinical faculty occurs now in the Los Angeles area. The 5-day intensive classroom and web-based curriculum with a supervised student teaching experience (which offers 3 units of graduate-level credit) will continue, adding new clinical faculty available to teach for schools of nursing and beginning in 2012 be expanded to the Central Valley region.

Diversity

Increasing diversity has been a recognized goal of CINHC and remains a major focus area. However, in the future diversity should become more *integrated* in CINHC's programs and products and not be viewed as a separate issue. Both of the videos CINHC produced, **Breaking the Barriers** and **Men in Nursing** videos will continue to be available. **Men in Nursing** has received wide attention by hospital CNOs, and some have used it for targeted recruitment purposes. The film will continue to be available for a slight charge, though revenues for this product were not included in the pro forma as they did not seem material in amount.

CINHC recently became the home for **Coalition for Nursing Careers in California (CNCC)**, a structured statewide outreach program to foster interest in nursing careers by underrepresented youth. Based on a collaborative arrangement with the Foundation for California Community Colleges, the CNCC website (www.choosenursing.com) resides on that organization's server. The CNCC program should continue but without sustainable funding it will cease to exist.

CINHC is a founding sponsor of **Flo's Cookie Jar** which provides emergency grants-in-aid (up to \$2,000 given through schools of nursing) to student nurses from economically and socially disadvantaged backgrounds at risk of dropping out because of financial issues. This program helps support CINHC's diversity goals. Funding for this program comes solely from contributions and thus is not budget dependent.

Leadership

CINHC's leadership goals are partly realized through its collaboration with the Association of California Nurse Leaders (ACNL), a partner in much of CINHC's work. CINHC will continue its joint venture with ACNL as the latter maintains management and delivery of **Building a Foundation for Leadership Excellence**, a well-regarded leadership series that prepares nurses with the skills needed to manage, administer, and lead in the current evolving health care delivery system. CINHC will continue to receive about 25% of the program's gross profits as royalties from this program. While many stakeholders understand the CINHC-ACNL partnership, some have encouraged CINHC to distinguish its work from ACNL going forward because of confusion about roles and potential duplication.

CINHC is licensed to provide the **Leading Empowered Organizations (LEO)** product in California with certified trainers and should continue to offer it. This focused 3-day consultation process is designed to change the culture of an organization through an empowered nursing

staff. The program is revenue-generating and has a margin of profit that contributes unrestricted funds to CINHC's infrastructure. While pricing for the LEO product should not need to change, CINHC has had a difficult time marketing it and should seek new organizations (e.g., community health and long-term care facilities) where it can be offered.

Nursing Workforce and Other Data Analysis and Dissemination

Building the infrastructure for the collection and analysis of inter-professional health care workforce data that contributes to long-term planning will continue to be a key element for CINHC's effectiveness. CINHC will partner with agencies that collect nursing-related data at the state and local level as well as carry out its own surveys and studies. CINHC will use the data from the UCSF Center for the Health Professions annual survey of schools of nursing and biannual workforce survey for the BRN to develop and disseminate its annual California Nursing Workforce Report "Snapshot" and the Regional Nursing Report Card. Additionally, CINHC will co-sponsor with UCSF Center for Health Professions and the Hospital Council of Southern California (and possibly other regional hospital councils) its biannual survey of chief nursing officers to assess and monitor the nurse workforce supply, including diversity.

Consulting Services

CINHC should continue to build the revenue potential from the new service line of **consulting services** it implemented, although it can be hard to price some of these services. The CA Simulation Alliance is thriving and making money (5% increases per year were included in the revenue projections) and should be expanded, but some areas have not been maximized. The Market Assessment report suggested several service areas where CINHC has "given away" intellectual properties/ knowledge for which a potential customer base exists, according to some stakeholders. Curricula modules can be developed, e.g., health reform, that have fee-generating potential and can be marketed to schools of nursing (CSU Fresno indicated an interest). CINHC should maintain the management infrastructure needed to support a consulting service, and continue to build up expertise within CINHC's staff (and leverage Board expertise) so that a higher percentage of the revenue from consulting is returned to CINHC's infrastructure or related program costs.

Scope of Practice Models

There are no plans to start any new scope of practice models during this business plan period. However, CINHC could choose to broker the process with other organizations with whom it could partner.

The following are areas of priority identified by the IOM/IFN that are not currently part of CINHC's programming portfolio, however the Board will explore further programmatic activity in these areas in conjunction with Cal AC:

Competency development for the nursing workforce:

- Lead, manage and conduct research to redesign and improve practice environments;
- Inter-professional teamwork and collaboration;
- Lifelong learning (beyond formal leadership, ongoing competency development).

Other Program Areas

The business plan and market assessment for feasibility for the **California Center for Global Nursing Excellence** has not been finalized. It remains unclear whether there is potential that CINHC will be able to receive a small portion of fees to contribute to infrastructure costs if CINHC's vision for this Center is realized. Consequently, the pro forma for this business plan does not include implementation activities for this venture.

Business Plan Goals

1. Develop, sustain and deliver relevant nursing programs and services that ultimately bring value to residents of California and to patients and their families.
2. Transform CINHC from its fundamental focus on nursing shortage to an organization that re-focuses more broadly on implementing the Initiative on the Future of Nursing recommendations.
3. Prepare nurses to be able to respond to the evolving health care environment, including ensuring that nurses develop new models and roles to more effectively and efficiently address the needs presented in the implementation of health care reform.

Implementation Strategies

1. Design and deliver educational programs including curricula modules that build and maintain nursing capacity.
2. Design and deliver nursing faculty development and renewal programs and services.
3. Optimize capabilities to build revenue from consulting services.
4. Strengthen affiliations with State agencies whose missions are aligned with CINHC's and pursue contracting opportunities.
5. Collect and/or interpret workforce, policy, and other data and disseminate it to various relevant sectors of the health care industry.

3. KEY STRATEGIC PARTNERSHIPS

Strategic partners are those partnerships that help develop and carry out programs that contribute to CINHC's core strategy. Building partnerships/relationships between people and organizations can create greater value to both parties. CINHC is well respected by and has established good working relationships with other California healthcare workforce centers and other states' nursing workforce centers. Additionally, CINHC—and in particular the ED, Deloras Jones—has worked tirelessly to form alliances with other nursing and healthcare groups around the state.

CINHC has also used its convening power to effectively bring disparate stakeholders together to advance nursing issues. Some of these relationships have led directly or indirectly to financial and other support for CINHC's work. CINHC has also provided guidance and support to other collaboratives, however in some of these cases with uncompensated time. Continued relationships with these groups, if deemed valuable partnerships, could be future places for generating consulting and other fee-based income.

Hospitals have traditionally been among CINHC's most strategic partnerships and best financial supporters. With the nursing shortage temporarily addressed through CINHC's and others' efforts, the CINHC-California Hospital Association relationship has not generated the degree of contributions CINHC expected or hoped for in the last year. The CINHC Board will need to use the findings of its value proposition—and key Board member contacts—to reinforce current hospital CEO funders and approach other CEOs for contributions. CNOs should be included in these contacts as these leaders influence hospitals' funding decisions, and some may not understand CINHC's value relative to other requests for support.

How Should CINHC Move Forward?

As CINHC's future scope moves from a historical role of workforce development to a core strategy of implementing the IFN recommendations, new strategic partnerships should be added. These include chambers of commerce, vendors, and insurers. The expansion of the base of sustaining partners is an important strategic consideration as contributions from hospitals and health systems continue to represent CINHC's greatest potential source of unrestricted revenues.

Some stakeholders believed a single focus on nurses and nursing issues could be detrimental to CINHC long term and thought there could be value in CINHC also addressing allied health professions. The Board did not express an interest in spreading its focus at this time but understands that more work across sectors ("cross pollination") could be beneficial. Additional examples of strategic alliances include forming closer relationships with physician groups (e.g., California Medical Association, American College of OB-GYN, Region IX, etc.), the California Primary Care Association, and California Health Officers Association (representing California's 61 local public health jurisdictions). Relationships with non-acute care organizations settings (which have important implications for health care reform) have been established at some level but need to be expanded to benefit CINHC. Securing appropriate partnerships will help CINHC become more influential statewide, increase its profile, and contribute to sustainability.

While there are clear advantages to partnerships, it is important to note that they require significant effort and resources to establish and maintain. Staff and Board time will be required

to identify potential partners and cultivate these relationships. The return on investment for partnerships should be weighed against the initial “cost” of securing them.

Business Plan Goal

1. Explore and develop strategic alliances that support CINHC’s goals and increase the organization’s resources, expertise and visibility.

Implementation Strategies

1. Identify and prioritize the best potential partnerships to pursue.
2. Develop criteria for evaluating current and potential partnerships and decide the level of investment CINHC is willing to commit to building relationships.
3. Optimize role as a neutral convener.

4. STRATEGIC COMMUNICATION/BUILDING ORGANIZATIONAL PROFILE

One important purpose of a strategic communication strategy is to emphasize the organization's value proposition to its stakeholders, communicating effectively with a specific audience in mind. Strategic communication also serves to draw people in so that they bring their ideas, skills, and funds. According to the market assessment opinions, CINHC could better communicate its value to nurses, others in the healthcare industry, and the general public. The organization is not as visible or well understood as it needs to be. Though CINHC has a good reputation among those who are familiar with its work, it has a low profile with some stakeholders (e.g., public and private healthcare policymakers), making it difficult to raise funds among potential funders.

Part of the problem stems from a lack of clarity about mission, which will be addressed with strategies described above. To raise the organizational profile of CINHC—as a means of building influence and support—refining targeted messages, separating CINHC's "brand" from other nursing organizations, and separating CINHC's value from its founder will be necessary. Speaking engagements, the website, and print collateral should all provide a critical means for communicating CINHC's purpose and value. An active Board of Directors and Advisory Council (formerly the Steering Committee; see page 18) could also help CINHC establish a clearer distinction between the CINHC and other entities and create an independent identity for the organization.

CINHC is well recognized as the "go to" nursing workforce organization in California. The organization's position will be strengthened to also become the "go to" for implementing the Initiative on the Future of Nursing (IFN) recommendations being addressed by the Regional Action Coalition, leveraging the opportunities presented by Deloras Jones's, Marilyn Chow's and Linda Burnes Bolton's involvement with the IFN. CINHC's strategic communications and marketing materials should be designed/redesigned to incorporate IFN concepts such as building capacity of skills and competence to better serve the population and improving patient outcomes.

How Should CINHC Move Forward?

Although CINHC decided during the 2011 retreat not to become a membership organization, it can still increase awareness among rank and file RNs by disseminating newsletters (e.g., "nursing facts") through acute and non-acute care and community settings and culturally diverse nursing organizations; connecting through social networks; offering annual large-scale "state of nursing" breakfasts (offering CEUs) in N. and S. CA; and helping individual RNs see the value of CINHC by presenting certificates to recipients of scholarships and transition-to-practice programs that makes CINHC's help more "real"/visible. These efforts may have payoffs over the long term as these nurses assume leadership positions in influential organizations.

More messaging opportunities need to be planned over the next year that use succinct statistics and stories tailored and articulated to different audiences. For example, tying and highlighting the role of nurses to the concept of a medical home, aging in place approaches, optimized population health, and a prevention and wellness orientation will bolster CINHC's profile in California.

These days most non-profits need to maintain a strong web presence. On today's Internet, a passive communication approach will not translate into generating a vibrant web-based community of supporters. Information on CINHC's website is compelling but stakeholder

feedback indicates it has limited capacities making it difficult to engage users for more than a few minutes.

Though it takes time and money to develop and implement communication strategies, some ideas and efforts can lead to funding. The help of additional expert staffing resources will be necessary, however. A communications professional will be able to re-focus and/or redesign marketing and communication strategies to make current programs more sustainable. An example is the LEO product, which CINHC has had difficulty marketing. Bringing on a communications and marketing specialist may be an ideal opportunity for a large hospital or health system to donate the use of such a professional on a short term basis (e.g., September – December 2011) as their corporate contribution. If a pro bono communications/marketing professional cannot be located, CINHC should fund this investment out of its budget.

Business Plan Goals

1. Increase awareness and brand identify of CINHC and its accomplishments to engage interest and increase financial and other support.
2. Position CINHC as the natural “go to” place for nursing workforce and other nursing development issues being addressed by the Cal AC to implement the IOM/RWJ Initiative on the Future of Nursing recommendations.

Implementation Strategies

1. Secure (pro bono or paid) a professional communications and marketing professional for at least 3 months immediately.
2. Use a graduate student intern to help develop and implement some of the communications/marketing strategies.
3. Develop a comprehensive awareness-building campaign to focus CINHC’s marketing and communication efforts.
4. Redesign the website and link it to other industry organizations’ websites.
5. Leverage technology (e.g., use Webinars) to promote awareness, increase viewing/participation, and increase messaging opportunities.
6. Revise programming focus to better align with brand and messaging.

IV. LEADERSHIP DEVELOPMENT PLAN AND SUCCESSION PLANNING

1. BOARD RECRUITMENT AND TRANSITION PLANNING

Currently there are 11 Board of Directors of the “no more than 15” Board seats authorized by CINHC’s Bylaws. Four directors (Johnson, Berg, Gonzalez-Leiva and Bolton), excluding the Executive Director (Jones) who has no term limit, have been in office since CINHC’s beginning, and all of their terms expire in March 2012. These members will be expected to rotate off the Board unless the Bylaws are changed, currently stated as:

“Each director shall hold office for a period of three years, renewable twice and until his or her successor is elected and qualifies. Anyone who serves nine consecutive years leaves the Board for a minimum of one (1) year, after which he/she may return to the Board by the mutual consent of the Board and the former Board member” Bylaws: Section 4 (a).

Three more directors (Doud, Calvillo and Alonzo-Diaz) are scheduled to rotate off in June, September and August 2012, respectively. Two new members (Hill and Anderson) recently joined the Board in 2011. These changes will leave the Board with additional seats to fill by fall 2012.

How Should CINHC Move Forward?

This time of Board transition—and an upcoming change in EDs—provides an excellent opportunity for the Board to review and revise its policies and procedures to ensure that the Board has the structure, membership skills and experience to ensure the success of CINHC as it moves forward to implement its re-purposed mission.

The next two or three years will be critical to the success of CINHC and an active and well-composed Board to lead the organization is essential. Several factors should be taken into consideration when replacing members and recruiting new ones—including changing bylaws to make allowance for current Board members who agree to continue serving on the Board to begin implementation of this business plan and to recruit the next ED.

Board size is not necessarily an issue. A larger Board is not automatically a better board, in spite of being more representative. There is some value in having a small, but very nimble Board that communicates efficiently with each other and can respond quickly and effectively to challenges as they arise while still keeping the critical long-range goals in mind. One possibility is to change the Board Steering Committee to an Advisory Council which has very broad representation from nursing organizations, the business community, the general healthcare community and others key to the support and success of CINHC. The Advisory Council could also act as a pool for Board recruitment and offers the advantage of getting to know people and their assets who might make excellent future Board members.

Board member attendance at meetings has been an issue and with the expectation that the Board will be more widely dispersed across the state in the future, some consideration should

be given to how Board meetings and activities can be made easier for members who have busy professional lives and active travel schedules. The number of “in-person” required meetings could be reduced and more use made of technology, possibly including something like Skype, Webex or ooVoo, to make it easier for Board members to participate no matter where they are. Scheduling of certain meetings may also be an issue. The “required” meetings, such as the annual retreat—where much business is conducted and beneficial relationships are strengthened—should be scheduled a long time in advance to give everyone the opportunity to get the date on their calendar early; attendance should be considered mandatory.

Since there is no Board committee for recruitment (and there doesn't necessarily need to be one), the Board should form a small sub-committee charged with the responsibility to develop Board membership criteria that support CINHC's goals. These criteria may include variables such as geographical location, type of industry or business, and specific experience and skills such as fundraising. The criteria should be circulated among Board members to ensure that none are missing. A matrix to summarize the results should be generated showing the criteria and the match of current Board members to the variables of interest. A sample matrix showing some commonly-applied variables is contained in the appendices (Attachment 3). The major underrepresented groups, according to what the Board and stakeholders believe is important, consist of funders/payers (e.g., foundations, insurers), non-profits, and the general business sector. Clearly, Board membership composition and geographical representation warrant review to improve fundraising capacity representative of all California.

Once the spreadsheet has been completed it will be easy to see where there is a lack of coverage for present Board members and where the focus should be when recruiting new Board members to fill the gaps. The results should be used by board members as they consider applicants for Board positions and a determined effort should be made to recruit new Board members who will add to multiple areas of representation. Consideration should be given to adding members with proven track records and/or experience in fund raising as well as members from the consumer and insurance communities. If the Steering Committee is changed to an Advisory Council—and its role as advisors (as opposed to passive listeners) strengthened—this might be the first place to look for recruits that meet the specific needs of the Board, especially since these people have already shown an interest in the goals and activities of CINHC.

The sub-committee should also review Board size and its impact on communications and responsiveness. Large Boards often make communication between members slow and thus somewhat ineffective. CINHC needs a Board that can respond quickly to opportunities and issues, especially in the period when new members are coming on board, perhaps without the background required for an organization like CINHC. If the current number of CINHC Board members is considered appropriate, the Board structure of fixed and ad hoc committees may need some fine tuning. Assessing the usefulness of changing the Board Steering Committee to an Advisory Council might improve input from a wider number of interested people and provide a fertile recruiting ground for new Board members.

A Board meeting system that allows participants to communicate no matter where they are located would be highly beneficial, possibly improving attendance at Board and committee meetings and saving time. The Board should ask staff to investigate the video conferencing services offered by Skype (www.skype.com) ooVoo (www.oovoo.com) and Webex (www.webex.com) and compare and contrast these services in terms of offerings and cost. None of these services will take the place of a full-blown video conferencing center, but they are quite inexpensive and available on many platforms. Most services offer free trials so a tryout will cost nothing and show the usefulness or otherwise of a particular service. Some services

have specific hardware and Internet access speed needs, especially for the live video part, so care must be taken in the evaluation process.

Not all members of the Board have been active in helping to raise funds. By its structure, CINHC has to become more of a fundraising organization and all Board members need to take on more responsibility for ensuring financial sustainability.

Business Plan Goals

1. Develop and implement a plan to make the Board more representative and actively engaged in supporting CINHC's financial, geographical and industry/organization representation goals.
2. Increase engagement of all Board members in fundraising.

Implementation Strategies

1. Activate and recompose the Board fund development committee; obtain agreement from all Board members to participate in fundraising at higher levels than in previous years.
2. Develop and use a Board membership criteria matrix to evaluate current and future Board membership needs.
3. Re-purpose the use of the Steering Committee by changing it to an Advisory Council to increase the value of the participants and better serve the needs of the organization.
4. Place members of the Advisory Council on Board committees as appropriate and maximize use of Council members' talents and contacts.
5. Make greater use of technology to increase efficiency of Board communication and attendance/ participation in meetings.

2. SUCCESSION PLANNING FOR EXECUTIVE DIRECTOR

Deloras Jones, RN, MSN, the founding Executive Director (ED) of CINHC, intends to step aside from her position in summer 2012. While the required experience, competencies and characteristics of a new ED will depend to a large degree on the decisions the Board made at the 2011 retreat with respect to the future direction of CINHC—and hence the requirements for the new ED—Board, staff members, and external stakeholders believe the following are essential in succession planning and recruitment:

- Be a good fundraiser and comfortable doing this type of job.
- Be an effective leader, knowledgeable about strategic planning and running a non-profit.
- Be well known and highly respected in the nursing and healthcare communities.
- Have and be able to utilize a wide variety of contacts in California healthcare.
- Understand technology and what it can do to manage and improve communication and fundraising efforts.
- Be collaborative, have an inclusive point of view, and be open to change.
- Be able to navigate the political shoals in Sacramento and bring political contacts.
- Show visionary leadership.
- Have credibility in the education community (master's degree minimum).
- Have an ability to recruit and manage staff to accomplish CINHC mission and goals.

Half of the external stakeholders believe a new ED needs to be a nurse while the others think it is preferable but not a requirement. This decision will need to be made by the Board in putting together the recruitment materials.

How Should CINHC Move Forward?

The key to identifying and hiring a new ED is a sound selection process. The Board decided not to hire an executive search firm and to perform the search process itself. The Board also agreed that starting the search process by September 1, 2011 with a choice being made, ideally, by March 31, 2012 was important. The Board also agreed to budget for a maximum two-month overlap between the current and new ED to facilitate a smooth transition of duties and give the new ED an opportunity to be introduced to the CINHC community.

A successful selection process must be systematic and thorough in order to give the Board a comprehensive assessment of the capabilities of applicants, and to give the applicants a process which treats each person equitably. The process will be demanding and time consuming for both CINHC and the applicants and will require the constant attention of a newly formed CINHC Executive Director Selection Subcommittee to carry the process through to a successful conclusion.

The first step is to decide what the critical duties to be performed by the new ED are and what competencies are required to successfully perform them. The second step involves developing compensation terms and a job announcement for potential applicants and distributing the announcement by mail, word of mouth and electronic means. The third step involves a review of applicant responses, and the fourth step involves interviewing those applicants deemed most suitable for the job. The fifth and final step involves making an offer to the successful applicant and finalizing the terms and conditions of employment. For each of these steps helpful strategies and important information about the selection process are attached to provide background for the ED Selection Subcommittee. (See Attachments 4, 5, and 6.)

Business Plan Goals

1. Form an ad hoc ED selection committee of the Board, utilizing Advisory Council members.
2. Identify, recruit, and secure a new ED for CINHC by spring 2012.

Implementation Strategies

1. Determine the critical tasks required of the new ED and the personal competencies (skill, knowledge, abilities and experience) that will allow the duties to be performed at the required level.
2. Develop a job announcement and application form and advertise the upcoming vacancy.
3. Review applicant responses in a systematic manner; eliminate some applicants and rank order remaining applicants in terms of suitability for the position and decide who will be interviewed.
4. Interview selected applicants and make an offer to the successful applicant, finalizing the conditions and terms of employment.
5. Plan for and implement orientation process/overlap between current and new EDs.

V. FINANCIAL DEVELOPMENT AND MODELING

1. DEVELOPMENT PLAN AND REVENUE DEVELOPMENT STRATEGIES

CINHC has a funding history of fluctuating revenue sources, primarily with restrictions to use and purpose. This has created a challenge for the organization in meeting its infrastructure and non-programmatic needs. Additionally, the organization has had the luxury of a larger primary donor that is in the process of changing its funding priorities and strategies. CINHC can no longer rely on this donor as a major source of funding.

CINHC needs between \$400,000 and \$500,000 per year in unrestricted funds to cover core staff and space-related costs. Other staff and program costs are typically covered by program-specific grants or contributions.

How Should CINHC Move Forward?

The organization is experiencing a shift in its mission which creates an opportunity to pursue new and different sources of funds. At its 2011 retreat, the Board voted to add a focus on healthcare reform and nursing-related opportunities associated with it and the work of the Cal AC, in addition to its historical focus on nursing workforce shortage. Though the Cal AC is an important piece of future work, it is important to remember that the current financial projections can only include what is known today, i.e., the \$100,000 available in 2011. Once outreach is done, and grants or other resources are received, CINHC should update its projections, which could happen through the 2012 budgeting process.*

Finally, the organization expects a shift in executive leadership within the next year that creates a need for new skills in the organization to stabilize it through this transition and position it well for the future. The existing Executive Director has played the primary role of fundraising for the organization; this responsibility will need to be better shared with the Board and others going forward. Largely based on how CINHC is designed, it has to become more of a fundraising organization.

Fund Development Plan

The fund development plan is based on the assumptions of what it will take to achieve CINHC's mission and goals, i.e., to support its programs and services. In the market assessment research, several potential new funding strategies were explored and presented to the Board. The Board expressed interest in immediately pursuing a revenue mix that includes more unrestricted corporate contributions, new and expanded grant funding, an annual event to bring statewide visibility (and funding) to the organization, continued growth in Simulation consulting and other fees, and longer-term pursuit of RN license fees and special license plates. Consequently this financial development plan differs from past operations of traditional contributions and grants. Member fees were not considered desirable due to potential competition with organizations with which CINHC partners.

* The attached 2012 pro forma should serve as a start for the budget. Program related costs may need to be broken out more in future budgets, however, as the last version of the 2011 budget combined many of the line items.

Specific actions and strategies – and a short- and longer-term timeline -- for fund development are listed in the action plan in the next section. It is expected these will be further refined and detail added by the fund development specialist CINHC is expecting to bring on this year. These strategies are driven by CINHC’s mission – collaborative strategic workforce planning and research, education reform, nurse practice development, etc.

Based on the clarified CINHC value proposition, the following mix of strategies is recommended as an optimal plan to reach the financial needs of the organization (as defined in the pro forma, Attachment 2)

Key Targets, Revenue Generating Strategies and Messages

Key Targets

In the market assessment a number of potential funding opportunities were identified. Following are recommended strategies for the CINHC Board and staff to implement to take advantage of these opportunities.

Corporate and Government Contributors

- Sustain continuing relationships with current hospitals and health systems to maintain visibility/interest in CINHC through invitations to meetings, events, and other targeted outreach. Turnover at these organizations requires regular, sustained communications. Aim to maintain the same (or higher) level of contribution, with fewer funding restrictions, and try not to let the situation become an “all or nothing” choice on the part of the giver.
- Continue to contact (at minimum once a year) the facilities that are not now–or never have–contributed to CINHC. Despite the economy there can still be opportunities for some level of contribution toward operating support, using tailored key messages (see below). Don’t automatically discount potential opportunities with the smaller facility or health systems as some stakeholders suggested these places might actually be more receptive to “buying” a product or service from CINHC if it’s clear how it will benefit their organization or community.
- Personally follow up with the four stakeholders interviewed during the market assessment who said they were never asked or were unaware of whether their organization had been asked. These were representatives from CHW, Hospital Council of San Diego and Imperial counties, UC San Diego Medical Center, and Santa Monica Community College. Three of the four stated they would be “open to being asked” or “probably would donate if asked.” CINHC staff has the names of these representatives.
- Identify non-acute care facilities and use messages around the role of nurses in those settings and solicit contributions. Identify the decision makers or “influencers” (including HR personnel), and identify the appropriate Board/staff person to make the contact and follow through.
- The Office of Statewide Health Planning and Development (OSHPD) highly values CINHC’s work, yet staff said their “structure didn’t allow for funding any of these types of organizations,” a rather puzzling response. OSHPD will very soon have a new (Acting) Director. (And, one of CINHC’s Board members, Ms. Alonzo-Diaz, who will be rotating off the Board in August, has just been appointed Deputy Director at OSHPD.) Secure an

appointment with the new Director as soon as he/she assumes that position and bring examples of how funding CINHC *can* fit OSHPD's mission and funding.

Foundations

A number of former and potential foundation funders were interviewed as a part of the market assessment, and some potential opportunities were identified for the Board to follow up on. Note that of those foundations that had previously funded CINHC—and where the person interviewed could speak to their foundation's experience with CINHC as a grantee—all indicated their perceptions of CINHC were positive. *This bodes well for future opportunities with these foundations when CINHC's and the foundations' priorities match.*

The California Endowment's (TCE) sole interest is in social determinants of health—improving health outcomes by building healthy communities. Due to projected increases in health care demands in years to come, and to the extent CINHC can work with local leaders and their education partners, there may be opportunities here. Grant opportunities relate to changes in systems that address barriers for young people in obtaining and retaining employment. CINHC's workforce-related activities could be an area of common interest with TCE.

- Explore how CINHC can offer leadership to help nurses respond to the needs of communities in the geographic areas TCE has identified as its priority.
- Investigate how CINHC can work with local education partners to reduce barriers for young men and women to consider nursing careers.*
- One of TCE's key partners in convening activities for their healthy communities initiative is the Public Health Institute (PHI). Initiate a conversation with PHI to see if CINHC can assist as a neutral convener on issues related to health professions and their role in communities.

Archstone Foundation of Long Beach focuses on issues associated with aging. They are not anticipating any changes to their funding priorities in the next few years. The foundation's vice president indicated they issue a few specific requests for proposals each year and do entertain unsolicited requests.

- Include in applications to Archstone how nurses relate to areas such as end-of-life care, aging in place, improving education curricula, and developing train-the-trainer models when following up with this key source.

The California Wellness Foundation (TCWF) primarily entertains grantee-driven requests but also funds special projects from time to time. *TCWF encourages core operating support grant applications.* Funding occurs in eight specific areas, including Diversity in the Health Professions, Women's Health and Healthy Aging. Historically, TCWF workforce-related grants have addressed the supply pipeline, academic tutoring, workforce retention and scholarships.

- Even though a past attempt for a contract award was unsuccessful, submit a Letter of Intent for one or more of these priority areas.

* TCE is not entertaining new diversity related grants, so CINHC needs to *integrate* diversity as part of any bigger effort in grant applications to TCE.

Blue Shield of California Foundation (BSCF) is focusing on three areas of healthcare reform: strengthening the safety net, expanding coverage, and creating access to care for those not included in healthcare reform. The foundation is building a cadre of community clinic leaders and supporting innovative ideas to spur integration and coordination among community clinics and other safety net providers. The program officer interviewed suggested this is the area of their funding that might provide the greatest opportunity for CINHC as he could see how nurses could play a key role in helping meet the increasing demand for care resulting from implementation of healthcare reform.

- ☑ Follow up with the BSCF staff person responsible for the community clinic portion of their grant portfolio to learn how best to structure an application to them.
- ☑ As suggested by the foundation program officer, partner with the California Primary Care Association to make an application for funding more compelling.

Other Revenue Generating Strategies

- ☑ **Consulting Fees.** Develop, field test, and tie fees to CINHC core competencies for the products most valued and needed, e.g., professional development, executive coaching, management consulting, development of specific curricula modules, specially tailored data requests. Modify fees as appropriate. Also, evaluate every external request for CINHC assistance from a revenue generating perspective. Seek fees or expense reimbursement, at minimum, for these.
- ☑ **Events.** Develop, promote and offer paying events focusing on issues of significance to nurses (e.g., regional breakfasts), have break-out sessions facilitated by individuals who would be clearly associated with CINHC (e.g., Advisory Council members) experts, and publish a summary of ideas/recommendations, including as news updates on the CINHC website; offer CEUs to attract maximum attendance. Enlist all Board members to help. Confer with the Oregon Workforce Center as they have had successful experience putting on these types of events. Events as a source of revenue are very labor intensive, however, and should be considered carefully before pursuing.
- ☑ **Special Vehicle License Plates.** Create a nursing or health workforce related license plate (referred to as Special Interest License Plates). Assembly Bill 610 was created to address the challenges and barriers (described in the market assessment report, pp. 51-52), to creating new special plates. This bill is moving quickly through the Legislature with little to no opposition. CINHC should immediately develop a detailed strategy to begin pursuing this when the bill passes. This is a longer-term funding strategy with immediate action steps needed.
- ☑ **RN License Fees.** Immediately approach the BRN to establish a donation link on the BRN website for workforce development activities and begin laying the ground work for a longer term strategy to carve out a portion of the recently increased license fee for workforce related strategies. This will require identifying potential workforce partners and prospective legislative sponsors.

☑ Other Corporate Contributions.

- Approach large businesses and chambers of commerce with the importance of employee health and wellness and how nurses influence that; put the emphasis on the outcomes, not the nursing profession per se. For example, contact NSO, Nursing Service Organization, the malpractice insurance company that covers many RNs, for a donation.
- Help HR executives in health facilities/organizations better understand they need workforce data beyond what OSHPD provides including workforce planning data and assistance.
- **Local Public and Nonprofit Contributions.** Develop county by county and regional workforce trends data tailored for the largest facilities/ systems in those counties; then approach local decision-makers who would have a vested interest in this information. Also approach the community and regional foundations (e.g., Santa Clara) that make grants to support health in those areas and would benefit from the information, as they could become a viable funding source.
- **Individual Contributions.** Target individual donors who benefitted from nursing care. Work with board and steering committee members to identify individual targets to be approached. Solicit both cash and in-kind contributions, including testimonies, to support the work of CINHC.

Key Messages

Guidance on developing effective messages follows. Words or phrases in bold reflect what the market assessment identified as strengths of CINHC.

- Highlight CINHC's position as the structural home for the CA Regional Action Coalition's work when fundraising for CINHC's operating costs. Show how **CINHC's core business implements the IFN recommendations**. *But, do not lose CINHC's individual identity in the process.* CINHC the organization should continue to be presented as a permanent entity; not a temporary group that was formed to accomplish a specific purpose over a period of time.
- Use CINHC's strongly-acknowledged value of **early recognition of emerging issues and action-taking** as the entrée for soliciting operational support. Help current and potential new donors see the value to their organization of CINHC recognizing critical nursing issues (even before others recognize them), designing strategies, **convening** partners, and **leading the change**.
- Emphasize how **nurses influence community health and patient outcomes** (whether acute care or non-acute care); put the emphasis on the outcomes, not the nursing profession per se. Add cost/benefit information whenever possible.
- While CINHC's core business has a relationship to the work of other similar organizations it has unique value and offers unique products (e.g., **expertise in interpreting data** from a nursing perspective, **creating nursing practice models**). Develop a presentation and talking points to differentiate CINHC from other nursing organizations (e.g., ACNL, CalNOC)

and workforce centers where stakeholders showed confusion. Make sure this “slide deck” is available to all Board members and staff for consistency in messaging.

- Some external stakeholder indicated they “wanted to be supportive of nursing” as their rationale for deciding to support CINHC. Messages should **include specific examples of how nursing care helped** improve the psychological, social or physical aspects of an illness or recovery.

Business Plan Goals

1. Raise sufficient unrestricted dollars to fund three core positions and space-related costs of at least \$400,000 per year.
2. Diversify funding sources to sustain existing core programs and emerging activities of the Cal AC.

Implementation Strategies

1. Approach past contributors and health-related vendors for continued/expanded multi-year, unrestricted support.
2. Seek increases in allowed indirect costs (of at least 15%) in all grant applications and restricted contributions.
3. Develop donation link on CINHC website as well as link on the BRN RN license renewal web page.
4. Closely monitor AB 610 and proposed changes to Special License Plate process to be able to immediately respond to this opportunity.
5. Seek funding for fundraising expert to assist organization in grant seeking and grant writing and soliciting individual and corporate donors.
6. Raise the visibility (and potential funding) of the organization as a statewide entity by implementing regional educational breakfast or other similar major event.
7. Support expansion of consulting services, particularly those related to Simulation activities.
8. Pursue potential legislative sponsor for license fee renewal increase.

VI. PROGRAM IMPLEMENTATION STRATEGIES AND TIMELINE (ACTION PLAN)*

The following action plan describes the implementation plan and timeline for program delivery, leadership and revenue generation. The activities in the charts relate to core strategies and the results of the value proposition SWOT analysis. Some of these activities can be further refined and detail added over the course of the next three years.

Attachment 1 shows a sample format, using these charts, for tracking and documenting progress.

X Boxes marked with yellow shading reflect the most immediate priorities *within this calendar year*.

Organizational Priority 1: MISSION/PURPOSE

Goal:

1. Select a mission statement that re-purposes CINHC in a way that readers can easily understand CINHC's primary purpose.

Item/Activity	Action	Assignment	Timeline*				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
1.1 Mission Statement	<ul style="list-style-type: none"> Review draft mission statement developed during the 2011 retreat. 	All Board members at June 27 meeting	X				
	<ul style="list-style-type: none"> Make necessary modifications and vote on a new, revised mission statement. 	All Board members at June 27 meeting	X				
	<ul style="list-style-type: none"> Replace current with new mission statement on the CINHC website, and in any existing print collateral where it appears. 	Staff	X				
	<ul style="list-style-type: none"> Periodically test drive the new mission statement with external partners and potential donors to solicit feedback about clarity, understanding, fitness, etc. 	All Board members			X	X	
	<ul style="list-style-type: none"> Review new mission statement to ensure it has been integrated into "CINHC culture" and still describes what CINHC is about one year later. 	All Board members				X	

*Timeline: Q1 (Jan – Mar); Q2 (Apr – June); Q3 (July – Sept); Q4 (Oct – Dec).

Organizational Priority 2: PROGRAMS AND SERVICES

Goal:

1. Develop, sustain and deliver relevant nursing programs and services that ultimately bring value to residents of California and to patients and their families.
2. Transform CINHC from its fundamental focus on nursing shortage to an organization that re-focuses more broadly on implementing the Initiative on the Future of Nursing recommendations.
3. Prepare nurses to be able to respond to the evolving health care environment, including ensuring there are niches for nurses in the implementation of health care reform strategies.

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
2.1 BANRC/ LANRC	<ul style="list-style-type: none"> Review and modify program design/nursing education services and placements to reflect IFN and health care reform changes, e.g., increased community-based and non-acute care setting placements. 	ED and staff					
	<ul style="list-style-type: none"> Determine future market demand for these programs in targeted counties/regions/facilities. 	ED and staff	X		X		X
	<ul style="list-style-type: none"> Establish education program and placements in at least 2 Central Valley areas. 	ED and staff				X	
	<ul style="list-style-type: none"> Evaluate fee structures and adjust as needed for sustainability and increased profit margin. 	ED	X				
2.2 Magic in Teaching	<ul style="list-style-type: none"> Revamp as needed for IFN and health care reform, e.g., recognizing and expanding the importance of nurses' roles in health care reform. 	ED and staff					
	<ul style="list-style-type: none"> Consider increasing the fees to do more than just cover the expenses related to this program. 	ED and staff		X			
	<ul style="list-style-type: none"> Look for and secure additional vendor sponsorships. 	ED and Board			X		

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
2.3 CFRC and Clinical Faculty Development	▪ Develop strategy to expand the centralized resource center and training program.	ED and staff		X			
	▪ Poll deans of schools of nursing in the Central Valley to identify solid interest and commitment to participate.	Staff		X			
	▪ Implement program in locations where funding has been secured.	ED and staff				X	X
2.4 Academic progression	▪ Seek funding for technical assistance to support the collaborative model of nursing education; support Recommendation #4 of IOM report.	ED and staff		X			
	▪ Provide technical assistance to schools of nursing.	ED and staff		X	X	X	X
	▪ Conduct a thorough assessment of existing collaboratives.	ED and staff		X			
2.5 Transition to practice	▪ Continue to support the Transition to Practice programs underway and expand to new markets in California.	ED and staff		X	X	X	X
	▪ Continue to support development of action steps for Recommendation #3 of IOM report.	ED and staff		X	X	X	X
2.6 Diversity	▪ Develop grant applications and proposals to sustain work associated with the Coalition for Nursing Careers in California, and fund other efforts that foster interest in nursing by underrepresented groups.	Board, ED and staff			X		X
2.7 CA Simulation Alliance	▪ Expand opportunities for offering this program in other parts of the state and generating revenue.	ED and staff		X	X	X	X
	▪ Create a strategy for taking the scenarios nationally and selling them.	ED and staff, including Communications/ Marketing Professional		X		X	X

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
2.8 Leading Empowered Organizations (LEO)	<ul style="list-style-type: none"> Work with new Communications/Marketing professional and redesign promotional materials (and program design, if needed) to attract new audiences. 	Staff		X			
	<ul style="list-style-type: none"> Target specific new audiences where LEO could be offered (e.g., L-T care facilities) and make contacts to secure contracts. 	Board, ED and staff		X	X	X	X
2.9 Data collection/ dissemination	<ul style="list-style-type: none"> Obtain data from UCSF Center for Health Professions annual survey of schools of nursing and biannual workforce survey for the BRN. 	ED and staff			X		X
	<ul style="list-style-type: none"> Use CINHC expertise to interpret the UCSF data from a nursing perspective and develop annual California Nursing Workforce Report "Snapshot" and the Regional Nursing Report Card. 	ED and staff			X		X
	<ul style="list-style-type: none"> Disseminate reports widely including to community agencies, government entities, non-acute care facilities, health insurance companies, vendors, etc. 	ED and staff				X	
	<ul style="list-style-type: none"> Conduct biannual CNO survey to assess and monitor the nurse workforce supply, including diversity; analyze and publish the results. 	ED and staff			X		X
	<ul style="list-style-type: none"> Capture impact data from CINHC's own programs and services and carry out own surveys and studies that can advance nursing and link to patient outcomes and population health improvement; analyze and widely disseminate the results to raise organizational profile. 	ED and staff		X		X	X
	<ul style="list-style-type: none"> Look for opportunities to partner with new agencies and educational institutions that collect healthcare data and use it to promote nursing issues at the state and national levels. 	Board, ED and staff			X		X

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
2.10 California Center for Global Nursing Excellence	<ul style="list-style-type: none"> Schedule item for next Board meeting, update the Board on progress, and facilitate a discussion to determine preferences in proceeding. Vote to proceed with long-term interest or to discontinue interest. 	ED	X				
	<ul style="list-style-type: none"> If Board votes to proceed, finish development of the business plan and feasibility assessment. 			X			
	<ul style="list-style-type: none"> Submit to benefactor of the property (?) and determine and implement next steps based on feedback/decisions. 				X		

Organizational Priority 3: KEY STRATEGIC PARTNERSHIPS

Goal:

1. Explore and develop strategic alliances that support CINHC’s goals and increase the organization’s resources, expertise and visibility.

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
3.1 Partnership development and management	▪ Search for alliances with additional organizations, commerce, government, advertising media, and business and create high profile partnerships.	Staff and Board		X	X	X	X
	▪ Develop key talking points—and tailor for each group—of the assets CINHC can leverage as part of a strategic partnership using its value proposition.	ED and Board	X				
	▪ Look for and partner with other organizations to become part of joint proposals for long-term funding.	Staff and Board		X			
	▪ Draft partnership agreements, vet terms and operating plans, and negotiate deal points as appropriate.	ED and Board			X		
	▪ Evaluate the cost-benefit of current (e.g., the Ventura project) and potential new (e.g., California Primary Care Association) alliances in terms of level of effort, alignment of values, and chance of success.	ED and Board	X			X	X
	▪ Maintain and manage partnerships/alliances with favorable cost-benefit (i.e., aligned values and positive impact).	ED and Board		X	X	X	X
	▪ Establish and apply a structure for presenting at certain meetings beyond the direct costs of travel	ED	X				
	▪ Look for ways to optimize role as a neutral convener.	ED		X	X	X	X

Organizational Priority 4: STRATEGIC COMMUNICATION/BUILDING ORGANIZATIONAL PROFILE

Goal:

1. Increase awareness of CINHC and its accomplishments to engage interest and financial and other support.
2. Position CINHC as the natural “go to” place for nursing workforce and other nursing development issues being addressed by the Cal AC to implement the RWJ Initiative on the Future of Nursing recommendations.

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
4.1 Com- munications/ marketing Infrastructure	▪ Contact potential hospital associations and large hospital/health systems and request short-term, pro bono placement of a marketing professional at CINHC.	Board	X				
	▪ If an inkind marketing professional cannot be secured, identify and hire one on a 3-month contract, and develop a scope of work with specific deliverables.	ED	X	X			
	▪ Utilize a graduate student intern to help implement some of the communication/marketing strategies (UC Berkeley, Public Policy Program, is an excellent resource).				X		X
	▪ Develop a comprehensive profile-building plan that identifies steps to clarify CINHC’s messaging and raises visibility among target audiences.	Marketing consultant		X			
	▪ Engage Board and outside support to develop communication materials keyed to mission.	Marketing consultant, Board and staff		X	X		
	▪ Develop a PowerPoint deck that can be used by Board members and other advocates to explain CINHC and showcase its impact for profile building and fundraising.	Marketing consultant, Board and staff		X			
	▪ Reexamine website design and communications materials to more clearly and consistently communicate CINHC brand and messaging, and showcase CINHC activities and accomplishments/impact.	Marketing consultant and staff	X				

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
Communi- cations/ marketing Infrastructure (cont.)	<ul style="list-style-type: none"> Create a more dynamic website that includes content and features stimulating to the user, and create the opportunity for users to interact with the organization, interact with other users, participate fully and contribute to online discussions by joining a vibrant and active Internet community/network. 	Staff		X			
	<ul style="list-style-type: none"> Identify “brand enthusiasts” (advocates who have a stake in CINHC’s success) who can help define CINHC’s voice on the Internet, e.g., create blogs, create podcasts to promote CINHC activities and news, etc. Evaluate tools such as <i>RSS feeds</i> that might be a helpful resource. (Rich Site Summary is a format for delivering regularly changing web content.) 	Board		X			
	<ul style="list-style-type: none"> Consider adding a relevant online health-related survey question or “quiz” question to the home page of the website to add interest. Post the results weekly or monthly. 	Marketing consultant and staff	X				
	<ul style="list-style-type: none"> Create an ED blog (and stay committed to using it) as an easy method of drawing traffic to the website. Reevaluate in 6-8 months to see if a noticeable increase in web traffic occurs. 	Staff and ED	X				
	<ul style="list-style-type: none"> Refine social media marketing strategies with threaded conversations (e.g., Twitter and Facebook) to increase outreach to nurses and others interested in CINHC in low cost and effective way. 	Marketing consultant and staff		X			
	<ul style="list-style-type: none"> Create and track metrics on an ongoing basis to measure the success of CINHC marketing efforts 	Board and staff		X	X	X	X

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
4.2 Outreach/ marketing opportunities	<ul style="list-style-type: none"> Solicit invitations to deliver speeches, talks, make presentations and participate in panel discussions as ways of continuing to raise CINHC visibility, communicate key message points, and increase contributions/fees. Put special emphasis on counties in S. CA and the Central Valley. 	Staff and Board		X	X	X	X
	<ul style="list-style-type: none"> Seek out appointment and participation on high-profile boards and committees 	ED				X	X
	<ul style="list-style-type: none"> Engage in one-to-one marketing strategy, scheduling briefings with key thought leaders and policymakers. Target key government agencies and legislators, using key contact people for entrée. 	ED and Board		X	X	X	X
	<ul style="list-style-type: none"> Prepare op-ed pieces for mainstream media, websites and blog postings and author articles for professional publications. 	ED and Board		X		X	
	<ul style="list-style-type: none"> Build and update distribution list of industry leaders to whom CINHC should be sending news, announcements and publications. Be sensitive to the confusion about the difference/overlap between ACNL and CINHC and between CINHC and other workforce centers to distinguish CINHC. 	ED and Board	X		X		
	<ul style="list-style-type: none"> Look for more opportunities to raise visibility with organizations that deliver health care in non-acute settings such as community clinic associations, school health organizations, and long-term care organizations. Counter the perception among community clinics at the regional and local level that CINHC focus is "only RNs," not inclusive of nurse practitioners. 	ED and Board		X	X	X	X

Organizational Priority 5: BOARD RECRUITMENT AND TRANSITION PLANNING

Goal:

1. Develop and implement a plan to make the Board more representative and actively engaged in supporting CINHC's financial, geographical and industry/organization representation goals.
2. Increase engagement of all Board members in fundraising.

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
5.1 Board composition	<ul style="list-style-type: none"> Ask each Board member scheduled to rotate off the Board during 2012 to indicate their desire to remain on the Board for another term. 	Board Chair	X				
	<ul style="list-style-type: none"> If any of these Board members wish to remain, schedule a discussion of relevant sections of Bylaws at the September Board meeting and, if approved, revise to accommodate further terms of these members. 	All Board members	X				
	<ul style="list-style-type: none"> Generate a Board member profile from the matrix sample provided, applying industry, geography, fund raising experience, etc. 	Special Board sub-committee	X				
	<ul style="list-style-type: none"> Have all Board members review the criteria, modify and finalize. 	All Board members	X				
	<ul style="list-style-type: none"> Determine which areas are lacking in current Board members and which areas need to be the focus of future Board member recruitment. 	All Board members	X				
	<ul style="list-style-type: none"> Assign responsibility to individual Board members to identify and recruit potential Board members with desired criteria based on members' professional and industry connections, areas of expertise, etc. Keep in mind Board size and need for efficiency and nimbleness. 	All Board members and special subcommittee		X			

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
Board composition (cont.)	<ul style="list-style-type: none"> Contact and communicate approved potential Board members and determine interest; make offer of Board membership and sign up. 	All Board members		X	X		
	<ul style="list-style-type: none"> Develop a standardized orientation for new Board members and provide a thorough briefing and relevant documents as background to familiar them with CINHC history, issues, policies, workplans, etc. Give new members a copy of this business plan. Provide a calendar of scheduled meetings. 	Board Chair and ED		X	X		
	<ul style="list-style-type: none"> Reassess coverage of Board member criteria and recruit and update as needed. 	Special subcommittee and Board			X	X	X
	<ul style="list-style-type: none"> Hold election of new Board officers if necessitated by members rotating off the Board, or if current officers do not wish to remain those positions. 	Board		X			
	<ul style="list-style-type: none"> Review membership of Steering Committee against Board membership criteria to assess representativeness. 	Special subcommittee and Board	X				
5.2 Role of Steering Committee	<ul style="list-style-type: none"> Propose changing Steering Committee to increase representation and as a fertile place to recruit new Board members. 	Special subcommittee		X			
	<ul style="list-style-type: none"> Formalize changes if approved by the Board and rename the Steering Committee to Advisory Council; write new charge/role and operating procedures for Advisory Council and communicate this to current members. 	Special subcommittee and Board		X			
	<ul style="list-style-type: none"> Recruit future Advisory Council members according to new charge/role. 	Board and ED			X	X	X
	<ul style="list-style-type: none"> Investigate the video conferencing services offered by Skype, ooVoo and Webex. Analyze hardware & software requirements of each service, cost and general feasibility. 	Staff		X			

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
5.3 Board member attendance and communications	<ul style="list-style-type: none"> Make “free offer” tryout of each service. Summarize results and present information/report to the Board. 	Staff and Board		X			
	<ul style="list-style-type: none"> If results are positive, adopt a system and put into use and track live and “on-line” attendance at Board and Advisory Council meetings. If proposal rejected, seek other methods to communicate and test drive. Present results to the Board. 	Staff and Board			X	X	X
	<ul style="list-style-type: none"> Assess which CINHC meetings could be shortened or eliminated or conducted through telephone and email communication. 	Staff and Board		X			
	<ul style="list-style-type: none"> Create and publish a calendar of required in-person Board meetings at least one year in advance. 	Staff and Board	X				

Organizational Priority 6: SUCCESSION PLANNING FOR EXECUTIVE DIRECTOR

Goals:

1. Form an ad hoc ED selection committee of the Board.
2. Identify, recruit, and secure a new ED for CINHC by spring 2012.

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
6.1 Scheduling the process	<ul style="list-style-type: none"> ▪ Determine the timeline for the key events, including setting and announcing dates for meetings of the Board and ED Selection Subcommittee (EDSS) 	EDSS	X				
6.2 Determining duties and KSAOs, and developing duty statement/job description	<ul style="list-style-type: none"> ▪ Appoint EDSS of the Board. 	Board	X				
	<ul style="list-style-type: none"> ▪ Review revised mission statement and updated Strategic Business Plan and work with the Board to determine the duties required of the new ED. 	EDSS and Board	X				
	<ul style="list-style-type: none"> ▪ Review job duties and determine desirable KSAOs for successful performance of duties. 	EDSS	X				
	<ul style="list-style-type: none"> ▪ Review duties, KSAOs and determine desirable KSAOs and finalize. 	EDSS and Board	X				
	<ul style="list-style-type: none"> ▪ Develop job description. (See discussion of job analysis and two samples in Attachment 3 for ideas. Sample formats can also be found at www.careerbuilder.com.) 		X				
6.3 Develop job announcement and advertise position	<ul style="list-style-type: none"> ▪ Determine salary range to be offered and benefits for ED. Use annual Board survey of ED salaries and benefits for benchmarking. 	EDSS and Board		X			
	<ul style="list-style-type: none"> ▪ Determine how salary will be described (dollar value, range, competitive, etc.) and how benefits will be described. 	EDSS and Board		X			
	<ul style="list-style-type: none"> ▪ Review and list any special work requirements such as travel. 	EDSS and Board		X			

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
Develop job announcement and advertise position (cont.)	<ul style="list-style-type: none"> Draft job announcement and finalize after Board review. 	EDDS and Board		X			
	<ul style="list-style-type: none"> Determine how position will be advertised (paper, professional publications, word of mouth, web, etc.) and set date for final acceptance of applications 	EDDS and Board		X			
	<ul style="list-style-type: none"> Advertise the position, including making personal contacts to individuals known to meet and exceed the minimum qualifications for the job and invite applications. (One suggested place to advertise is http://foundationcenter.org/pnd/jobs.) 	EDDS, Board and staff		X			
	<ul style="list-style-type: none"> Develop a rating rubric and form to be used to evaluate the applications that pass the paper screening (i.e., meet minimum qualifications – MQs). 	EDDS		X			
	<ul style="list-style-type: none"> Assess the application form currently used by CINHC to make sure it covers all requirements and make changes where necessary. 	EDDS		X			
	<ul style="list-style-type: none"> Test run the evaluation form using several of the people who will actually perform the evaluations. Make modifications as necessary. 	EDDS		X			
	<ul style="list-style-type: none"> Read completed applications, screen out any that do not meet MQs, and independently rate the remainder using the evaluation form. 	EDDS		X			
6.4 Review applicant responses	<ul style="list-style-type: none"> Compare ratings of each applicant on the criteria contained in the evaluation form and summarize in a table. 	EDDS		X			

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
Review applicant responses (cont.)	▪ Review ratings; and after discussion, agree on rating results and rank order.	EDDS		X			
	▪ Review results with Board and decide on who should be interviewed.	EDDS and Board		X			
	▪ Check work references provided by selected candidates.	EDDS		X			
	▪ Set up interview dates, notify selected interviewees via phone or email (and follow up with hard copy mailed) and schedule interviews.	EDDS			X		
6.5 Develop interview process & interview selected applicants	▪ Develop interview questions for each KSAO; choose one “best” starting question for each KSAO. (See Attachment 4 for ideas)	EDDS		X			
	▪ Draft an interview outline form containing the interview questions and rating scales for the interviewers (See Attachment 5 for rating scale ideas)	EDDS		X			
	▪ Determine who will be on the interview panel (suggested size is 3-5 so it will not become unwieldy; an odd number is best in case there are tied scores).	EDDS and Board					
	▪ Conduct the interviews. Schedule adequate time with each interviewee to allow for opportunities that may arise to obtain additional information by “going off script.”	EDDS			X		
	▪ After each interview independently create ratings and record comments, then review as a group and come to consensus on the interview results.	EDDS			X		
	▪ Rank order interviewed applicants in terms of quality and summarize results of all interviews in a table	EDDS			X		
	▪ Reach agreement on final ranking of interviewees.	EDDS			X		

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
6.6 Make offer, set start date of new ED	<ul style="list-style-type: none"> Make offer to top candidate; settle any negotiation issues. If final offer is accepted, have employment contract signed and set starting date. 	EDDS and Board Chair			X		
	<ul style="list-style-type: none"> If top candidate rejects offer and compromise cannot be reached, go to next candidate and make offer. 	EDDS and Board Chair			X		
	<ul style="list-style-type: none"> Send letter to unsuccessful applicants thanking them for participating in the process. 	EDDS			X		
	<ul style="list-style-type: none"> Work with new ED to assume position approximately May 1, 2012, overlapping no more than 2 months with current ED to facilitate smooth transition of duties and contacts. 	Current and new EDs and Board Chair			X		
	<ul style="list-style-type: none"> Set tentative schedule for orientation events, including meeting other staff, and assemble key background and other documents (e.g., budget, business plan) to be used in orientation. 	Current ED and Board Chair			X		
	<ul style="list-style-type: none"> Give copy of this business plan (and any operational plans developed later from this business plan) to new ED. 				X		

Organizational Priority 7: DEVELOPMENT PLAN AND REVENUE DEVELOPMENT STRATEGIES .

Goals:

1. Raise sufficient unrestricted dollars to fund 3 core positions and core space-related costs of at least \$400,000 per year.
2. Diversify funding sources to sustain existing core programs and emerging activities of the Cal AC.

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
7.1 Approach contributors for unrestricted support	<ul style="list-style-type: none"> ▪ Identify which past contributors are most likely to help meet 2011 unrestricted shortfall of approximately \$115,000. 	ED and Board	X				
	<ul style="list-style-type: none"> ▪ Leverage current Board relationships to approach possible contributors for 2011. 	ED and Board	X				
	<ul style="list-style-type: none"> ▪ Make the “ask” for 2011. 	ED and Board	X				
	<ul style="list-style-type: none"> ▪ Revisit/revamp fund development committee with updated charge, chair, assignments, schedule, and target outcomes. Include participation/contribution from <u>all</u> Board members. 	ED and Board		X			
	<ul style="list-style-type: none"> ▪ Develop target list of new and existing contributors/donors for 2012 and 2013. Include health vendors not approached in past. Include name, target amount, Board relation/contact, and time to make ask. 	ED and Fund Development Committee		X			
	<ul style="list-style-type: none"> ▪ Assign “ask” to Board members. 	Fund Development Committee		X			
	<ul style="list-style-type: none"> ▪ Schedule and conduct solicitation meeting. 	Board members with support for staff, fundraising consultant			X	X	X
7.2 Seek increases in allowed indirect costs	<ul style="list-style-type: none"> ▪ Examine allowed direct and indirect costs for target funders and options for flexibility in classification of costs. 	Staff		X			
	<ul style="list-style-type: none"> ▪ Create “case statement” or argument for supporting indirect costs. 	Staff and/or Fundraising Consultant		X			

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
Seek increases in allowed indirect costs (cont.)	▪ Build in request for indirect costs into all new solicitations.	Staff and/or Fundraising Consultant			X	X	X
	▪ For existing grants, seek grant/contract modifications to allow for increase in indirect rates.	ED			X		
7.3 Develop donation link on CINHC and BRN websites	▪ Modify CINHC home page to include donation button.	Staff and Web Consultant	X				
	▪ Contact PayPal to set up secure payment link.	Staff or Web Consultant	X				
	▪ Contact Florida workforce center to get specifics on their licensing board link.	Staff	X				
	▪ Identify/contact supporter(s) on BRN.	ED or Board Member		X			
	▪ Schedule and conduct meeting with BRN management re: possibility.	ED and Board Member			X		
	▪ Implement BRN link if approved.	Staff or Web Consultant				X	
	▪ Monitor implementation and effectiveness.	Fund Development Committee					X
7.4 Closely monitor AB 610 and proposed changes to Special License Plate process	▪ Track status of AB610 and AB100. (AB 610 easily passed Appropriations and Transportation Committees as of 5/27/11).	Fund Development Committee or Specific Board Member	X				
	▪ Contact other workforce centers with experience in this source of funding.	Staff	X				
	▪ Collect new application process steps.	Staff	X				
	▪ Determine other nursing organizations with whom to partner.	ED and Staff	X				
	▪ Develop joint strategy and work plan.	ED and Staff		X			
	▪ Contact potential funders for start up funds.	ED and Board Members		X			
	▪ Implement license plate strategy.	ED and Staff			X	X	X
7.5 Seek funding for fundraising expert	▪ Identify scope of work/support needed.	Staff and Fund Development Committee	X				

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
Seek funding for fundraising expert (cont.)	▪ Identify roles and responsibilities of Board and staff in relation to fundraising.	Staff and Fund Development Committee	X				
	▪ Contact Foundation Center or CompassPoint for possible consultants.	Staff	X				
	▪ Solicit qualifications and fee quote.	Staff	X				
	▪ Approach past contributors for 1+ year of support.	ED and Board	X				
	▪ Select and contract for services.	ED and Staff		X			
	▪ Prioritize fundraising targets; conduct initial outreach; identify detailed steps and timeline.	Fundraising Consultant and ED		X			
	▪ Implement fundraising strategies—corporate solicitations, grant application submission.	Consultant, Staff, ED and Board			X	X	X
7.6 Implement annual educational breakfast	▪ Contact Oregon workforce center re. specifics of its breakfast events.	Staff			X		
	▪ Develop concept and preliminary budget for N. and S. CA events.	Staff and Fundraising Consultant			X		
	▪ Solicit sponsors.	ED and Board			X		
	▪ Identify and reserve venue.	Staff			X		
	▪ Refine program, work plan and budget.	Staff and Fundraising Consultant				X	
	▪ Develop and implement planning committee.	ED and Fundraising Consultant				X	
	▪ Identify and schedule speakers, venue, etc., and prepare written materials.	Planning Committee and Staff				X	
	▪ Develop invitee list and promote event.	Planning Committee and Staff				X	
	▪ Register participants.	Staff and Volunteers				X	
	▪ Conduct event(s).	Staff, Board, Planning Committee					X

Item/Activity	Action	Assignment	Timeline				
			Qs 2-3 2011	Q 4 2011	Qs 1-2 2012	Qs 3-4 2012	2013
7.7 Support expansion of consulting opportunities	▪ Examine current services that are provided free-of-charge or for a service.	ED, Staff and Consultants	X				
	▪ Develop criteria for charging in the future and professional fee structure.	ED, Consultants and Fund Development Committee		X			
	▪ Evaluate each future request for assistance against these criteria	ED and Fund Development Committee			X		
	▪ Request professional fees or in-kind support for each request that meets the consulting criteria	ED, Staff and Consultants			X		
	▪ Monitor effectiveness of approach	Fund Development Committee				X	X
7.8 Pursue potential sponsor for license fee renewal increase	▪ Identify potential sponsor for increase in fee (e.g., Senator Lois Wolk, Assemblywoman Mariko Yamada)	Fund Development Committee				X	
	▪ Develop "case statement" for increasing fee to support workforce or health care reform	ED and Staff				X	
	▪ Identify potential supporters	ED and Fund Development Committee				X	
	▪ Identify potential opponents and develop counter argument	ED and Fund Development Committee				X	
	▪ Schedule and hold introductory meeting with potential sponsors	ED and Staff					X
	▪ Develop work plan and timeline if sponsors show interest	ED and Fundraising Consultant					X

VII. ATTACHMENTS

Attachment 1: Sample Form for Tracking Progress of Implementation Activities

Attachment 2: Summary Revenue and Expenses with Pro Forma

Attachment 3: Board Criteria/Profile Matrix

Attachment 4: Job Analysis Discussion and Sample Job Descriptions

Attachment 5: Examples of Possible Interview Questions (by KSAO)

Attachment 6: Examples of Candidate Rating Scales

Sample Format for Tracking Progress of Implementation Activities

Organizational Priority 7: DEVELOPMENT PLAN AND REVENUE DEVELOPMENT STRATEGIES				
Item/Activity	Action	Assignment	Status/Progress	Date
7.7 Support expansion of consulting opportunities	<ul style="list-style-type: none"> Examine current services that are provided free-of-charge or for a service. 	ED, Staff and Consultants		
	<ul style="list-style-type: none"> Develop criteria for charging in the future and professional fee structure. 	ED, Consultants and Fund Development Committee		
	<ul style="list-style-type: none"> Evaluate each future request for assistance against these criteria 	ED and Fund Development Committee		
	<ul style="list-style-type: none"> Request professional fees or in-kind support for each request that meets the consulting criteria 	ED, Staff and Consultants		
	<ul style="list-style-type: none"> Monitor effectiveness of approach 	Fund Development Committee		
7.8 Pursue potential sponsor for license fee renewal increase	<ul style="list-style-type: none"> Identify potential sponsor for increase in fee (e.g., Senator Lois Wolk, Assemblywoman Mariko Yamada) 	Fund Development Committee		
	<ul style="list-style-type: none"> Develop "case statement" for increasing fee to support workforce or health care reform 	ED and Staff		
	<ul style="list-style-type: none"> Identify potential supporters 	ED and Fund Development Committee		
	<ul style="list-style-type: none"> Identify potential opponents and develop counter argument 	ED and Fund Development Committee		
	<ul style="list-style-type: none"> Schedule and hold introductory meeting with potential sponsors 	ED and Staff		
	<ul style="list-style-type: none"> Develop work plan and timeline if sponsors show interest 	ED and Fundraising Consultant		

Sample

Summary Revenue and Expenses with Pro Forma

	Year			
	2010 Actual	2011 Projected	2012 Projected	2013 Projected
Expenses to Support Existing and Planned Programs				
Salaries, benefits and payroll taxes	\$732,261	\$765,187	\$824,266	\$791,191
Program contracts and expenses	718,999	1,269,831	1,010,390	1,176,698
Rent, utilities and other space related expenses	79,665	65,553	67,994	70,194
Public relations and marketing	20,591	34,000	28,200	29,640
Regranting	356,000	204,000	0	0
Other Administrative expenses	<u>90,490</u>	<u>100,970</u>	<u>107,271</u>	<u>117,316</u>
Total Expenses	<u>\$1,998,006</u>	<u>\$2,066,800</u>	<u>\$1,852,121</u>	<u>\$1,847,240</u>
Support and Revenues				
Contributions -identified	\$612,972	\$317,686		
Grants - confirmed or expected	83,218	973,116	486,415	304,689
Service contracts, fees and other program revenues	489,167	262,941	274,578	279,972
In-Kind contributions	60,155	22,203	22,203	22,203
Interest/Other	<u>10,253</u>	<u>11,000</u>	<u>10,000</u>	<u>9,000</u>
Subtotal	<u>\$1,255,765</u>	<u>\$1,586,946</u>	<u>\$793,196</u>	<u>\$615,864</u>
Unrestricted contributions to be raised to cover core admin expenses	0	532,000	400,000	400,000
Assets to be released for program use	742,241	427,853	486,415	304,689
Additional revenues to be raised to support programs	<u>0</u>	<u>0</u>	<u>172,510</u>	<u>526,687</u>
Total Support and Revenues Needed to Break Even	<u>\$1,998,006</u>	<u>\$2,066,800</u>	<u>\$1,852,121</u>	<u>\$1,847,240</u>

ASSUMPTIONS

Expenses

5% Salary increases in 2012 and 2013.

Benefits and payroll taxes remain at approximate current level of 26% of salaries.

Recruitment of new ED to be conducted by board; advertising costs included in 2011.

2 month overlap of current and future ED; new ED salary at existing rate.

Half-time fund development consultant added 4th qtr of 2011; continuing half-time through 2013 at \$100 per hour.

Core programs continue if funding available.

Office remains in Oakland; 3% increase generally in space related costs.

Increased investment in marketing; hiring of consultant, web site investments .

Regranting discontinues at end of current grant.

No contribution to reserves projected for 2011-2013.

CA AC expenses of \$100,000 included in 2011; \$200,000 in 2012 and \$300,000 in 2013.

Support and Revenues

Unrestricted revenues up to \$400,000 will be solicited and received, including \$83,000 more for 2011.

So. Calif Simulation grant will continue with 5% annual increase in revenues.

Revenues from program services, e.g., LANRC, NRC, Clinical Faculty Development Program will continue.

CA AC revenues of \$100,000 in 2011; \$200,000 in 2012 and \$300,000 in 2013.

Grants designated as "expected" in updated 2011 budget will materialize as planned.

Additional grant funds will be raised for 2012-2013 or programs will be discontinued.

Consulting revenues will increase at about 5% per year.

In kind contributions will remain at 2011 projected levels.

Interest and other miscellaneous revenues will decline as asset balances decline over period.

CINHC – Board Criteria/Profile Matrix
 (Modify with Other Criteria as Desired)*

(Place a check in the appropriate boxes for each Board member to create a member profile; then total the columns to see the overall Board profile; identify gaps in desired criteria and recruit to fill gaps. Review whenever there is a change in Board membership)

Member	Gender		Ethnicity					Geography				Healthcare Service Delivery Expert		Non profit exper?		Fundrais exper?		Mrktg/comm. exper?		Policy/legal exper?		Educ/trng exper?		Other exper (Identify) (e.g., Consumer Insurer/payer)			
	F	M	Afr Am	Hisp	Asn	Wh	Oth	Bay Area	LA	SD	Cent Vally	Sac Area	RN	Other	Y	N	Y	N	Y	N	Y	N	Y		N		
Total																											

* Note on pp. 34-35 of the Market Assessment Value Proposition report the skills and characteristics the Board and stakeholders felt was important in recruiting new Board members such as commitment to CINHC mission, influence in the state, etc.

DISCUSSION OF JOB ANALYSIS

The basis for any job-related selection procedure is the job analysis. The purpose of this analysis is to identify the nature and content of the job and determine the skills, knowledge, abilities and other personal characteristics (KSAOs) that a job incumbent must possess in order to perform the job successfully.

There are many methods of conducting a job analysis, but all the methods have the same goal – to specify, usually in the form of a duty statement or job description, the work expected to be performed. Specifying the content of a job requires information from individuals who are knowledgeable about the job. The job experts (subject matter experts) in this case will be the CINHC ED Selection Subcommittee, Board members and the current ED who will summarize the job duties into a preliminary Draft Duty List for the Board's review.

As part of the KSAO-identification process, the ED Selection Subcommittee should determine which characteristics are required of an Executive Director. Some possible examples of CINHC Executive Director **KSAOs** are:

- Demonstrated ability to work with Board members, stakeholders, policymakers, and issue experts.
- Demonstrated ability to raise funds in a non-profit environment.
- Knowledge of budgets and budget planning.
- General knowledge of information technologies and utility.
- Excellent oral and written communication skills.

The desirable KSAO's below refer to characteristics that can be demonstrated through relevant work experience. While candidates who possess the characteristics listed above would be considered *minimally* qualified for the job, it is appropriate to take into account and rank the *minimally* qualified candidates in terms of their possession of the following desirable CINHC Executive Director **characteristics**:

- A working knowledge of nursing history and current issues.
- A working knowledge of healthcare practices gained by work experience as an RN.
- A working knowledge of general trends in technology related to effective fund raising and association management.
- A working knowledge of the California legislative process.
- A working knowledge of recent developments related to the Affordable Health Care Act.
- Demonstrated ability to work effectively with a board of director.

SAMPLE JOB DESCRIPTIONS

Sample #1

Executive Director

ALS Association, Massachusetts Chapter

The Executive Director is responsible for promoting the mission and goals of the Chapter through the following duties: administration, strategic planning, fund development, Board development and support, public relations and human resource management.

MANAGEMENT SCOPE:

Provides leadership for the recruitment and retention of a qualified and inclusive staff team to support the Chapter's activities. The Executive Director will be responsible for developing and managing an annual

budget, formulating a Plan of Operations and administering policies and procedures necessary to the efficient functioning of the Chapter.

PRIMARY RESPONSIBILITIES:

Fundraising

- Establishes annual income development plan representing broad opportunities for donor prospecting, cultivation, retention, upgrade, acknowledgement and recognition.
- Directs the cultivation and acquisition of major donors, foundation and corporate contributions through grantsmanship, sponsorship and material and/or in-kind support.

Chapter Development

- Oversees Patient & Family Services programs through direct supervision of Director of Patient Services, and reports on such activities as requested to the Board of Directors.

Community Involvement and Public Relations

- Serves as primary staff spokesperson to promote the understanding of the ALS mission and presence in the state.

Administration

- Performs chapter personnel management functions, including, but not limited to employment or terminations, performance management, training, supervision, compensation changes.
- Administers the chapter's accounting practices, the maintenance of its fiscal records, and the preparation of its financial reports.

POSITION REQUIREMENTS:

- 5-7 years of progressively responsible related experience with a minimum of 4 years in a supervisory capacity
- Knowledge and skill in nonprofit management with emphasis on proven fund raising results
- Proficiency in fiscal management
- Excellent oral and written communication skills

EDUCATION:

- Bachelor's Degree or equivalent experience.

Sample #1

Chief Executive Officer
National Children's Center
Washington, DC

The National Children's Center's Board of Directors is eager to identify a dynamic leader who is prepared to make a significant impact in innovative services throughout the lifespan for people with developmental disabilities. The next CEO's charge includes an opportunity to expand program depth and scope, increase effectiveness, drive staff development, and enhance the Center's public image, resulting in an organization that is a leader in the field. It is expected that as the Center is transformed, it will inspire quality improvement in the entire field of disability services.

About the National Children's Center

Founded in 1958, the mission of the National Children's Center, Inc. (NCC) is to provide a lifetime of opportunities for people in our community with developmental disabilities to live full, meaningful and productive lives.

NCC is a recognized leader in providing comprehensive and innovative services for children and adults with developmental disabilities in the District of Columbia and Maryland. NCC provides a lifetime of services to children and adults ages 8 weeks to 70+. NCC's vision is that people with developmental disabilities will have every resource to learn, grow, work, live and thrive in our community, which fully includes and embraces them as valued and contributing members. Guiding values are growth, diversity, relationships, choice, dignity, quality, family, accountability, integrity and wellbeing, and the theme "just like you and me."

NCC's community-based services include early intervention, schools, employment, and adult day and residential programs. These quality, personalized, lifespan services now benefit more than 500 infants, children and adults with developmental disabilities every day.

NCC is governed by a 12-member board of directors consisting of community leaders, family members, and adults with developmental disabilities. The organization receives \$28 million in annual revenue from DC government contracts, and federal and state Medicaid funds. A \$35 million Foundation provides reserve funding for investment in innovative matching projects, pilot programs, and strategic organizational improvements.

NCC employs a diverse workforce of 450 highly qualified professionals. Teachers, counselors, psychologists, physical and occupational therapists, employment specialists, social workers, speech pathologists, direct care professionals, recreation specialists, nutritionists, physicians, nurses, psychiatrists, neurologists and other medical specialists work as a team to provide holistic services. Clients in all programs are evaluated on a regular basis to assess needs and progress. All NCC programs are fully licensed and certified.

More information on the National Children's Center may be found at: www.nccinc.org.

Programs

NCC serves children and adults who have autism, intellectual disabilities, Down syndrome, cerebral palsy, brain injuries and other developmental disabilities. Many also have hearing, speech and vision impairments, physical disabilities and/or mental health disorders. Most of the families served are low-income and face multiple challenges of poverty, under- and unemployment, illiteracy, lack of affordable housing in safe neighborhoods and limited access to quality and responsive health care. Many of the children served are in foster care or other out-of-home placements.

Operating 6 educational sites and 41 residential sites in the District of Columbia and Maryland, NCC provides early intervention and preschool programs for infants and young children with and without disabilities; Education for school-aged children with disabilities that are too complex or severe for the public school system; Small group homes, independent apartments, and supervised apartments; Therapeutic day programs; Career development and employment services; And an innovative program known as "Residentiality" offering caregivers all expenses paid weekends of time away in a local hotel along with meals and event entertainment, all while quality care is provided for the loved one with a disability.

The Position

The National Children's Center is poised to continue its highly successful programs in tandem with implementation of new internal financial management systems, training innovations and service delivery models. It is the Board's strong desire that NCC be regionally recognized as the premier service provider and as an innovator in the developmental disability field.

The CEO has responsibility for all aspects of NCC's programs supporting people with developmental disabilities through the lifespan. Essential to this role will be the development of a strategic growth plan and maintenance of relations with federal and state agencies, community leaders, families, and staff.

NCC is currently operating with an Interim CEO who is not a candidate for the position. It is the board's desire to have the new executive on the job in June 2011.

Toward these ends, our near-term priorities for the next 12-18 months include: (not necessarily in priority order)

- Build person centered service delivery programs to make NCC a leader in the field
- Develop senior level community and political relationships that will further the goals of NCC
- Establish a strong Board-CEO partnership
- Implement technology solutions to improve internal operations and quality of care
- Build the board's capacity and maintain cohesiveness
- Strengthen state and federal funding avenues and build community partnerships to enhance funding and opportunities
- Lead a fundamental organizational change process that results in a mission driven, cohesive and effective senior management team and motivated, accountable, committed staff at every level
- In partnership with the Board of Directors, begin development of 3-5 year strategic plan for growth and innovation

Key Responsibilities

Reporting to the board of directors, the CEO will provide leadership to the organization through the following:

- Provide visionary and strategic leadership to the organization and translate that vision into strategies and concrete actions that advance the mission.
- Provide strong leadership for supporting the people of NCC. Seek to expand opportunities for education, independent living, meaningful employment, and community integration so people with developmental disabilities have every resource they desire and require to learn, live, grow and work within a society that fully includes and embraces them as valued and contributing members.
- Provide effective organizational management and direction to existing and new staff to further develop and build their skills, experience, qualifications, and performance. Provide leadership to the senior staff team to promote excellence, maintain regulatory compliance, and improve quality of care.
- Develop and maintain partnerships with strategically important people, particularly in the community and state and federal government; and serve as a spokesperson for the organization.
- Advocate for NCC's programs and services and promote successes.
- Lead the internal operations and programs to preserve NCC's status as a well managed, fiscally sound, and highly respected organization. Promote excellence in NCC's diverse activities and its future growth.
- Support the board of directors in its governance role, foster its ongoing development, and partner to achieve NCC's vision.
- Oversee budget and financial reporting requirements and funding regulations.
- Maintain and expand physical plant and accessible housing opportunities.
- Ensure that all organization activities and operations are carried out in compliance with local, state, and federal regulations and laws governing business operations. Oversee Medicaid service coordination.
- Provide leadership for all resource development functions, foster positive relations with funders and donors, and develop new funding relationships.
- Participate in professional disability/education organizations as appropriate.

Experience and Attributes

Ideal candidates for this position will be visionary, empathetic, passionate, innovative, and driven to share our commitment to fully engaging people with developmental disabilities in a meaningful role in their community “just like you and me”. Candidates will bring a high level of integrity and a variety of experiences and attributes to NCC, including:

- Minimum eight years senior level organizational and financial leadership and management experience in a similar-sized or larger nonprofit, educational or developmental disability organization.
- Master's degree or equivalent with a preference for a MPH, Health Administration, MBA or related health field.
- Experience with high level of government oversight strongly preferred.
- Proven track record of working successfully with a board of directors and developing effective governance models.
- The ability to think strategically and critically, synthesize complex issues and information, and manage change.
- Keen political instincts and a record of advocacy and building and managing strategic relationships with significant resources in the academic and policy community.
- Commitment to and skill with community engagement and collaboration.
- Proven track record with enterprise software deployment, automation, or electronic health record systems
- Successful track record with private and public grants, corporate sponsorships, partnerships and major gifts.
- An inspiring leadership style with a successful track record of managing, building and supporting high-functioning interdisciplinary teams that participate in building shared strategic plans. In particular, providing collaborative leadership of a management team to achieve strategic objectives as well as to ensure quality services and compliance with relevant contractual and regulatory requirements.
- Fluency in financial management of large-scale organizations with greater than \$20M annual budgets and their planning and systems implementation processes.
- Knowledge of the regulatory environment and laws affecting developmental disability programs is a plus.
- Eloquent and inspiring written and oral communication skills.

We offer a comprehensive salary package and superior benefits. Relocation allowance available.

The National Children's Center is an Equal Employment Opportunity/Affirmative Action employer.

Application Instructions

To apply, email resume, cover letter and salary requirements to:

Examples of Possible Interview Questions (by KSAO)

NOTE: The Board should choose among these questions to find a set from each KSAO they feel will best serve their needs for selecting a new ED. Additionally, the Board should plan to add specific questions of important in asking candidates about their experience, capabilities, and “passion” directly related to the core business of CINHC, such as nursing workforce development, educational capacity building, etc.

A. KSAO: Maintaining Positive Relationships with Others (willingness to work and cooperate with others; interpersonal sensitivity).

A-1: Developing a close, positive relationship with a client is often crucial for success. If you can, please give us an example of how you have been able to develop such a relationship with one of your clients.

A-2: Occasionally, clients are dissatisfied with the service they receive. Please tell us about the most difficult client whom you eventually satisfied.

A-3: Please tell us about a time when you used your people strengths to handle a problem with a client.

A-4: Understanding how other people think and feel is important to getting the job done. Please tell us about a time when your understanding of others had that effect.

A-5: A suggestion may never get considered because it is unconventional. Please tell us about a time when you had to deal with such an idea and how you handled it.

A-6: Please describe any experience you have in working with advisory boards, commissions and/or committees.

A-7: How would you establish and ensure positive relationships with advisory boards, commissions and/or committees?

A-8: Please tell us about a time when you were able to successfully work across departmental lines to accomplish something that was in the best interest of the organization. What was the situation? What was your role?

A-9: Please tell us about some of the groups you’ve had to get cooperation from. What did you do?

B. KSAO: Ability to Make Decisions and Decisiveness

B-1: Uncertainty seems to be a permanent fixture in today’s non-profit environment. Please tell us about the last major decision you made regarding operations where conditions were uncertain.

B-2: There are times when one feels that a decision must be made even though others feel that it may be premature. Please tell us about a time when you made a decision or took action even though others were not ready to do so.

B-3: When was the last time you “thought outside the box” and how did you do it?

B-4: Please give us an example of when someone brought you a new idea, particularly one that was odd or unusual. What did you do?

B-5: Do you consider yourself a risk taker? If so, please describe a situation in which you had to take a risk.

B-6: What is the most difficult professional decision you've had to make? How did you arrive at your decision?

C. KSAO: Managing Subordinates Effectively (motivating subordinates; providing job performance feedback).

C-1: How would you develop staff that is responsive to the needs of your clients?

C-2: Please tell us about a time when you felt it was necessary to talk to an employee about the need for improvement in his or her performance.

C-3: Every work group has times when people seem down and need someone to energize them. Please give us an example of when you were the person to do that.

C-4: How would you develop staff to work with a diverse population?

C-5: Have you ever had to resolve a conflict with a co-worker or client? How did you resolve it?

C-6: How do you ensure that you are aware of staff concerns and problems?

C-7: How would you balance the need for efficiency with the need for personal service?

C-8: If your expectations of staff are not being met, what would you do?

C-9: How do you communicate your expectations to your employees?

D. KSAO: Ability to Negotiate (negotiating on behalf of the employer; persuading someone to a point of view; resolving conflict; achieving consensus).

D-1: What do you consider to be your strength in negotiations?

D-2: Please tell us about the last time you were successful in a negotiation.

D-3: Sometimes the only way to resolve a difference or conflict is through negotiation and compromise. Please tell us about a time when you were able to resolve a difficult situation by finding common ground.

D-4: In negotiations, understanding the point of view of the other person often helps us develop a counter strategy. Please give us an instance when you were able to do this.

E. KSAO: Knowledge of Budgets and Budgeting (developing plans for future expenses, prioritizing for allocation of resources, monitoring status of expenditures against budgeted amounts).

E-1: Please tell us what level of personal involvement you have had in forecasting and completing budgets. Please describe the scope of your budgeting experience, size and funding sources.

E-2: Please describe your specific strengths and limitations in budgeting.

E-3: Please tell us about your experience drafting, managing, and monitoring contracts and other agreements.

E-4: Please explain the importance of timeliness and accuracy in providing financial and narrative reports. Please describe a system you would use to achieve good reporting procedures.

E-5: Please describe your knowledge and experience monitoring the accuracy of budgets and the performance of services.

E-6: Please describe your most recent responsibility for calculating the dollar cost of a project or program and determining its return-on-investment.

F. KSAO: Project Management

F-1: Please tell us about experience you have had in planning, organizing and coordinating administrative functions, programs and/or projects.

F-2: Please describe the most complex program or project you have worked on recently.. What was your role and the final outcome?

F-3: Please describe some situations in which you worked under pressure or met deadlines.

G. KSAO: Problem Solving

G-1: What type of approach to solving work problems seems to work best for you? Please give us an example of when you solved a tough problem?

G-2: Please describe a situation in which you had a difficult management problem. How did you solve it?

H. KSAO: Ethics

H-1: Please discuss a time when your integrity was challenged. How did you handle it?

H-2: In what professional situation do you feel honesty would be inappropriate?

H-3: Have you ever asked forgiveness for doing something wrong?

H-4: What would you do if someone asked you to do something unethical?

I. KSAO: Capabilities/Experience in Fund raising

I-1. Please describe your experience in fund raising, especially for unrestricted donations. How will this experience transfer to CINHC?

I-2. Please describe your strategy for increasing the amount of unrestricted donations to CINHC.

I-3. What would you do to develop a campaign to increase unrestricted donations to CINHC? How long would it take to develop such a campaign?

I-4. How successful have you been in fund raising for non-profit organizations? What made you successful?

J. KSAO: Understanding Health Care Dynamics:

J-1. What opportunities for nursing do you see as the Affordable Health Care is implemented?

J-2. How might the coming changes in health care reform impact the direction and activities of an organization such as CINHC?

J-3. What opportunities do you see for CINHC in implementing the recommendations of the RWJ Initiative on the Future of Nursing in California?

J-4. How might CINHC work more closely with other health workforce centers and other nursing organizations while still differentiating itself with its core business?

K. General Areas of Inquiry

K1: Please tell us about your most significant professional achievements or accomplishments related to this position.

K-2: What responsibilities do you want and what kind of results do you expect to achieve in your next job?

K-3: What is important to you in a job?

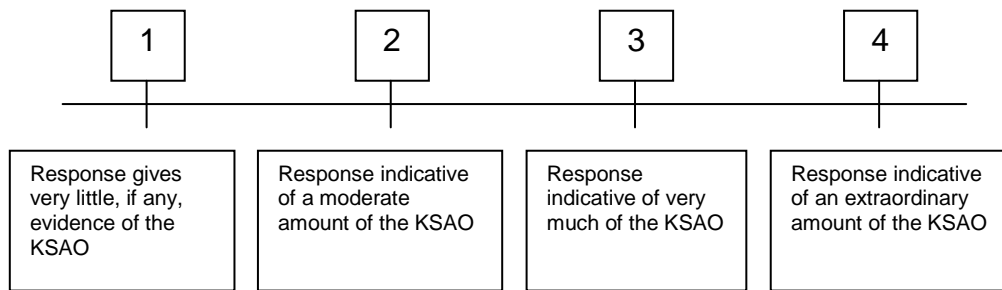
K-4: What do you think it takes to be successful in an association such as ours?

K-5: Please tell us how your knowledge, skills and abilities and personal characteristics would be of benefit to CINHC?

Examples of Candidate Rating Scales

There are many different types of rating scale formats. Some are quite simple and easy to put together, others require more work. Here are some examples:

This is a fairly popular scale format that is versatile and easy to use. Extra rating levels may easily be added without much need for more description. For example, the scale below could be made into a 7-



point scale just by adding an extra number between the four numbers and renumbering to go from 1 to 7. Another common scale goes by steps from unacceptable/poor, below average, acceptable, above average to outstanding in five steps. The actual words at each step may be changed to suit the special needs of the organization.

The following scale has quite good descriptive anchor points and could be used as an overall summary for the application package review:

OVERALL SUMMARY RATING: <i>(Check one)</i>
ALL THINGS CONSIDERED, THIS INDIVIDUAL:
<input type="checkbox"/> Is a <u>Poor</u> candidate for the position under any circumstances.
<input type="checkbox"/> Is a <u>Weak</u> candidate. Has some good points, but would require extensive training and experience before being ready to assume executive level responsibilities.
<input type="checkbox"/> Is a <u>Fairly Strong</u> candidate. Weak in some areas and training and experience would be required before being ready to assume executive level responsibilities.
<input type="checkbox"/> Is a <u>Strong</u> candidate. Good background in most areas and could be expected to learn rapidly on the job. Should be interviewed if stronger candidates drop out or are rejected.
<input type="checkbox"/> Is an <u>Excellent</u> candidate. Strong in all areas with a very appropriate non-profit background and sound knowledge of California state and federal healthcare issues. Should be in the top group for interviewing.

Another example of a 5-point scale with descriptive anchor points:

Planning & execution of large scale projects with complex requirements.	
1	Limited experience in project planning and management. Experience has been at the helper and assistant level rather than in a significant management role.
2	
3	Broad experiences as a project manager, but projects have been fairly small and short term. Would need time and training to meet CINHC needs. Understands experience is limited.
4	
5	An experienced project manager who understands the process from beginning to end and had managed difficult projects successfully. Understands the issues and problems. Has learned to be proactive, detail-oriented, and how to respond to last minute changes and unpredictable events.

Members of the CINHC Executive Director Selection Subcommittee should develop scales based on whichever of the above examples seems most appropriate for their needs and create a form which can be used to rate and summarize the application packages as they are reviewed, and to create an interview outline form for the interview process.