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## **Three-Year Strategic Plan for 2010 to 2013: Report on the September 2009 Strategic Planning Workshops**

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Accepted by the Board of Directors, November 25, 2009

NOTE: This version of the report includes only Part 1 and the appendix

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# Contents

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<b>Part 1: Overview</b> .....	<b>1</b>
DHHS's Strategic Planning Process .....	1
Current Situation .....	3
Findings from the Needs Assessment .....	3
Global Information on Finances and Service Volume .....	4
Mission, Vision and Values .....	7
Strategic Directions.....	8
Operating Model.....	12
<b>Appendix: Participants in Strategic Planning Workshops</b> .....	<b>13</b>

# Part 1: Overview

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## DHHS's Strategic Planning Process

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### About DHHS

The Deaf and Hard of Hearing Society (DHHS) is based in Calgary and has an office in Edmonton. It has operated as a charitable organization for almost fifty years and offers services that cluster into seven broad categories: interpreting, hard of hearing, equipment, family services and community outreach, information, public awareness, and advocacy.

In its mission statement, DHHS states that its purpose is to enhance “the lives of Deaf, deafened and hard of hearing persons and those with whom they interact”. The society believes that these persons have the right to equal access to all aspects of life and the opportunity through empowerment to achieve this right. This belief is underpinned by the Canadian Human Rights Act, which recognizes that persons with disabilities have a right to full integration and participation in society.

In Alberta, as many as 600,000 people are hard of hearing and this includes 6,000 who are Deaf. Some members of this population, particularly those who became hard of hearing later in life, may consider themselves as having a disability. Others, particularly those who are Deaf, may see themselves not as having a disability but as being members of a unique cultural community.

### The strategic planning process

In developing its strategic plan, DHHS was committed to engaging stakeholders, making decisions based on environmental realities and evidence, and being practical while at the same time recognizing and seizing opportunities that will benefit current and future consumers.

DHHS succeeded in engaging stakeholders including board members, staff, other organizations, consumers, and their families. Some of this engagement occurred during the needs assessment that was conducted by Dr. Debra Russell (DLR Consulting). The needs assessment involved interviews with employees and an on-line survey of 110 stakeholders that included respondents who are Deaf or hard of hearing, work as interpreters or in a related field, have a child who is Deaf or hard of hearing, or have some other connection to DHHS. The needs assessment also included an on-line survey with board members, focus groups in Calgary and Edmonton, and one-to-one interviews.

DHHS also engaged over thirty stakeholders in a series of strategic planning workshops that occurred over five days in September 2009. (The list of participants is included in the appendix on page 13.) Participants contributed insights gained from their personal and professional experiences and helped ground the discussions in environmental realities and evidence. They also contributed vision, creativity, and enthusiasm and all demonstrated their commitment to DHHS and its cause.

## Expectations for the strategic plan: the checklist

The first two days in the series of strategic planning workshops involved DHHS's board of directors, a few staff, and five participants from other organizations. By sharing their personal expectations for the strategic plan, this group identified the following list of aspirations that can now be used as a checklist to assess the plan and determine whether it lives up to expectations and if not, where it needs to be improved.

The strategic plan should

- be bold in setting direction, executing strategies, and acquiring resources – just because DHHS has done certain things in a certain way does not mean it has to continue doing the same things in the same way,
- reflect tough decisions that will result in DHHS realizing its potential and having a greater reach and impact, and
  - build on core competencies,
  - provide clarity about what DHHS stands for, where the organization is going, its strategic priorities, and the outcomes it wants to achieve,
  - provide clarity on DHHS's core business/services and how it will deliver those services,
  - reflect an understanding of the priorities identified in the needs assessment and deliberate choices about the priorities that DHHS will pursue (DHHS cannot be all things to all people),
  - reflect DHHS's financial resources and human capacity, and
- be accompanied by a communication strategy to inform stakeholders about the plan.

## About the full report

This report summarizes the evidence that was considered, the discussions that occurred, and the decisions/recommendations that were developed during the strategic planning workshops. The report is intended as a starting point for further discussion by the board of directors and management.

The report begins with a review of DHHS's current situation: its strengths and opportunities, global information on finances and service volume, and then presents the organization's mission, vision, and values. Next the report presents strategic directions for the next three years and a table showing how objectives for each program/service align with the strategic directions. The overview concludes with a proposed operating model that was developed and refined over the course of the strategic planning workshops.

In part 2, the report focuses on individual programs and activities: Interpreting Services, Hard of Hearing, Equipment, Family Services and Community Outreach, and Revenue Development. Information is presented in the same order for each program: recommendations from the needs assessment, other considerations including financial results and service volume, and objectives for the next three years.

In part 3, the report presents information on indicators to monitor progress and positioning to communicate the plan to consumers and other stakeholders. (NOTE: This version of the report includes only Part 1 and the appendix.)

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## Current Situation

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### Findings from the Needs Assessment

In March 2009, Dr. Debra Russell (DLR Consulting) completed a needs assessment for DHHS based on research that included a review of the services and programs offered by DHHS and organizations that serve similar consumer groups in four other provinces, interviews with DHHS staff, on-line surveys that were completed by 110 stakeholders, another survey completed by board members, focus groups, and one-to-one interviews. The needs assessment identified some of DHHS's current strengths as well as some opportunities for improvement:

#### Current strengths

- DHHS has passionate and dedicated staff and strong, effective leadership that has increased funding and expanded services.
- DHHS is committed to the communities it serves and provides a range of services for children, youth, families, and adults.

#### Opportunities for improvement

- DHHS's current human and financial resources are not sufficient to meet the demand for services.
- DHHS needs to collaborate and partner with other organizations to increase the services provided to consumers.
- DHHS needs to use effective communication to enhance its relationships with the stakeholder groups that it serves.
- DHHS needs to increase its public relations to raise its profile and increase its advocacy for communications access for hard of hearing, deafened, deaf/blind, and Deaf consumers.

In the preamble to a list of seventeen "perceived concerns and needs" that emerged during the needs assessment, Dr. Russell observes that "the demand for services exceeds the resource available to provide programs and services". This reality underlies the board of director's determination to be bold in making tough decisions about DHHS's future.

The list of perceived concerns and needs identified by the needs assessment includes topics ranging from coordinating and allocating resources for interpreting services to the need for the organization to be creative. While DHHS does not have the capacity to address all seventeen of the perceived concerns and needs, the list is rich in detail and was referred to throughout the strategic planning workshops.

## Global Information on Finances and Service Volume

The following table shows the results of DHHS's operations for the five fiscal years ending in 2009. During this period, total revenue increased 68.3% from \$832,462 to \$1,400,894. Two revenue streams grew significantly (fee for service by \$505,860 and other grants by \$111,131) while the sum of all other revenue streams declined by \$48,559.

Almost all of DHHS's revenue is designated for a specific use by the donor/funder. In 2009, approximately \$150,000 (10.7%) of total revenue was not designated and therefore available for use at the board's/management's discretion.

Over the five year period, expenses grew at a slower rate (59.9%) than revenue allowing the organization to transition from having small operating deficiencies to having small operating surpluses ranging in size from 4.4% of total revenue in 2007 to 2% in 2009.

DHHS's statement of financial position shows that its operating fund was in a deficit position throughout the period due to transfers from the operating to the capital fund.

Results of Operations for Fiscal Years Ending 2005 to 2009 (Operating Fund)							Change 2005 to 2009	
	2005	2006	2007	2008	2009	\$	%	
<b>Revenue</b>								
Fee for service	234,401	235,045	185,229	307,141	505,860	<b>271,459</b>		
Alberta Seniors and Community Support/Development grants	127,093	127,093	127,093	308,544	318,283	191,190	150.4%	
United Way	135,239	143,588	147,575	164,449	163,730	28,491	21.1%	
Other grants	17,500	9,655	8,400	30,776	128,631	<b>111,131</b>	<b>635.0%</b>	
Fundraising and donations	56,431	103,062	124,123	129,595	63,511	7,080	12.5%	
Anonymous donor grants	101,869	39,074	29,386	59,338	73,026	(28,843)	-28.3%	
Equipment sales	116,123	125,913	125,409	88,494	70,876	(45,247)	-39.0%	
Casino	31,682	39,557	85,480	0	35,893	4,211	13.3%	
Miscellaneous	6,917	3,895	11,962	24,405	23,508	16,591	239.9%	
Program revenues	3,145	3,980	6,339	8,021	14,647	11,502	365.7%	
Room rental	510	950	1,175	655	1,870	1,360	266.7%	
Membership dues	1,514	2,081	1,914	1,088	1,027	(487)	-32.2%	
Interest income	38	4	125	132	32	(6)	-15.8%	
	<b>832,462</b>	<b>833,897</b>	<b>854,210</b>	<b>1,122,638</b>	<b>1,400,894</b>	<b>568,432</b>	<b>68.3%</b>	
<b>Expenses</b>	<b>858,739</b>	<b>868,857</b>	<b>816,413</b>	<b>1,081,310</b>	<b>1,373,287</b>	<b>514,548</b>	<b>59.9%</b>	
<b>Operating surplus (deficiency)</b>	<b>(26,277)</b>	<b>(34,960)</b>	<b>37,797</b>	<b>41,328</b>	<b>27,607</b>	<b>53,884</b>		
<b>Surplus/deficit as % of total revenue</b>	<b>-3.2%</b>	<b>-4.2%</b>	<b>4.4%</b>	<b>3.7%</b>	<b>2.0%</b>			
<b>Operating Fund</b>								
Accumulated surplus (deficit)	(1,601)	(38,451)	(7,489)	(10,956)	(2,256)	(655)		

Source: audited financial statements

This table shows DHHS's revenue and expenses by program for 2008-2009 and at the bottom shows the number of FTEs (full-time equivalent staff) working in each program. The key information appears at the bottom this analysis: DHHS's total program revenue is sufficient to cover direct program costs and in 2008-2009 created a program surplus of \$292,900. **However**, when indirect costs (e.g. for office space, supplies, management, etc.) are allocated to programs the program surplus becomes a deficit of \$63,200.

This is not a one-time occurrence. DHHS's operating budget for 2009-2010 anticipates that after indirect costs are allocated to programs, their combined deficit will be \$93,800. DHHS needs undesignated revenue from donors and others to offset these program deficits.

At \$848,800, human resource costs (salaries and benefits) consumed 60% of total revenues while indirect expenses of \$351,500 consumed 25% of revenue.

<b>Actual Revenue and Expenses for 2008-2009 per Analyses Used During Strategic Planning Workshops</b>							
<b>Budgeted Surpluses (Deficits) for 2009-2010</b>							
	Programs				Program Total	Other	Global Financial Analysis*
	Hard of Hearing	Other	Interpreting Services	Family & Community Outreach			
<b>Revenue</b>							
Equipment sales							
Regular	69,100				69,100		69,100
Alberta Aids for Daily Living, pilot	34,700				34,700		34,700
	<u>103,800</u>				<u>103,800</u>		<u>103,800</u>
Alberta Aids for Daily Living, pilot	21,600				21,600		21,600
Contracts	29,500		318,000		347,500		347,500
Program fees		3,000	507,000	10,200	520,200		520,200
United Way of Calgary		30,400	76,000	45,600	152,000		152,000
Calgary Learns				15,400	15,400		15,400
Anonymous Donor				57,200	57,200		57,200
Designated donations		6,500			6,500		6,500
Other	1,700				1,700		1,700
Other revenue to equal total per Global Financial Analysis						194,800	194,800
	<u>156,600</u>	<u>39,900</u>	<u>901,000</u>	<u>128,400</u>	<u>1,225,900</u>	<u>194,800</u>	<u>1,420,700</u>
Percent of total	11.0%	2.8%	63.4%	9.0%	86.3%	13.7%	100.0%
<b>Direct program expenses</b>							
Cost of goods sold	50,800				50,800		50,800
Human resources	64,800	39,600	661,900	78,000	844,300		844,300
Program delivery	9,300	1,400	24,700	2,500	37,900		37,900
	<u>124,900</u>	<u>41,000</u>	<u>686,600</u>	<u>80,500</u>	<u>933,000</u>		<u>933,000</u>
Percent of total	13.2%	4.3%	72.7%	8.5%	98.9%		98.9%
<b>Surplus (deficit) before allocation for indirect expenses</b>	<b>31,700</b>	<b>(1,100)</b>	<b>214,400</b>	<b>47,900</b>	<b>292,900</b>	194,800	487,700
<b>Indirect expenses</b>	30,800	23,100	256,000	46,200	356,100		356,100
Other expenses to equal total per Global Financial Analysis						106,100	106,100
<b>Surplus (Deficit)</b>	<b>900</b>	<b>(24,200)</b>	<b>(41,600)</b>	<b>1,700</b>	<b>(63,200)</b>	<b>88,700</b>	<b>25,500</b>
FTE (full time equivalent staff)	2.00	0.60	9.85	1.50	13.95	3.40	17.35
<b>Budgeted Surplus (Deficit) for 2009-2010 after allocating indirect expenses</b>	<b>(2,800)</b>	<b>(33,100)</b>	<b>(40,400)</b>	<b>(17,500)</b>	<b>(93,800)</b>	<b>123,800</b>	<b>30,000</b>
* Global Financial Analysis is based on internal reports							

The table on this page shows DHHS's program and service volume for 2008-2009. The number of unique individuals served is an estimate as DHHS does not have client management software and currently programs use different methods for tracking service volume.

As shown at the bottom of the table, DHHS estimates that it provided services to 1,044 consumers although this does not include the number of people who purchased equipment. When all of the people that attended a DHHS presentation are included, the total volume increases to 5,221 individuals.

Note: Interpreting Services tracks the number of Deaf clients not the number of people involved in the situation for which the interpreter is providing service. Interpreting hours are significantly higher in Edmonton than Calgary because DHHS was regularly providing up to ten hours of daily service for some students in Edmonton over an extended period.

### 2008-2009 Program and Service Volume

Note: These numbers are estimates and programs use different methods for tracking service volume

	<u>Unique Individuals</u>	<u># of Program Units*</u>	
<b>Family and Community Outreach</b>			
Family Focussed ASL	30	8	families
Signing Naturally (ASL course)	15	2	
After School Literacy Program	7	10	
DHHS Clubs			
Tykes	13	10	
Kids	11	10	
Youth	10	11	
Outreach	18		
Presentations	** 60		
	<u>164</u>	<u>51</u>	
<b>Equipment</b>	<b>n/a</b>	<b>304</b>	people served
<b>Hard of Hearing</b>			
Managing Hearing Loss (speech reading)	43	5	
School presentations	** 1,540	70	
Other Presentations (seniors' residences, etc.)	** 2,577	7	
Tinnitus	362	1,277	
	<u>4,522</u>	<u>1,359</u>	
<b>Interpreting Services</b>			
Edmonton	297	8,228	hours
Calgary	238	3,911	hours
	<u>535</u>	<u>12,139</u>	hours
<b>Total including presentations</b>	<b>5,221</b>	<b>13,853</b>	
<b>Total excluding presentations</b>	<b>** 1,044</b>		

\* Definition of program units varies e.g. the number of individuals, the number of families, pieces of equipment sold, etc.

Source: Spreadsheet used during September 2009 strategic planning workshops as revised Sept 9/09 and during workshops

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## Mission, Vision and Values

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The strategic plan was developed in the context of DHHS's current mission and vision statements with an understanding that once the strategic plan is being implemented, these statements will be reviewed and revised as necessary to reflect DHHS's strategic decisions and aspirations for the future.

### **Mission**

Deaf and Hard of Hearing Society enhances the lives of Deaf, deafened and hard of hearing persons and those with whom they interact.

### **Vision**

Recognized for excellence in communication equity.

### **Core Values**

DHHS's decisions and actions are guided by its commitment to its core values:

- treat all people with respect, honouring their dignity and independence,
- be committed to enhancing the quality of life of Albertans who are Deaf and hard of hearing,
- be inclusive, reliable, accessible, and relevant to stakeholders, and
- provide quality services and pursue excellence in all that we do.

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## Strategic Directions

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Over the next three to five years, DHHS will shift its focus to the following strategic directions recognizing that in some areas it will take longer to achieve significant, measurable progress. The organization is committed to extending its reach and improving access to services in areas identified as priorities in the March 2009 needs assessment.

<b>Advocacy</b>	Advocate for individuals and for system and policy change by focussing on universal accommodation that advances human rights and provides equal opportunity for Deaf and hard of hearing.
<b>Capital resources</b>	Be financially sustainable by securing funding, donations, and resources that advance DHHS's priorities.
<b>Focus on strengths</b>	Focus service delivery in areas of strength (core competency) where DHHS has the ability to serve stakeholders in a unique and valuable way.
<b>Human capital</b>	Have the human resources (staff and volunteers) required to advance strategic directions by attracting and investing in high calibre staff and planning for the transition of staff and board members.
<b>Interpretation services</b>	Become the leader in interpretation services by providing equal opportunity to services based on consumer preferences and needs. Interpretation services will include ASL interpreters and partnerships with other organizations for deaf/blind intervention and CART (communication access realtime translation).
<b>Operational excellence</b>	Achieve operating excellence by obtaining and optimizing appropriate infrastructure including financial analyses, technology, and formalized policies and protocols.
<b>Provincial presence</b>	Examine opportunities to extend service reach across Alberta using technology.
<b>Public profile and visibility</b>	Be known to members of the Deaf and hard of hearing communities, other stakeholder groups/organizations, and the broader public.
<b>Strategic partnerships</b>	Use strategic partnerships to leverage other organizations' resources and strengths to enhance service quality and serve more people.

## Organizational (not program specific) Activities to Advance Strategic Directions

Strategic Direction	Activities (HOW)
<b>Advocacy</b>	<ul style="list-style-type: none"> <li>• Continue to chair the Human Rights Committee for the Calgary Abilities Network, a collaborative involving professionals and consumers from the disability community that is dedicated to bridging the gap between the fragmented disability communities in Calgary and put forward action plans to effectively advance policies that address persons with disabilities.</li> </ul>
<b>Public profile and visibility</b>	<ul style="list-style-type: none"> <li>• Develop a DHHS “corporate” presentation that includes information about the organization and all its programs and services. Use the presentation as the foundation for customized presentations and to cross-promote DHHS’s programs and services.</li> <li>• Train staff to cross-promote all of DHHS’s programs.</li> </ul>
<b>Strategic partnerships</b>	<ul style="list-style-type: none"> <li>• Clarify what DHHS can contribute to partnerships with organizations that have expertise in areas that are not DHHS’s core competencies e.g. children’s’ literacy and recreation.</li> <li>• Develop criteria to guide decisions about entering partnerships and managing relationships with partners. (Note: A good reference is Human Resources Development Canada’s 2000 publication titled <i>The Partnership Handbook</i>, by Flo Frank and Anne Smith.)</li> <li>• Identify programs/needs that would benefit from being delivered in partnership and identify potential partners.</li> </ul>

## Summary of Program-Specific Objectives

This table presents objectives for each program showing which strategic directions they advance. For detail on each program refer to part 2 of this report.

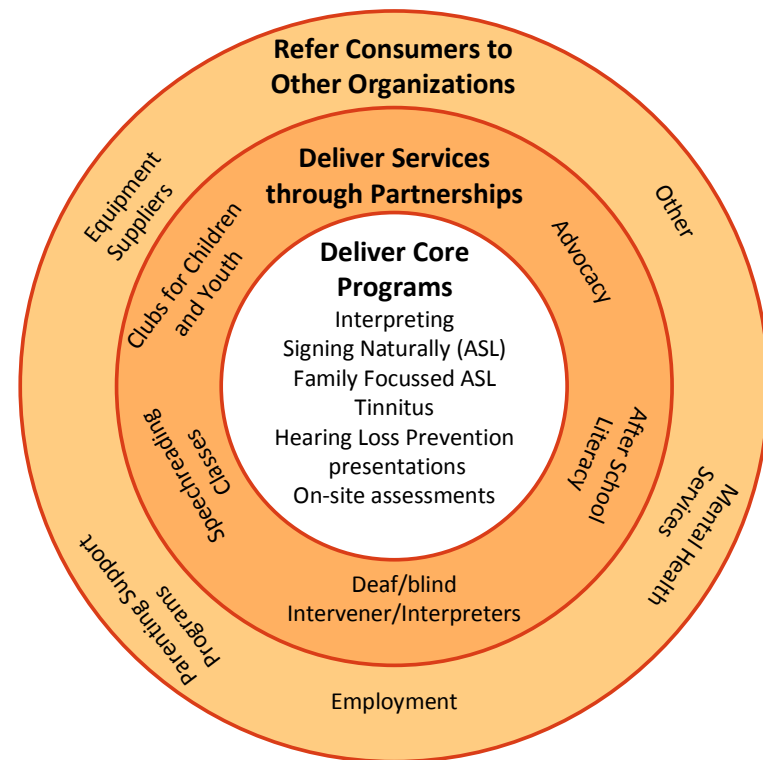
Program Objectives	Advocacy	Capital Resources	Focus on Strengths	Human Capital	Interpretation Services	Operational Excellence	Provincial Presence	Public Profile & Visibility	Strategic Partnerships
<b>Interpreting Services</b>			x						
Protect DHHS's ability to attract and retain interpreters.		x		x	x				
Ensure financial viability of interpreter services.		x			x				
Acquire booking software that satisfies requirements.					x	x			
Participate in Telus pilot and launch of video relay technology.					x	x	x	x	
Consider a new model for delivering emergency interpreting services.					x				x
Investigate feasibility of an intervener/interpreter service for deaf/blind consumers.		x		x	x				x
Develop a Deaf interpreter (DI) program.		x		x	x				x
<b>Hard of Hearing</b>									
Increase awareness about tinnitus and DHHS's tinnitus program				x			x	x	
Increase participation in speechreading classes by having other organizations offer DHHS's speechreading program as part of their curriculum			x				x	x	x
Establish a leadership development program/camp for young people who are Deaf and hard of hearing.							x		x
<b>Equipment</b>									
Shift from selling equipment to researching and demonstrating the newest and best equipment.		x	x	x		x			x
Increase on-site (workplaces, schools, homes) and hearing aid assessments on a fee-for-service basis.		x	x	x			x		

<b>Program Objectives</b>	<b>Advocacy</b>	<b>Capital Resources</b>	<b>Focus on Strengths</b>	<b>Human Capital</b>	<b>Interpretation Services</b>	<b>Operational Excellence</b>	<b>Provincial Presence</b>	<b>Public Profile &amp; Visibility</b>	<b>Strategic Partnerships</b>
<b>Family Services and Community Outreach</b>									
Build on DHHS's core competency: Use resources to become a centre of excellence for ASL education.			x			x			
Establish a working group on partnerships for each target group: children, families, adults.			x						x
<b>Revenue Development</b>									
Secure a base of loyal/repeat donors.		x				x		x	
Increase ability to solicit and secure grants and donations.				x		x		x	x
Raise funds for technology that would support DHHS in extending its service reach across Alberta.		x				x	x		
Be creative and receptive to fundraising opportunities.		x				x		x	
<b>Organizational Structure</b>									
Develop DHHS's leadership and administrative capacity.				x		x			
<b>Bilingual Competence</b>									
Increase the level of bilingual (English and ASL) competence among staff.		x				x			

## Operating Model

During the strategic planning workshops a new operating model was developed. Although the diagram explaining the model evolved from using overlapping circles to using concentric circles (as shown below), the underlying concept was consistently embraced. This blended service model envisions DHHS transitioning from an organization that provides all of its services directly to consumers to an organization that delivers some (core) programs directly to consumers, delivers some services through partnerships with other organizations that contribute expertise and resources, and refers consumers to other services that are provided by organizations that specialize in specific program areas.

**Blended Service Model**



# Appendix: Participants in Strategic Planning Workshops

By participating in one or more of the strategic planning workshops held between September 18 and 23, 2009, the following people contributed to DHHS's understanding of needs, opportunities, and service gaps and its identification of priorities to pursue in the coming years. Thank you.

## DHHS Board of Directors

Barbara Revay, Chair

Tom Pinder, Past Chair

Judy S Nadon-Yuen

Linda Cundy

Marika Strobl

Mark Moss

Trevor Thomson

Wendy Ryan

## DHHS Staff

Christina Smith, Executive Director

Amanda Omoth, Staff Interpreter, Edmonton

Diana Guedo, Special Projects Coordinator

Jason Huddleston, Interpreting Services Coordinator, Edmonton

Mike Keeping, DHHS Equipment Specialist

Robyn Mackie, Manager Family and Community Outreach

Deanna Korent, Interpreting Services Coordinator, Calgary

Duane Gillissie, Manager of Interpreter Services

Leslie Brachman, Finance & Human Resource Manager

Patrick Cullen, DHHS Accountant

Sylvia Bird, Tinnitus Coordinator

## Community members and stakeholders

Audrey Veltri, Coordinator Deaf Blind Services, CNIB

Dr. Debra Russell, DLR Consulting

Janet Brenner, Consultant, Special Needs Programming for the Deaf and Hard of Hearing Calgary Catholic School District

Kelly Duffin, CEO, Canadian Hearing Society (CHS)

Lili Bunce, Community Planner, Community Investments & Collaborations, United Way of Calgary and Area

Norma Jean Taylor, System Principal Deaf & Hard of Hearing, Calgary Board of Education

Talia Bell, Senior Manager, Prevention Services, Boys & Girls Club of Calgary

Colin Cantlie, Special Advisor to the President, CHHA

Jade Coultman, President, CHHA

Joanne Rocheleau, Alberta Chapter of the Registry of Interpreters for the Deaf (ACRID) Provincial Liaison

Kirk Ferguson-Uhrich, Chair, Deaf Studies and Sign Language Interpretation Lakeland College

Megan Williams, Communications Coordinator, Calgary Learns

Stacy Tidlund, CHHA Member at large

## Consultants

Deb McPhedran, facilitator

Lorna Mayer, writer