

**Amyotrophic Lateral Sclerosis
Society of Alberta
(ALS)**

**Five-Year Strategic Plan
2009 – 2013**

May 2008

Prepared with the support of
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Introduction by the President of the Board

This Strategic Plan of the ALS Society of Alberta is the culmination of a twenty year history of vision, compassion, leadership, and dedication.

Since the inception of the Society in 1986, there has been a great deal of clarity about our vision and mission – to serve those living with ALS, to make each day the best possible day. This mission was once again confirmed by the current staff and board members, and our diligence in achieving this mission is renewed.

It was extremely rewarding to hear the overwhelmingly positive comments contained in the survey that formed such an integral part of this Strategic Plan. We are indebted to the hard work and compassion of the staff who have dedicated their expertise so fully to people connected with the Society.

Teamwork will continue to be a cornerstone to success in the next five years outlined in this Strategic Plan. Our partnerships with the incredibly dedicated and accomplished staff at the ALS Clinics in both Edmonton and Calgary; the amazing team of volunteers; and our colleagues in the ten other Societies across the country, strengthen our ability to provide leading edge support and services to people living with ALS.

The work of the Society has always been driven by the people who are affected by the devastating disease of ALS. Albertans who are living with ALS, their family, and caregivers provide the encouragement and inspiration for us to move forward with the knowledge that together, we can and do make a difference. It is for you that this plan was developed and to you, it is dedicated.

Sincerely,

Cathy Martin
Chair – Board of Directors
ALS Society of Alberta
April 2008

Introduction to the Plan

The Strategic Five-Year Plan will direct the activities of the Amyotrophic Lateral Sclerosis Society of Alberta (referred to as ALS Society throughout the plan) for the five years from 2009 to 2013. The Strategic Plan is a comprehensive and forward-looking document that recognizes and builds upon the values and strengths of the Society and responds to the current and emerging environment.

The Strategic Plan lays out the “broad picture” of the services and operations of the ALS Society over the next five years, and will be translated into action through the development of a two-year Operational Plan. This Plan is the foundational document and the strategies and other plans (such as Communication and Education Plan, Advocacy Strategy, Resource Development Plan) will support and align with it.

This plan supports our newly revised vision statement and values. The Operational Plan will be developed and implemented in a manner that aligns and support our vision and values.

This plan builds on the previous planning activities conducted by the ALS Society of Alberta Board and Staff members including planning sessions held on September 24, 2005 and November 18, 2006, and an Organizational Assessment Report March 17, 2004 prepared by the Calgary Centre for Non-Profit Management.

Finally, the Strategic Plan exemplifies the beliefs and behaviours that are demonstrated daily by the Board and Staff members and volunteers of the ALS Society of Alberta; namely, that their purpose is to *“make each day the best possible day for people living with and affected by ALS.”*

I cannot imagine dealing with this disease without the support of the ALS Society of Alberta. Thank you!! (ALS Client)

*People in the ALS Society – hearts are in it.
(Health Care Provider)*

Executive Summary

*I am so thankful to have this organization in our lives. They are fantastic – EVERYONE.
(Client)*

Overview

From September 2007 to April 2008, the Amyotrophic Lateral Sclerosis Society of Alberta (ALS Society) implemented a planning process to create a strategic plan to guide the future direction and growth of the Society over the five years of 2009 to 2013. This plan serves as a guide to focus the efforts of the Board of Directors, staff, and volunteers on the most important opportunities, issues, and challenges facing the organization during this five year period.

ALS – the Disease

Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig’s Disease, is a rapidly progressive neuromuscular disease. It attacks the neurological pathways that the body would normally use to send messages from the brain to the muscles. The result is muscle weakness and wasting; eventually the individual is left with limited or complete paralysis, with loss of speech, and difficulty with swallowing and breathing. Average life expectancy at diagnosis is three to five years, but a person can live with ALS for as little as a few months or for as long as 20 years. There is no “standard” pattern for the progression of ALS. Death is usually caused by severe weakness of the breathing muscles or failure of pulmonary function.

History and Structure

The ALS Society of Alberta (the Society) was founded in 1986 by four individuals, each who had lost a spouse to ALS. The ALS Society of Alberta is an incorporated provincial society and a registered charitable organization. It is part of a federation which includes provincial ALS societies and ALS Canada. A Board of Directors governs the affairs of the Society. As of January 2008, the ALS Society employed nine staff members and benefited from the support of over 100 volunteers. The main office is located in Calgary with a chapter office in Edmonton, and a contract worker in Fort MacLeod. In order to become a client of the Society, a person must be a resident of Alberta and register with the Society.

Vision

Our vision is to make each day the best possible day for people living with and affected by ALS.

We achieve our vision by:

- Providing support
- Facilitating the provision of care
- Promoting awareness
- Helping find a cure
- Advocating for change

Values and Guiding Principles

- *Respect:* We treat everyone as people first and foremost and respect their rights and abilities.
- *Caring:* We show compassion. We help those in need and avoid harming others.
- *Service:* We are involved in efforts to serve the needs of people affected by ALS without the motive of personal gain. We provide services in a fair and equitable manner.
- *Accountability:* We are responsible for our decisions and actions on behalf of the Society. We demonstrate due diligence in fulfilling our commitments to our members, their families and friends, volunteers, funders and all others who provide support to our members. We are committed to the continuous improvement of our Society for the betterment of our members.
- *Passion:* We demonstrate a strong, emotional enthusiasm in our endeavours to make a positive difference in the lives of people affected by ALS. We communicate this enthusiasm to others in an attempt to encourage others to share in our vision.
- *Quality of Life:* We endeavour to ensure that all people with ALS in Alberta are afforded the highest level of support and services.

Services

The ALS Society of Alberta provides services to people living with ALS and their families across the province of Alberta and in Northwest Territories when required. The ALS Society has a main office in Calgary, a chapter office in Edmonton and a contract worker in Fort MacLeod. The Society's services are grouped into four broad categories:

- Client Services – focus on facilitation and provision of care, lending support, connecting with various resources in the community; providing and clarifying information pertaining to ALS, coordinating support groups
- Equipment Program – focuses on coordination, delivery and maintenance of medical equipment and assistive technology for persons living with ALS
- Awareness and Education Programs -The Society raises awareness among medical community and the Alberta public about the ALS disease and the services available through the Society and other organizations
- Advocacy - the Society is also taking an active role in urging the federal and provincial governments to raise awareness about ALS and facilitate necessary changes in the provision of care systems

Organizational Assessment and Environmental Trends

The population of Alberta will continue to increase and age, therefore the number of persons living with ALS will also continue to grow steadily. ALS is still most common in people between the ages of 50 and 75, which reflects the impending age range of the "baby boomers". ALS is becoming an increasingly complex disease, which has implications in how medical and non-medical care is provided and coordinated.

Staff shortage is as prevalent in the health care sector as it is in other industry sectors in Alberta.

ALS Society of Alberta used to reach about 60% of those affected by ALS only a few years ago, whereas most recently it has reached almost 90% of those living with ALS.

Numbers of clients with ALS Society have increased yet ALS staff numbers have remained the same.

Funding for the ALS Society of Alberta's services and programs comes from special events, corporate sponsors, foundations, memorial and general donations, gaming, planned giving, bequests, and an anonymous donor. Currently, around 50% of revenues result from major fundraising events. The majority of fundraising efforts are centred in Calgary and Edmonton.

Stakeholder Consultation

A significant part of the strategic planning process was the consultation conducted with stakeholders to gain input about the current services and future directions of the ALS Society. A 47% response was received. The stakeholders consulted were:

- Clients (individuals living with ALS and receiving services from the ALS Society)
- Family members of clients
- Staff from the Edmonton and Calgary ALS Clinics
- Health Care Providers (e.g. Occupational Therapists)
- Events Committees (Betty's Run, Charitee Golf, Walk Committees)
- Former ALS Society Board Members
- Staff members of the ALS Society of Alberta

All of the stakeholders identified the staff members of the ALS Society as its greatest strength. The respondents were overwhelmingly consistent and effusive in their praise of the staff. The respondents cited the staff members' compassion, knowledge, and responsiveness; the exceptional support they provide to individuals affected by ALS; and the ways in which they live the values of the ALS Society of Alberta. The stakeholder input could be summarized as "Continue doing what you are doing, and enhance and expand services."

A large majority of the clients and family members expressed a very high satisfaction level with all of the services of the ALS Society.

Strategic Plan Framework

The ALS Society of Alberta's Five-Year Strategic Plan uses the following framework and definitions.

- *Pillars* - components (key aspects) of the organization
- *Five-Year Goals* - general or global statements of what the organization would like to achieve in five years; written as long-term outcomes
- *Five-Year Strategies* - broad actions moving the organization towards the goals.
- *Success Indicators* for the goals and strategies - the results that show that the goals have been achieved or progress has been made towards achieving them. The indicators may be the direct products of activities and processes; may be measures such as numbers of clients; or may be the benefits achieved.

Pillars of the ALS Society

The ALS Society of Alberta bases its strategic and operational plans upon the following seven pillars.

Programs and Services Pillar

Providing programs and services for clients, families, caregivers, and health care providers including Information and Education, Equipment and Assistive Technology Program, Support Groups, Care Coordination, Referrals, Home Visits, and other services as identified

Resource Development Pillar

Optimizing all resource generation opportunities and partnerships to ensure the Society's financial sustainability

Research Pillar

Supporting and contributing funds towards research for the treatment and cure of ALS

Public Awareness Pillar

Increasing public awareness about ALS and the ALS Society of Alberta through effective communication and education

Advocacy Pillar

Advocating for change on behalf of and with people living with and affected by ALS to ensure that each day is the best possible day for them

Governance Pillar

Ensuring visionary direction and planning, insightful decision-making, and effective operations of the Society

Management Pillar

Managing the corporation's human, financial, and physical resources in an effective and efficient manner primarily based on clients' needs and priorities

Five-Year Goals and Strategies

Goals, strategies, and success indicators were developed for each pillar, taking into consideration the themes from the stakeholder consultation, the organizational assessment, and the environmental scan. As well, the following five aspects of the ALS Society were considered when the goals and strategies were developed: a provincial approach, communication, risk management, partnerships, and leadership.

Priorities

While all of the goals and strategies are considered of high importance, the priorities for 2009 and 2010 are:

Main Priorities for 2009

Programs and Services Pillar:

- Determine resource allocation to Client Services to ensure clients have the care they need; when and where they need it.

Governance Pillar:

- Ensure Board development and effective governance by implementing the strategies outlined in the goals and strategies section for this pillar

Management Pillar:

- Review, revise, and develop internal management policies and procedures as outlined in the goals and strategies section for this pillar

Initiate in 2009 and continue in 2010

Resource Development Pillar:

- Develop and implement a comprehensive resource development plan that ensures diversification of funding, geographic diversification, and plans for growth

Advocacy Pillar:

- Develop and implement a comprehensive advocacy strategy ensuring that clients' needs drive the strategy

Public Awareness Pillar:

- Develop a comprehensive communication and education strategy
- Ensure that a public awareness strategy and campaign are in place.

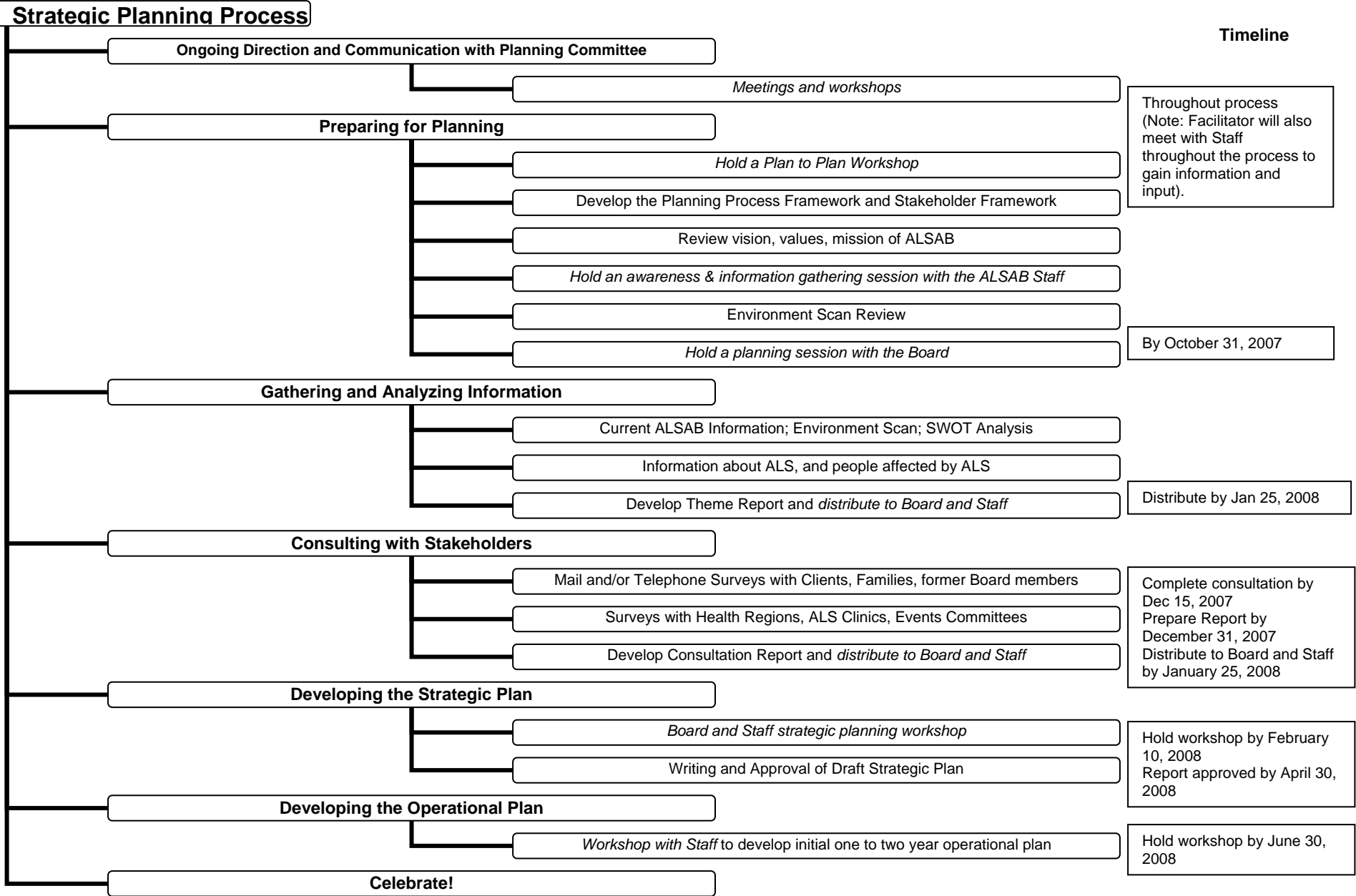
Process for Development of the Strategic Plan

From September 2007 to April 2008, the Amyotrophic Lateral Sclerosis Society of Alberta (ALS Society) implemented a planning process to create a strategic plan to guide the services of the Society over the five years of 2009 to 2013. A Strategic Planning Committee comprised of four Board members and the Executive Director was formed to spearhead the planning process. Following an interview process, a Facilitator/Consultant, Barbara Pedersen Facilitation Services Inc. of Calgary was contracted to assist with the process.

The planning process consisted of the following components as illustrated in Diagram A:

1. Ongoing involvement, direction, and communication with Planning Committee
2. Preparing for Planning
 - Holding a Plan to Plan Workshop with the Committee
 - Developing a Planning Process Framework
 - Reviewing the vision, values, mission
 - Holding input sessions with the Staff
 - Holding a planning session with the Board
3. Gathering and analyzing background Information
 - Reviewing the Organizational Assessment and Environment Scan information
 - Current Information about ALS Society
 - Information about ALS, and people affected by ALS
 - Writing a Background Information and Environment Scan Theme Report
 - Reviewing and applying the information with the ALS Society Board and Staff
4. Consulting with Stakeholders
 - Conducting mail and telephone surveys with the stakeholders of the ALS Society including clients, family members, Edmonton and Calgary ALS Clinics staff, Health Care Providers, Events Committees, former ALS Society Board Members, and Staff members
 - Writing a Stakeholder Consultation Report
 - Reviewing and applying the information with the ALS Society Board and Staff
5. Developing the Strategic Plan
 - Facilitating a Board and Staff Strategic Planning Workshop
 - Reviewing the Workshop Information with Committee
 - Writing of Draft Strategic Plan
 - Reviewing the Plan with the Committee
 - Approval of the Strategic Plan by the ALS Society Board
6. Initiating the Two-Year Operational Plan
 - Facilitating a workshop with ALS Society Staff to start to develop the initial draft of the two year operational plan

Diagram A: ALS Society of Alberta (ALSAB): Strategic Planning Process



ALS - The Disease

Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's Disease, is a rapidly progressive neuromuscular disease. It attacks the neurological pathways that the body would normally use to send messages from the brain to the muscles. The result is muscle weakness and wasting; eventually the individual is left with limited or complete paralysis, with loss of speech, and difficulty with swallowing and breathing. The groups of muscles affected and the order in which they are affected vary from person to person. Muscle weakness can start in the hands, wrists, shoulders, or ankles (known as Limb ALS), or can manifest itself first through difficulties in swallowing or slurred speech (known as Bulbar onset). The onset of these symptoms is insidious and often not recognized as the start of a serious neurological illness. There is no laboratory test for the positive diagnosis of ALS; the disease therefore frequently remains undiagnosed for considerable time. Diagnosis is based on progression of symptoms, electromyography, and elimination of other illnesses - many can mimic the onset of ALS.

The rate of progression varies widely. Average life expectancy at diagnosis is three to five years, but a person can live with ALS for as little as a few months or for as long as 20 years. There is no "standard" pattern for the progression of ALS. While the same muscles are affected, the order and severity with which they are affected differ in individuals. Generally the person with ALS remains in possession of all senses, including the sense of touch. Current information now states that 30-50 percent of individuals living with ALS will experience some cognitive impairment. Mild problems such as inattention and slowed thinking are the most common symptoms experienced by people living with ALS, and these are often only recognized through neurological testing. Some with ALS experience a 'pseudo-bulbar effect' - resulting in inappropriate laughter or tears, and emotional lability, which can be very distressing to them and those around them.

Death is usually caused by severe weakness of the breathing muscles or failure of pulmonary function. The disease, which strikes both males and females, occurs throughout the world with no ethnic or socioeconomic boundaries. Palliative (non-curative) treatments are available for people living with ALS. The treatments focus on decreasing the impact of the symptoms, and improving the quality of life of those affected by ALS. Being connected with a multi-disciplinary ALS clinic has been shown to have a positive effect on the care and quality of life of those living with ALS and their families and caregivers. The cause of ALS is not yet known although several theories and processes are being researched. At present neither a cure for ALS nor a means of prevention is known.

ALS - Research

ALS was first described in 1869. A number of theories on the causes of ALS have been advanced since then, but a definite cause has yet to be identified. 5% to 10% of cases are known to have a hereditary aspect to the disease. Researchers' knowledge of what goes wrong in the body at the cellular level has advanced greatly over the last few years, but the underlying reasons or ways of preventing or repairing the damage are not

yet understood. Only recently has some of the research being conducted at the laboratory level advanced to the drug trial stage.

The majority of research funds raised in Alberta come from the Walks for ALS and Betty's Run, with 40% of net being directed to the ALS Society of Canada to be used to fund the multitude of research projects and initiatives funded by our national organization. The Neuromuscular Partnership (NRP) is a partnership formed through formal collaboration among the ALS Society of Canada, the Muscular Dystrophy Association of Canada, and the Canadian Institutes for Health Research (CIHR). This partnership funds over 1.5 million dollars of research each year, using the criteria and peer review processes of the CIHR. Other research and initiatives funded by ALS Canada include: Tim Noel Fellowship, Doctoral Research Awards, Bernice Ramsay Discovery and Clinical Research Grants, Clinical Fellowships, as well as sponsoring and subsidizing a number of research forums and conferences that bring researchers and clinicians together from around the world to share their expertise and emerging insights into the complex disease of ALS. In 2007, the ALS Society of Alberta was proud to transfer \$325,000 to support these many research initiatives.

In 2006, ALS Canada hired Dr. Denise Figlewicz as the Society's first Director of Research. Dr. Figlewicz leads the development and implementation of a national ALS research strategy focussing on understanding the cause and cure for ALS. She represents the Society among scientific and research communities world-wide and acts as an advisor to scientists, government officials and industry leaders seeking advice in the ALS research field.

Growth of the Disease

ALS is not contagious. It can strike between the ages of 20 and 90. It is not a rare disease; In Canada it affects about 7 people out of every 100,000; 4-8 per 100,000 worldwide. Over 600 new cases of ALS occur each year in Canada, about 5000 in US and two to three Canadians die each day from this devastating disease.

It is expected that the numbers of people diagnosed with ALS will continue to increase. The anticipated rise is attributed to a combination of advances in medical technology and drug therapy; awareness on the part of doctors which has led to earlier detection; and the aging population. ALS is still most common in people between the ages of 50 and 75, which reflects the impending age range of the "baby boomers".

Alberta Statistics

The following chart shows the incidence, prevalence, and mortality of ALS in the Alberta population from 2003 to 2007. The chart confirms that ALS is most prevalent among those aged 40-80 as well as the disease affects males more often than females. Also worth highlighting is the increasing trend of the estimated total number of those living with ALS in the province of Alberta. Finally, the point most worth noting is that ALS Society of Alberta used to reach about 60% of those affected by ALS only a few years ago, whereas most recently it has reached almost 90% of those living with ALS.

The graph on the following page illustrates the same historical data as well as the estimated projections until 2031, which were based on population projections from

Statistics Canada. The population of Alberta will continue to increase and age, therefore the number of persons living with ALS will also continue to grow steadily. ALS Society of Alberta may wish to reach more and more individuals with ALS, therefore projected 95% reach by 2013 and 98% reach by 2031 are included on the graph.

Alberta - ALS Incidence, Prevalence, and Mortality

	2003		2004		2005		2006		2007	
Population ¹ /Estimate ²	3.16	221	3.2	224	3.28	229	3.37	235	3.47	243
Registered as of Dec 31st ³	134		126		188		209		223	
% Reached ⁴	60%		56%		82%		89%		92%	
Registered By Gender	81	53	87	39	119	69	131	78	134	89
Age Group	M	F	M	F	M	F	M	F	M	F
Under 20	0	0	0	0	1	0	1	0	1	0
21 - 30	2	0	1	0	1	0	2	0	1	0
31 - 40	7	1	6	0	6	2	8	4	7	3
41 - 50	12	5	10	6	20	6	19	6	17	10
51 - 60	15	10	16	10	25	17	29	14	35	18
61 - 70	20	11	18	11	26	19	34	23	33	26
71 - 80	20	19	20	10	26	20	28	25	30	28
81 - 90	2	7	3	2	8	3	8	5	9	4
Over 91	3	0	0	0	1	0	1	0	0	0
Unknown	0	0	13	0	5	2	1	1	1	0
New	37	31	46	21	45	32	44	28	49	38
Total New ⁵	68		67		77		72		87	
Deceased	33	27	34	26	38	19	47	25	38	31
Total Deceased ⁶	60		60		57		72		69	
Other (Moved)									2	

¹ Alberta Population estimates obtained from Statistics Canada – shown in millions.

² Estimated number of persons living with ALS in the province of Alberta based on 7 in 100,000 prevalence

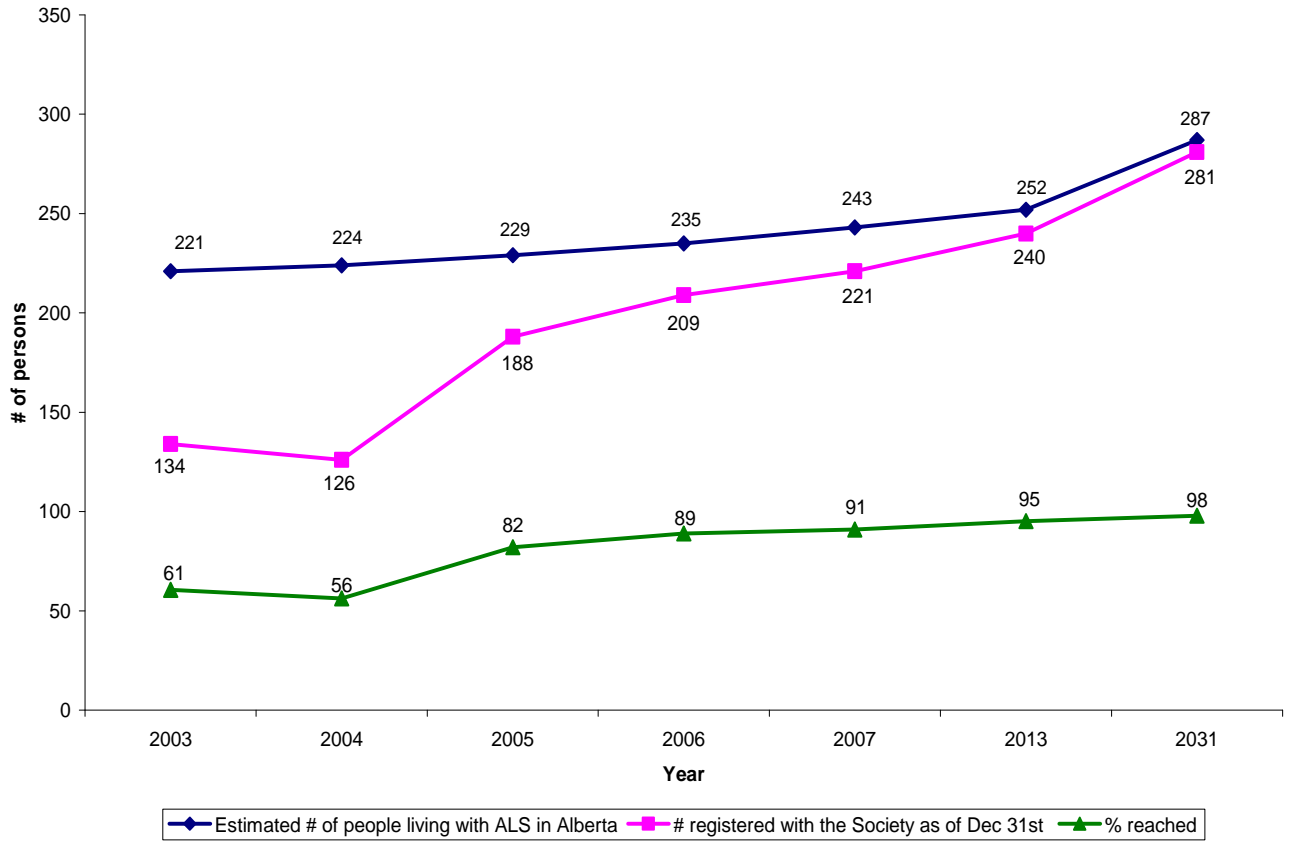
³ Number of clients registered with the ALS Society of Alberta as of Dec 31st of each year

⁴ Ratio of those registered with ALS Society to estimated total number of persons living with ALS in the province of Alberta

⁵ Total number of new clients registered with the Society in a given year

⁶ Total number of clients who deceased during any given year

Population living with ALS in Alberta



History and Description of the ALS Society of Alberta

The ALS Society of Alberta is part of a federation which includes ten provincial ALS societies and ALS Canada. A federation is broadly defined as a collectivity that has a national organization, affiliate branches and/or some form of local and/or regional bodies that share a mission, brand and program model and have some legal independence from one another. It provides a framework through which federation partners can work together.

The ALS Society of Alberta (the Society) was founded in 1986 by four individuals, who all had lost a spouse to ALS (Amyotrophic Lateral Sclerosis). These individuals realized that information and support available for people with ALS and their families was vastly lacking and only a limited number of doctors and health care workers were sufficiently familiar with the disease.

In its history, ALS Society of Alberta has achieved a number of historical milestones:

1984

- The first inaugural meeting of the ALS Society of Alberta took place on February 24th.
- The first Board of Directors was developed with Hermie Weitzel as the first President.

1985

- Main goals were: to provide post-diagnostic information and support for all ALS patients, undertake an aggressive public awareness campaign and fundraising for medical research to find a cure

1986

- The ALS Society was incorporated as a non-profit society under the Societies Act of Alberta, on June 6th, 1986. Initially, the Society consisted of a Board of Directors and one staff person.
- Society held the first fundraising casino to fund equipment.

1987

- First Executive Director hired
- Western Regional Meeting held in Calgary

1988

- The ALS Monitor (newsletter) was distributed.

1990

- Received a \$50,000 grant for equipment from the Wild Rose Foundation

1991

- Federal Government declared June as ALS Awareness Month

1992

- The Society discussed support of an ALS Clinic. Clinic committee established

1993

- ALS Clinic planning moving ahead.

1994

- Dick Haskayne – Honourary Chairperson
- The ALS Clinic opened in Calgary on May 2. The Clinic was established through the combined effort of The ALS Society of Alberta, the Foothills Medical Centre, and the University of Calgary Department of Clinical Neurosciences.

1997

- The first Betty's Run/ Walk for ALS was held in Calgary. Betty Norman, a vivacious, fun-loving, and caring lady was diagnosed with ALS in August 1996. Betty, along with family and friends were frustrated by the lack of ALS awareness and the small amount of research being done at the time. In response to these issues, Betty and her family and friends organized the first Betty's Run/ Walk for ALS in June just two weeks before Betty passed away.
- Joan Riley Endowment Fund established at the Calgary Foundation with the proceeds from the first Tee Time for Joan golf tournament.

1998

- Gerry and Sally Stotts planned the first Evelyn Bell Tee Off for ALS Awareness golf tournament which became the Evelyn Bell Memorial golf tournament in 1999 after Evelyn's passing.

1999

- Edmonton was granted full chapter status.
- The Calgary Foundation provided a seed grant to develop and implement a program to manage the client equipment program.
- February 1999, the Bill Pratt Roast was held as a fundraiser. Bill Pratt was well known for hosting the 1988 Calgary Winter Olympics.
- "Cries of the Silent" was written by Evelyn Bell who was diagnosed with ALS in November 1996. With the assistance of family and friends, Evelyn wrote about her journey with ALS. She generously gave the copyright to the ALS Society of Alberta. Evelyn's friends continue to support ALS Client Services by raising funds.
- Wendy Crewson, a Canadian actor, volunteered her time to make two PSA's (public service announcements) to increase awareness of ALS. She also attended Betty's Run for ALS and has continued to attend the run every year. A volunteer on Betty's Run Committee made Ms. Crewson's involvement happen.
- Signing of the Partnership Agreement with ALS Canada.

2000

- Lois Hole, Lieutenant Governor, became the Patron of the ALS Alberta Society of Alberta.
- "Grandpa, What is ALS?" written by Bonny Gold-Babins was launched in 2000. Babins was inspired to write the book in the hopes that it would help children

understand ALS so that they could participate in being active caregivers should someone in their family become sick. Bonny's father had ALS. The illustrations were done by Matt Abergel, Bonny's son. All proceeds of this book go to the ALS Society of Alberta.

- "An Evening of Music for Anne" was held at the University of Alberta featuring Jean Stilwell. The Honourable Lois E. Hole, C.M. Lieutenant Governor of Alberta, Honourary Patron of the ALS Society of Alberta supported the event and Anne Spelliscy-Brooks was the Gala Ambassador.

2001

- The Edmonton office relocated to a larger space, reflecting the increase in activity level and the need for an additional staff person and many more volunteers.
- Dr. Wendy Johnston, ALS Neurologist, was recruited to head the University of Alberta ALS Clinic. A partnership was developed with the ALS Society. ALS staff began attending Clinic, comprised of one physician and one research nurse.
- A Support and Education Coordinator was hired in Edmonton.
- The Society participated in the prestigious Fundraising and Resource Development Project sponsored by the Kahanoff Foundation, which resulted in hiring of the Manager of Resource Development.
- An Equipment Program Coordinator was hired in Calgary.
- The Society significantly strengthens its finances and for the first time ended with a modest surplus at year end.
- The first Walks to D'Feet ALS took place in Edmonton and Medicine Hat and raised \$80,000.
- In strengthening its advocacy efforts, The Society responded to the Mazanowski report reminding the Alberta government that quality end of life as well as acute health and wellness concerns must be addressed.

2002

- The Society launched its own website www.alsab.ca
- Wendy Crewson, actor and patron of the Betty's Run for ALS, was named the Gemini Humanitarian Award in November bringing awareness of ALS to a new level. The award came with a donation of \$10,000 from Global Television, coincidentally, a major sponsor for ALS Alberta through the Walk to D'feet ALS.
- ALS Alberta contributed to ALS Canada efforts in forming a coordinated funding opportunities for research into ALS.
- The Society served 89 individuals and families with ALS by providing information, support, resources and equipment, as well as providing 16 in-services to 145 health professionals.
- Edmonton Chapter and North Region developed a volunteer program... 41 volunteers contributed 1476.25 hours.
- The first CEP Automotive Golf Tournament was held in Southern Alberta. The tournament was later named the Dieter Abraham Memorial Golf Tournament with the proceeds given to the ALS Society of Alberta for four years.
- First Remembrance Service held (60 attended) in Edmonton.

2003

- ALS Society staff members presented *Palliative Care and ALS. What have we learned so far?* at the National Conference of Hospice Palliative Care in Quebec City.
- In the North Region, 90 volunteers contributed 1668 hours to the Society.
- On July 14, the Corporate Calgary Charity Society hosted their first annual Charitee Golf Tournament at Pinebrook Golf and Country Club.
- Betty's Run for ALS achieved an extraordinary milestone by raising an accumulative \$1,000,000 since the first walk seven years ago.
- The Society undertook an important initiative – an Organizational Assessment, conducted through the Calgary Center for Non-Profit Management to provide a broad appraisal of the Society's current state of health and identify strategies for improving overall performance.
- The Society's revenues increased by 142% in just four years.
- Part time Client Services contracted hours added in Southern Alberta.

2004

- Over a year in the planning, the ALS Society 'Day at the Legislature' was held on April 26th 2004 when 50+ staff and volunteers met with 49 MLA's at the Alberta Legislature in Edmonton. Preparation was intensely focused and included training in the purpose of advocacy "to influence government policy changes and decision making". The main areas of policy influence to be targeted were:
 - Equal access to respiratory support – assessment and provision of BiPAP (Bi-level Positive Airway Pressure machines);
 - Equity of access to Self Managed Care Funding across the province and within health regions;
 - Access to Speech Language Pathologist Services and provision of communication devices
 - Training requirements – institutional and community based workersThe Minister of Health and Wellness invited us to contact with his office for additional discussions. Since then, meetings have been held with the Standing Policy Committee on Health, Alberta Health and Wellness, Population Health and the Capital Health Authority.
- The ALS Society Organizational Assessment: This assessment was completed with the help of the Calgary Center for Non-Profit Management.
- Betty's Run Volunteers won Exceptional Fund Raising Award from ALS Canada.
- Services were provided to 186 clients.
- Client Equipment Program managed 1105 pieces of equipment with a value (after depreciation) of \$538,866.
- Client Services presented "End of Life Care and ALS" in-services several times to healthcare professionals throughout central Alberta.
- In June of 2004, in conjunction with the ALS Day presented by the Canadian Congress of Neurological Sciences (CCNS), the Society hosted the first national Client Services Day that included staff from several ALS Units as well as Clinics across Canada.

2005

- Corporate Calgary Charity Society Annual "Charitee" Golf Tournament reaches the \$100,000 mark.
- The office space in the Provincial Office in Calgary underwent a major volunteer driven renovation to make the space more usable and to accommodate the growth of the Society.
- The ALS Society of Canada presented Chris Mann (Chris passed away in September of 2005 from ALS) with the Exceptional Public Awareness Program award and Jim McLaughlin (Past Chairman of the Society) with the William Fraser Leadership Development award in recognition of their outstanding skills and dedication to people living with ALS. At the same ceremony, Mary Lipsey was honoured with one of three Honorary Life Member awards for her extraordinary volunteer contribution to the ALS Society.
- In June of 2005 Lyn Skipper, former Equipment Program Coordinator presented the ALS Society of Alberta and the Betty's Run Committee with a very special quilt that she had created. The quilt now hangs in the Provincial office of the ALS Society of Alberta.
- The Honourable Norman Kwong, Lieutenant Governor of Alberta becomes Honorary Patron of the ALS Society of Alberta.
- ALS Society of Alberta supported the nomination of Dr. Wendy Johnston and Dr. Sanjay Kalra who lead the ALS Clinic at the University of Alberta Hospital in Edmonton for The Alberta Centennial Medal. Lieutenant Governor of Alberta, the Honourable Norman L. Kwong, CM, AOE presented the award to both doctors on November 21st.

2006

- 2006 marked the 20th Anniversary of the ALS Society of Alberta.
- The 10th Annual Betty's Run for ALS shattered all its records by raising \$426,547.
- On September 17, 2006 the ALS Society of Alberta hosted an incredible evening of music, awareness and the power of possibility. The "ENMAX presents Elizabeth's Concert of Hope" was the second stop on a national tour honouring Elizabeth Grandbois, a former Calgarian, wife, mother and health care professional who is living with ALS.
- 2006 saw the Society grow its revenues by over 50% from approximately \$1 million in 2005 to over \$1.5 million in 2006.
- Additional space was added to the Provincial Office in Calgary to accommodate the needs of the growing equipment program.

2007

- A grant was secured through the Calgary Foundation for the undertaking of the comprehensive strategic planning process.
- The strategic planning started in the summer and is to be completed by May of 2008.
- The Client Service Coordinator was selected as one of five individuals in the province to be trained in My Voices – End of Life Care Planning.
- Support for Champions – ALS Fund for Kids launched and awarded the first education bursary.

Services and Programs

The ALS Society of Alberta supports people living with and affected by ALS across the province of Alberta. The ALS Society is a provincial society with a main office located in Calgary, a chapter in Edmonton and a contract worker in Fort MacLeod. The Society also provides services in the Northwest Territories when required. In order to become a client of the Society, an individual must be a resident of Alberta or Northwest Territories and register with the Society.

The ALS Society provides various services, which include:

Client Services

Facilitation and provision of care

The health care system is complex and often difficult to navigate even by those who work within it. Client services staff provide guidance and support to help persons living with ALS and the family work through the maze of services as the disease progresses. Client services staff also regularly participate in multidisciplinary ALS Clinics and are considered integral part of the care team. When families seek assistance and need someone to become an advocate for their concerns during their ALS journey, Client Services staff often fulfill that role as well.

Providing support

The Society client services staff conduct home visits, lend support, and stay connected regularly with families affected by ALS. Staff members often attend memorial services and support family members in the bereavement process.

Information and Referrals

The ALS Society strives to be a central place for obtaining information relevant to ALS and services available to those affected by ALS. Individuals with ALS and their families frequently request help with information about ALS, with services that are available, with access to equipment, to home care and to other services.

Support Groups

The Society believes that by sharing frustrations, fears, and inspirations of individuals and family members, barriers of isolation and loneliness can be broken. For this reason, the Society assists in the establishment of Support Groups wherever an interest is shown. Groups are co-facilitated by a registered Social Worker at MSW level with solid individual and family therapy experience as well as extensive group facilitation experience.

Equipment Program

Medical Equipment

Medical equipment required by people with ALS includes mobility devices such as power wheelchairs, scooters and walkers, hospital beds, commodes, lifts and other

specialized equipment. Although Alberta Aids to Daily Living (AADL)⁷ and the Red Cross Society provide resources for some of the ALS specialized equipment, the program may not meet all the needs of people with ALS. AADL is a government funded and operated equipment program. The Red Cross Society is a not for profit organization that collects and distributes equipment in Alberta. In these situations the Society, through its Equipment Program provides the necessary equipment which government does not provide or takes too long to provide.

Assistive Technology

This equipment includes communication aides, computers, and environmental controls that allow the person living with ALS to maintain as much independence as possible. Currently, the AADL program is providing a limited number of augmentative communication devices to adults throughout the province. Government programs do not typically fund electronic equipment or environmental controls, yet this equipment is essential to ensure quality of life for persons living with ALS. Therefore the Society has purchased much of this equipment and provides access to it through storage depots across Alberta.

Awareness and Education Programs

The Society raises awareness among medical community and the Alberta public about the ALS disease and the services available through the Society and other organizations through workshops, seminars, and special forums such as the website (www.alsab.ca). In addition, awareness and educational activities consist of formal presentations; displays at trade shows; distribution of cornflower cards; dissemination of information by mail; public service announcements in newspapers and on radio; interviews for television, radio and newspaper; coverage of special events such as Betty's Run and the Walks for ALS; and, the availability of a lending library of materials.

Advocacy

Efforts to raise the awareness and consciousness of government and community support systems are a critical component of the role of the ALS Society. As a result, the Society has also taken an active role in urging the federal and provincial governments to address such issues as increased resource development for research, more timely delivery of services, more comprehensive coverage for equipment and care, more comprehensive palliative care and extended testing times for drug research.

⁷ The AADL program of the Alberta government helps Albertans with a long-term disability, chronic illness, or terminal illness to maintain their independence at home, in lodges or group homes by providing financial assistance to buy medical equipment and supplies. An assessment by a health care professional determines the equipment and supplies that an Albertan can receive through this program.

Governance

Honourary Patron

The Honourable Norman Kwong, Lieutenant Governor of Alberta, is the Honourary Patron of the ALS Society of Alberta. Through His Honour's patronage, the vision and mission of the ALS Society are endorsed, and appreciation is shown for the support that is offered to Albertans living with ALS. We are very thankful for the patronage and support of the Honourable Norman Kwong.

Honourary Chairman

Mr. Jim Gray, a well known and respected Calgary businessman has supported the ALS Society as the Honourary Chairman since 1998. Mr. Gray became involved in 1997 as the first Honourary Chairman of the Betty's Run for ALS as he knew Betty very well as a dear friend and employer. Mr. Gray continues to lend his support to the ALS Society.

Board of Directors

The Board of Directors governs the affairs of the Society. The Board is responsible for the work of the Society and its standing in the community as well as establishing the vision and actively pursuing the mission, goals and objectives of the Society.

The Society's by-laws stipulate that the Board has no fewer than 7 and no more than 20 directors. There are no specifications about the ratios, required background, and expertise of the directors. The Board is led by a Chair. The Chair, Past Chair, Vice Chair, Secretary, and Treasurer form the Executive.

The Chairperson's principal responsibilities include: chairing the Board meetings, meetings of the Executive, and Annual General Meetings as well as take on a leadership role for the Board, Executive Director and the organization. The Past-Chair's role is to provide continuity for the new Chairperson. The Vice-Chair assists the Chair and chairs the meetings in the absence of the Chair. The Secretary is responsible for the minutes of the board and the Annual General Meeting and for other organizational record keeping duties. The Treasurer is responsible for ensuring the Society follows proper financial reporting and control procedures, including issuing receipts for charitable donations, the filing of income tax returns, and the preparation of annual audited financial statements.

Board Committees

In addition to attending six board meetings annually, each Director is encouraged to serve on one of the committees. Board committees are established to gather facts and deliberate matters at a level of detail not feasible at the general Board meetings. Committees answer to the Board, which can accept, modify, or reject their reports and motions. Standing Committees are delegated by the Board to address specific areas of concern on ongoing basis. The following Standing Committees were in place as of March 2008:

- Personnel
- Finance
- Advocacy
- Strategic Planning

Annual General Meeting

The ALS Society of Alberta holds its Annual General Meeting in May of each year for approving the organization's audited financial statements for the prior year, electing the members of the Board of Directors, and dealing with any required general matters or changes. Directors are elected to serve a one year term.

Human Resources

Staff

The Society is staffed by the following positions:

Executive Director

The Executive Director is the chief operating officer of the Society and its senior employee. Reporting to the Board of Directors, the full time Executive Director is responsible for providing the leadership and management with specific responsibilities in the areas of administration, personnel, program development and evaluation, resource development, strategic planning, finance, community liaison, and volunteer management and coordination.

Client Services Coordinators (Calgary, Edmonton, and Fort MacLeod)

The Society has two full-time and one part-time Client Services Coordinators who are responsible for liaising with people with ALS, their families, and a wide array of agencies; conducting home visits; providing information; advocating on behalf of people with ALS or their families; organizing Support Group meetings; and providing presentations and seminars. The positions each deal with approximately 100 files a year.

Equipment Program Coordinator

The Equipment Program Coordinator oversees the provincial equipment program. This includes managing the data base, tracking, and distribution of equipment, liaising with equipment vendors and working closely with Client Services Coordinators and various health professionals.

Office Coordinator

The main responsibility of this position is to provide overall management of the administrative area including incoming and outgoing mail, day to day clerical tasks, as well as coordination of receipts for incoming donations. The position provides clerical support to staff, event committees, and other groups as needed.

Manager North Region

This position is responsible for client services in the north region (see above) as well as handles administrative responsibilities of the north region office.

Administration/Volunteer Services Coordinator

This position is responsible to provide overall management of the administrative area in the Edmonton office. This includes administrative support for the Manager, processing incoming and outgoing mail, bank deposits, managing the volunteer program, and providing support client services as required.

Manager of Resource Development and Communications

The Manager of Resource Development and Communications is responsible for creating and overseeing the implementation of a strategic approach to fundraising and communication which include major gifts, corporate donations, grant solicitation,

events and in-kind resources as well as development and implementation of a comprehensive communications plan.

Volunteer Coordinator Provincial

The Volunteer Coordinator recruits, trains and supervises volunteers. The position also maintains the volunteer data base and develops policies and procedures as needed.

Volunteers

The ALS Society currently engages a dedicated group of over 100 volunteers for a variety of activities including support group facilitation, advocacy, resource development, administrative duties, computer programming and maintenance, and telecommunications. Up until July 2007, we had a part time position that was responsible for overseeing volunteers. The Executive Director is currently responsible for volunteer orientation and management. The Society staff members are currently assessing the current and future needs in the volunteer area.

Resource Development

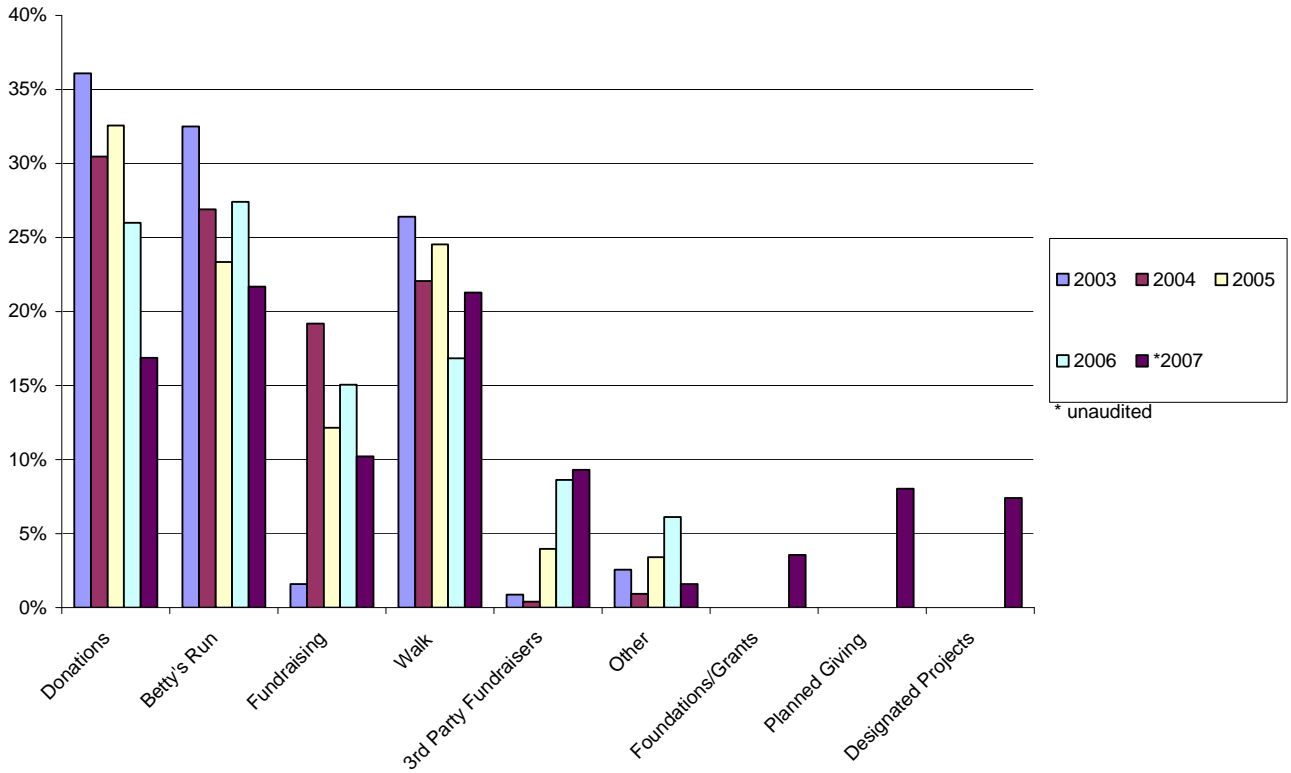
Funding for the ALS Society of Alberta's services and programs comes from special events, corporate sponsors, foundations, memorial and general donations, gaming, planned giving, bequests, and an anonymous donor, and government project funding. In order to preserve its independence, the ALS Society of Alberta has not approached the United Way or sought contracted government funding. The ALS Society provides financial support to ALS Canada in the form of proceeds from the National Walks and Betty's Run for ALS. The income from these campaigns is used to fund research into the cause and treatment of ALS.

Currently, the majority of our fund raising efforts is centered in Calgary and Edmonton and consists of variety of events including walks/runs, a golf tournament, and other third party events planned by volunteers. From time to time, events such as dinners, sports events, and runs are held in smaller centres such as Okotoks, Lloydminster, Lethbridge, Medicine Hat and Red Deer area.

Historical Revenues

The following chart shows a history of the revenue from 2002 to 2007.

History of Revenue



Consistently over the years, most revenue is derived from donations, Betty's Run, and walks. In 2006 and 2007, more applications were submitted to foundations and resulted in increased grant funds for designated projects.

Key Partnerships and Relationships

ALS Clinics

Calgary ALS Clinic

The University of Calgary/ Calgary Health Region ALS clinic is a multidisciplinary clinic dedicated to the care of patients with ALS and other motor neuron disorders. Diagnostic services, education, treatment, rehabilitation, and research are conducted. The clinic takes place twice a month at the Foothills Medical Centre.

Edmonton ALS Clinic

The University of Alberta/ Capital Health Region ALS clinic is a multidisciplinary clinic dedicated to the care of patients with ALS and other motor neuron disorders. Diagnostic services, education, treatment, rehabilitation, and research are conducted at the University of Alberta Hospital (the Walter C. Mackenzie Health Sciences Centre), the Glenrose Hospital, and at the I-CAN Center of the Glenrose Hospital.

The partnership that the ALS Society holds with the ALS Clinics is an extremely important and significant relationship and allows for greater support for people living with ALS. The interdisciplinary team is a model that is being explored by other areas of health primarily due to its success.

Universities and Colleges

The ALS Society of Alberta partners with educational institutions to host practicum placements for students from relevant faculties.

ALS Provincial Societies

The ALS Provincial Societies include: Alberta, British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland and Labrador. The Societies work collaboratively with each other; sharing ideas, programs, etc. Each society is governed independently by a Board of Directors, each responsible for a geographic area.

ALS Society of Canada

The Mission of ALS Canada is *"The ALS Society of Canada funds research towards a cure for ALS, supports our provincial partners in the provision of quality care for those living with ALS, and provides information to build awareness about the disease."* The ALS Society of Alberta has a formal *Partnership Agreement* with ALS Canada. The agreement outlines the roles and responsibilities of the two parties in terms of fundraising, revenue sharing, governance, crisis communications board development, financial and human resource development, external relations, education, advocacy, and public awareness and communication. The agreement is currently under review.

The Chair of the ALS Alberta Board represents the ALS Society of Alberta on the Board of Directors of ALS Canada. One member at large of the ALS Canada Board of Directors is also from Alberta. The Board of ALS Canada meets semi-annually to set direction for the

achievement of its Mission and to support national initiatives and projects that improve the lives of people affected by ALS.

Event Committees

Betty's Run Committee

In 1996, Calgarian Betty Norman was diagnosed with Amyotrophic Lateral Sclerosis, also commonly known as Lou Gehrig's disease. Betty was determined to make a difference while she was still able; she had inspirational plans of raising awareness and dollars for support and ALS research. In 1997, friends and family of Betty Norman rallied together to honour her and to bring to fruition her dream of boosting the profile of ALS in the Calgary community while raising funds. Over the past 11 years, Betty's Run has raised more than \$2.5 million dollars for client services and research. In the early years of the ALS Society, groups like Betty's Run Committee made it possible to provide client services in Alberta.

Calgary Corporate Charity Society

Corporate Calgary Charity Society (CCCS) is a not-for-profit, volunteer organization with a goal of raising money for ALS research and the ALS Society of Alberta. Over the past five years, the organization has raised in excess of \$600,000 for this cause by hosting a golf tournament. The first golf tournament was held in July 1998 – the Evelyn Bell Tee Off for ALS Awareness. \$11,000 was raised!! The Evelyn Bell Golf Tournament was held for 3 or 4 years becoming the Evelyn Bell Memorial Golf Tournament in 1999 after Evelyn's passing.

Other Related Voluntary Health Organizations

Historically, there have been many voluntary organizations established to serve specific groups of people whose needs cannot be met entirely by the health services sector. Services to persons with chronic diseases or disabilities such as multiple sclerosis, brain injury and others have evolved to meet needs beyond the immediate medical concerns.

The ALS Society has worked to establish and maintain positive relationships with many organizations in Alberta. For instance, participation on the Calgary Regional Health Authority's (CRHA) Neurosciences Program Design committee, as well as with other local networks has fostered relationships with other non-profits dealing with neurological disorders, and with government funded organizations. These organizations included the Canadian Paraplegic Society, the Multiple Sclerosis Society of Canada, the Muscular Dystrophy Association of Canada, Parkinson's Society, Huntington's Society, Stroke Recovery Association, Alzheimer's Society, Southern Alberta Brain Injury Society, Epilepsy Association, and all the associated clinics.

Other Partnership Opportunities

As government becomes less involved in health care, private agencies have had to increase their services. All of this has major implications for the Society.

- Palliative care (e.g. Hospice Calgary, Agape Manor, Pilgrims Hospice and other hospices in the province)

- Housing (e.g. Accessible Housing Society, Carewest, and other agencies in the province)
- Adaptive equipment (e.g. Red Cross Society, AADL)
- Volunteerism (e.g. Volunteer Centres throughout the province)
- Health care (e.g. Regional Health Authorities throughout the province)
- Home care vendor agencies throughout the province

Values and Guiding Principles

Values reflect the beliefs of the Society, which in turn, influence the decisions made and the Society's attitude towards others. As a Society, we value:

- *Respect:* We treat everyone as people first and foremost and respect their rights and abilities.
- *Caring:* We show compassion. We help those in need and avoid harming others.
- *Service:* We are involved in efforts to serve the needs of people affected by ALS without the motive of personal gain. We provide services in a fair and equitable manner.
- *Accountability:* We are responsible for our decisions and actions on behalf of the Society. We demonstrate due diligence in fulfilling our commitments to our members, their families and friends, volunteers, funders and all others who provide support to our members. We are committed to the continuous improvement of our Society for the betterment of our members.
- *Passion:* We demonstrate a strong, emotional enthusiasm in our endeavours to make a positive difference in the lives of people affected by ALS. We communicate this enthusiasm to others in an attempt to encourage others to share in our vision.
- *Quality of Life:* We endeavour to ensure that all people with ALS in Alberta are afforded the highest level of support and services.

Vision Statement

Our vision is to make each day the best possible day for people living with and affected by ALS.

We achieve our vision by:

- Providing support
- Facilitating the provision of care
- Promoting awareness
- Helping find a cure
- Advocating for change

Mission Statement

The mission of the ALS Society of Alberta is contained within the vision statement.

Organization Assessment and Environment Scan

Background

At previous planning sessions held by the Board and Staff of the ALS Society, the participants engaged in environmental scanning activities. An *Environment Scan (SWOT Analysis⁸)* was conducted at the September 24, 2005 Planning Session, and a *Trend Identification* was conducted at the November 18, 2006 Planning Session. The ALS Society Board of Directors reviewed and updated the information from these sessions on October 29, 2007 as part of the five-year strategic planning process.

The information from the organizational assessment and the environment scan was used to develop the five-year goals and strategies.

Summary Themes

ALS - the Disease

- It is expected that the numbers of people diagnosed with ALS will continue to increase. The anticipated rise is attributed to a combination of advances in medical technology and drug therapy; awareness on the part of doctors which has led to earlier detection; and the aging population.
- ALS is still most common in people between the ages of 50 and 75, which reflects the impending age range of the “baby boomers”. The disease affects males more often than females.
- ALS is becoming an increasingly complex disease, which has implications in how medical and non-medical care is provided and coordinated.
- People diagnosed with ALS are living longer, possibly because of the increased provision of care, earlier diagnosis, and earlier use of assistive technology.

ALS in the Province of Alberta

- The estimated total number of those living with ALS in the province of Alberta is expected to increase. The population of Alberta will continue to increase and age, therefore the number of persons living with ALS will also continue to grow steadily.
- Staff shortage is as prevalent in the health care sector as it is in other industry sectors in Alberta. The labour crisis could potentially affect the staffing and volunteer resources of the ALS Society over the next three to five years.

⁸ SWOT Analysis stands for Strengths, Weaknesses, Opportunities, and Threats. A SWOT analysis is a tool for auditing an organization and its environment. It is the first stage of planning and helps organizations to focus on key issues.

- Strengths and Weaknesses are normally assessments of the internal environment of an organization.

- Opportunities and Threats are normally assessments of the external environment of an organization

The SWOT Analysis conducted in September 2005 does not appear to use the definitions of internal (S, W) and external factors (O, T). Therefore, some Opportunities and Threats might be best viewed as internal strengths and weaknesses of the ALS Society.

ALS Society of Alberta

- The Society is a well established and well respected organization with over 20 years history and a knowledgeable and dedicated team of staff, board members, and volunteers.
- ALS Society of Alberta used to reach about 60% of those affected by ALS, whereas most recently it has reached almost 90% of those living with ALS.
- The numbers of clients with ALS Society have increased yet ALS staff numbers have remained the same over the past five years.
- Currently, around 50% of revenues result from major fundraising events. The coordination of the events requires major staff involvement. Also, this revenue structure has a major impact on the organization's cash flow.
- The ALS Society has strong partnerships with stakeholders such as ALS Canada, other ALS organizations, ALS Clinic staff, other health care providers, and medical personnel.

2007 Stakeholder Consultation

A significant part of the strategic planning process was the consultation conducted with stakeholders to gain input about the current services and future directions of the ALS Society.

The stakeholders consulted during the process included:

- Clients (individuals living with ALS and receiving services from the ALS Society)
- Family members of clients
- Staff from the Edmonton and Calgary ALS Clinics
- Health Care Providers (e.g. Occupational Therapists)
- Events Committees (Betty's Run, Charitee Golf, Walk Committees)
- Former ALS Society Board Members
- Staff members of the ALS Society of Alberta

The stakeholders were contacted by surveys in November and December 2007 that were either mailed or e-mailed; or by telephone interviews. The numbers contacted and the responses were:

<i>Stakeholder Group</i>	<i>Numbers Contacted</i>	<i>Response</i>	<i>%</i>
Clients	84	43	51%
Family Members	115	39	34%
Health Care Providers: (e.g. Occupational Therapists)	12	11	92%
ALS Clinics Edmonton and Calgary	15	12	80%
Events Committees (Betty's Run, Charitee Golf, Walk Committees)	11	6	55%
Former Board Members	3	2	67%
ALS Society Staff	8	4	50%
Total	248	117	47%

The responses of the ALS Society staff members are not written separately to ensure confidentiality; however, their input was very similar to, and was included within the main theme statements. The staff members also participated in the strategic planning workshop with the Board and Staff.

Summary of the Overall Themes

- 1) All of the stakeholders identified the staff members of the ALS Society as its greatest strength. The respondents were overwhelmingly consistent and effusive in their praise of the staff. The respondents cited the staff members' compassion, knowledge, and responsiveness; the exceptional support they provide to individuals affected by ALS; and the ways in which they live the values of the ALS Society of Alberta. The input could be summarized as "Continue doing what you are doing, and enhance, and expand services."

All of the people we dealt with were absolutely fantastic. We never wanted for anything. They were always there for us. (Client)

The staff members were absolutely a godsend; they were there for us from day one until the last moment to the end. (Family member)

The staff work with us; we aren't alone on the journey. (Family member)

Very valued by the patients and their family members. (Occupational Therapist)

- 2) All stakeholders were asked to identify the three most significant issues or barriers currently facing the ALS Society of Alberta. Common messages were heard from all of the stakeholder categories except for the Occupational Therapists with the top issues identified as:

- a) More public awareness and education of the public is required to gain understanding, support, and funding.
- b) Funding constraints limit services and research.
- c) Inadequate research being conducted to find causes, treatments, and cure of ALS.
- d) Travel distances and inadequate number of staff members limit services to clients living in rural areas.
- e) Equipment problems such as slow delivery, poor condition, and poor maintenance.

ALS is not a household name as compared to cancer or AIDS. (Client)

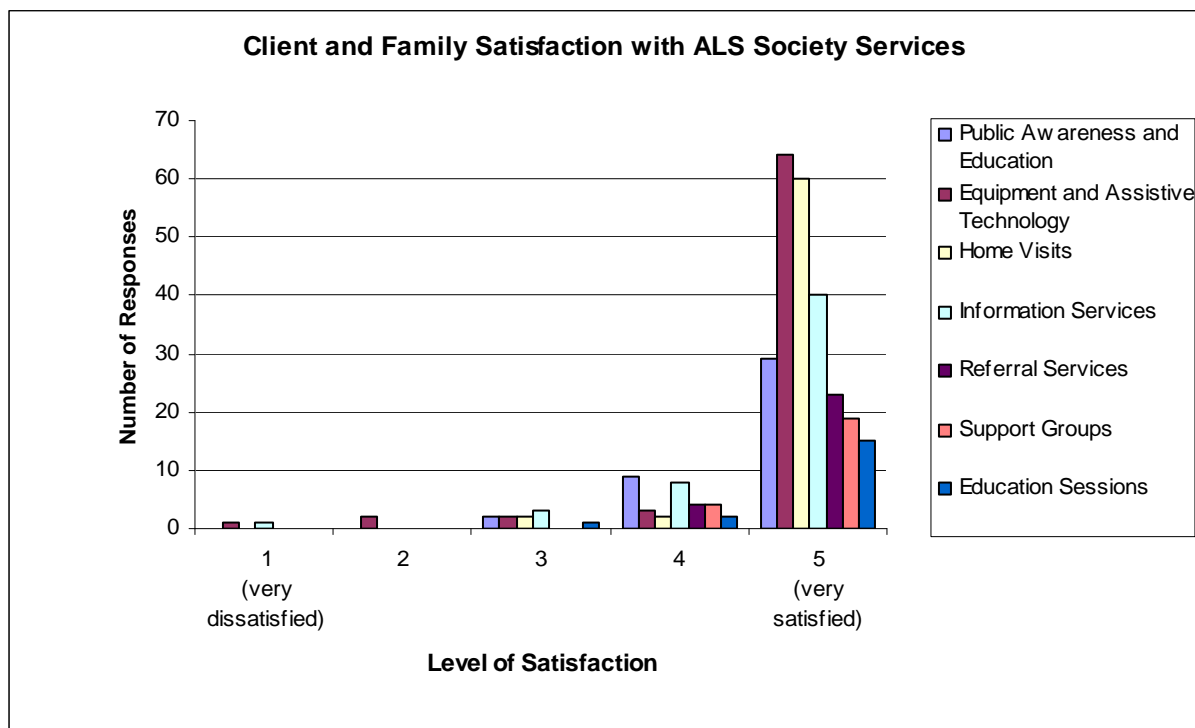
Public awareness needs more attention. People don't realize how serious ALS is. (Client)

Resources (equipment and staff) are stretched to their limit. (Family member)

I have felt "desperate" about our very moderate success in fundraising; compared to cancer; we are a speck on the wall. (Family member)

- 3) The clients and family members primarily use the following ALS Society of Alberta services: Equipment and Assistive Technology, Home Visits, and Information Services. The overwhelming response is a very high satisfaction level with all of the services as shown in Chart A with the majority of responses for each service in the “5-very satisfied” rating.

Chart A:



- 4) Stakeholders provided input into the future priorities of the ALS Society in two ways: through a prioritization of the current services and providing their top three goals for the next five years. The responses were remarkably similar. The top five goals as indicated by both of the questions are (not in order of priority):
- Continue fundraising to pay for the services, resources for people living with ALS, and research into the disease
 - Continue, improve, and expand the equipment and assistive technology program
 - Increase public awareness, education, and advocacy
 - Continue and expand the current services
 - Conduct more research about the cause, treatment, and cure of ALS

Expand client services. One person per area is not enough. (Client)

Providing support to those affected with ALS is important, however, finding a cure or effective treatment is paramount. (Family member)

Increase public awareness about ALS. Make it as well known as the pink ribbon campaign for breast cancer. (Family member)

- 5) The primary needs of the clients (people affected by ALS) were identified by the Occupational Therapists and the ALS Clinic staff members as:
 - a) Equipment needs related to mobility and safety in the home
 - b) Psychosocial support for clients and family members⁹
- 6) When the Occupational Therapists (OTs) and ALS Clinic Staff members were asked to identify services that exist to meet the needs of people living with ALS, the most commonly mentioned were the ALS Society of Alberta, the ALS Clinics, and the Health Regions.
- 7) When the Occupational Therapists and ALS Clinic Staff members were asked to identify services that are working well to meet the needs of people living with ALS, the most common responses were the ALS Society of Alberta, the Alberta Aids to Daily Living (AADL)¹⁰, and the multi-disciplinary team approach of the Clinics (both Edmonton and Calgary).
- 8) When the Occupational Therapists and the ALS Clinic Staff members were asked to identify the gaps in services to meet the needs of people living with ALS, they did not answer consistently. The gaps ranged from lengthy waits to acquire equipment, labour shortage affecting care and service, limited access to palliative or long term care, insufficient support for care in the home, and limited access to or acceptance of BiPAP units.
- 9) The Occupational Therapists, the ALS Clinic Staff, and the Events Committees stated their relationship with the ALS Society of Alberta is working very well. The volunteers from Betty's Run and Charitee Golf describe a significant improvement in the communication and liaison over the past year since the hiring of the new Executive Director.

*The communication between me and the Society is wonderful. At any given time or place I can reach someone who is willing to listen and/or help with anything that we come up with. We never have to wait too long to get a response.
(Event Committee Chair)*

The ALS Society staff are my "eyes" in the community. (ALS Clinic staff member)

⁹ Definition of psychosocial = understanding and treating the social, psychological, emotional, spiritual, quality-of-life and functional aspects

¹⁰ The AADL program of the Alberta government helps Albertans with a long-term disability, chronic illness, or terminal illness to maintain their independence at home, in lodges or group homes by providing financial assistance to buy medical equipment and supplies. An assessment by a health care professional determines the equipment and supplies that an Albertan can receive through this program.

- 10) The Occupational Therapists and the ALS Clinic staff members talk with clients about the services of the ALS Society of Alberta during the first or second visit with clients; however, most find that the clients already know about the Society.

We have ... Close direct personal contact between Clinic staff, society personnel, patients, and families. (ALS Clinic staff member)

Additional Aspects to Consider

The following topics were not mentioned enough times by the stakeholders to be considered main themes; yet should be considered as significant aspects while developing the Strategic Plan.

- 11) Services to individuals, families, and volunteers in rural areas of Alberta were mentioned by the stakeholders as an issue to address particularly in terms of equipment and support to rural Walk Committees. Some stakeholders mentioned that travel distances and inadequate number of staff members limit services to clients living in rural areas. The message from the stakeholders was that every person should have the same access to services wherever a person lives.
- 12) The stakeholders rarely referred to the governance and management of the ALS Society of Alberta and did not interpret it as a gap in service or as an issue or barrier.

Strategic Plan Framework

The ALS Society of Alberta's Five-Year Strategic Plan uses the following framework and definitions.

- Pillars
- Five-year goals
- Five-year strategies to achieve the goals
- Success Indicators for the goals and strategies

Operational Plan Framework

The Strategic Plan gives direction to the Operational Plan which will develop the following aspects for the strategies:

- One and/or two year outcomes
- Outcomes measures
- Timeframe
- Roles
- Resources

Definitions

Pillars

Pillars are the components (key aspects) of the organization.

Goals

The goals are the general or global statements of what the organization would like to achieve. The goals state what will exist in the future – normally three to five years. The goals are written as long-term outcomes (see definition of outcomes).

Strategies

Strategies are broad actions moving the organization towards the goals; normally taking three to five years to accomplish. Strategies point the agency in a direction; start a journey to reach the goals. Strategies allow one or two year outcomes and actions to be developed.

Success Indicators

Success indicators are the results that show that the goals have been achieved or progress has been made towards achieving them. The indicators may be the direct products of activities and processes; measures such as numbers of clients; or may be the benefits achieved.

Outcomes

Outcomes are about change. They are the benefits or changes expected to occur for participants, target groups, clients, or communities because of a program or service. Outcomes indicate a change in:

- Knowledge
- Behaviours
- Attitudes or values
- Skills
- Status or condition

Outcomes are often categorized as short-term (typically 6 months to one year); intermediate-term (typically 2 to 3 years); and long-term (typically 3 to 10 years). The timeframes vary as best suits the organization, plan, or project.

Pillars of the ALS Society of Alberta

The ALS Society of Alberta bases its strategic and operational plans upon the following seven pillars.

Programs and Services Pillar

Providing programs and services for clients, families, caregivers, and health care providers including Information and Education, Equipment and Assistive Technology Program, Support Groups, Care Coordination, Referrals, Home Visits, and other services as identified

Resource Development Pillar

Optimizing all resource generation opportunities and partnerships to ensure the Society's financial sustainability

Research Pillar

Supporting and contributing funds towards research for the treatment and cure of ALS

Public Awareness Pillar

Increasing public awareness about ALS and the ALS Society of Alberta through effective communication and education

Advocacy Pillar

Advocating for change on behalf of and with people living with and affected by ALS to ensure that each day is the best possible day for them

Governance Pillar

Ensuring visionary direction and planning, insightful decision-making, and effective operations of the Society

Management Pillar

Managing the corporation's human, financial, and physical resources in an effective and efficient manner primarily based on clients' needs and priorities

Developing the goals and strategies

Goals, strategies, and success indicators were developed for each pillar, taking into consideration the themes from the stakeholder consultation, the organizational assessment, and the environmental scan. As well, the following five aspects of the ALS Society were considered when the goals and strategies were developed: provincial approach, communication, risk management, partnerships, and leadership.

Five-Year Goals, Strategies, and Success Indicators

Programs and Services Pillar

Providing programs and services for clients, families, caregivers, and health care providers including Information and Education, Equipment and Assistive Technology Program, Support Groups, Care Coordination, Referrals, Home Visits, and other services as identified

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
I. Clients have the care they need; when and where they need it. II. The ALS Society of Alberta is the leader in responding to and supporting the needs of clients and families.	1) Implement a system of client care coordination in which staff members work closely with people with ALS, their families, health care providers and others in their support network to provide best care 2) Ensure appropriate levels and expertise of staff matched with client needs 3) Evaluate the effectiveness of programs and services annually to ensure optimum performance	a) Clients and family members express high satisfaction with type, level, and quality of care. b) A comprehensive and exemplary care coordination model is defined and utilized. c) Staff members have adequate resources to implement the care coordination model.
III. 100% of persons living with ALS will know about the ALS Society of Alberta.	4) Review and revise the communication system for the dissemination of information to clients, families, ALS Clinics, and health care providers	d) 100% of people living with ALS in Alberta know about the ALS Society of Alberta. (e.g. received information)
IV. The ALS Society of Alberta benefits from exemplary partnerships and relationships with the ALS Clinics and other health care providers.	5) Maintain stellar partnerships with ALS Clinics and enhance relationships with other health care providers	e) The ALS Society Client Service staff members are included in the ALS Clinic's multi-disciplinary team. f) Health care providers express

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
		satisfaction with the relationship with the ALS Society of Alberta.
V. The policies and procedures of the ALS Society of Alberta's programs and services are responsive, flexible, and adaptable to clients' needs and follow required legislation and effective practices.	6) Conduct a comprehensive review of client services policies and procedures 7) Develop and implement an evaluation and assessment strategy for policies and practices	g) Comprehensive Programs and Services policies and procedures are in place. h) Annual review of policies and practices i) Policies and procedures follow required legislation.
VI. All persons living with ALS have prompt access to and receive high quality end of life care.	8) Work with palliative care providers to ensure that people living with ALS have the best quality end of life care 9) Maintain a high level of expertise among ALS Society Client Services staff in end of life care for people with ALS	j) ALS Society staff members receive appropriate training. k) Ongoing contact with palliative care providers l) ALS Society staff members provide educational presentations to palliative care providers and other health care providers across the province about the specific end of life care needs of people with ALS.
VII. Every person living with ALS receives appropriate high quality equipment in a timely and effective manner.	10) Improve and maintain the policies and practices for the equipment and assistive technology program 11) Establish and maintain outcomes and timelines regarding delivery of equipment from vendors	m) Clients express satisfaction with the equipment and assistive technology program. n) The ALS Society has a user friendly data base for tracking client information and equipment. o) ALS Society of Alberta has negotiated contracts with

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
		<p>equipment vendors.</p> <p>p) A long-term capital acquisition and equipment replacement plan is in place.</p>

Resource Development Pillar

Optimizing resource generation opportunities and partnerships to ensure the Society's financial sustainability

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
<p>I. The ALS Society of Alberta has sufficient funds and diversified funding sources to effectively implement its services and programs and ensure long-term sustainability.</p> <p>II. The ALS Society of Alberta conducts its resource development according to guidelines of the Association of Fundraising Professionals and consistent with the values of the Society.</p>	<p>1) Develop and implement a comprehensive resource development plan that ensures diversification of funding, geographic diversification, and plans for growth</p> <p>2) Explore avenues of increasing funding</p> <p>3) Ensure that the public awareness and promotional materials developed and used by the ALS Society of Alberta are appropriate for and used in resource development</p> <p>(link with Public Awareness Pillar)</p>	<p>a) ALS Society of Alberta Board approved Resource Development Plan is in place and is implemented.</p> <p>b) ALS Society of Alberta has more diverse funding sources.</p> <p>c) ALS Society has increased funding.</p> <p>d) State of the art resource development software to track donors is in place.</p> <p>e) Long term capital equipment funding is in place.</p>
<p>III. The ALS Society of Alberta has strong relationships with its core partners and has built new partnerships with non-profit and for-profit entities.</p>	<p>4) Maintain strong relationships with all current funders and sponsors</p> <p>5) Build relationships with new funders and sponsors</p>	<p>f) The Events Committees and other funders express high satisfaction with the relationship with the ALS Society of Alberta.</p> <p>g) Strong relationships exist with key bureaucrats in the provincial government and health regions.</p>

Research Pillar

Supporting and contributing funds towards research for the treatment and cure of ALS

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
I. The ALS Society of Alberta strives to increase its annual contribution to ALS Canada for research.	1) Link with the strategies under the Resource Development pillar	a) Annual target amount to contribute to ALS Canada for research is identified by the ALS Society of Alberta Board. b) Increased contribution on an annual basis is achieved. c) Request is submitted to ALS Canada for a report of the dollars contributed from a provincial level for research.
II. The ALS community (those living with and affected by ALS, and service providers) understand the role of the ALS Society of Alberta in research.	2) Communicate the priority that the ALS Society of Alberta places on research 3) Educate about the structure of funding research within Canada, and the role of ALS Society of Alberta within the structure (Link with Public Awareness and Promotion Pillar)	d) Educational and promotional materials about the role of ALS Society of Alberta in research are in place. e) Stakeholders indicate an understanding of the role of ALS Society of Alberta in research.
III. The public receive accurate and easily understandable information about research addressing ALS.	4) Develop and deliver an education campaign about research	f) Information on research is readily available and distributed to stakeholders.
IV. The ALS Society of Alberta is the leader in the influence and advocacy for the creation of a	5) Have strong partnerships with stakeholders such as ALS Clinics, researchers, Health Regions, and	g) Meetings are regularly held with ALS Clinics to discuss and reach an agreed-upon strategic direction for

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
<p>province wide database for accurate and timely records of and tracking of persons living with ALS.</p>	<p>provincial government</p> <p>6) Advocate for the creation of the database with appropriate stakeholders</p> <p>(Link with the Advocacy strategies)</p>	<p>a province wide data base.</p> <p>h) Position papers developed as necessary</p> <p>i) Discussion at the national level is held.</p> <p>j) Letters of support are written as required.</p>

Public Awareness Pillar

Increasing public awareness about ALS and the ALS Society of Alberta through effective communication and education

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
I. The ALS Society of Alberta is the recognized provincial organization for information, services, and advocacy about ALS.	1) Develop a comprehensive communication and education strategy 2) Enhance the timeliness, quality, and value of information provided to stakeholders	a) A Communication and Education Plan is executed.
II. The ALS Society of Alberta is promoted and recognized as a provincial society: one voice.	3) Ensure common policies and practices about public awareness are developed and implemented 4) Ensure common communication and promotion materials are developed and implemented	b) The Society has a complete and updated visual identity guidelines and branding for all materials and activities. c) The ALS Society of Alberta website is appealing and user-friendly. d) Guidelines to support effective delivery of information through the website are established and adhered to.
III. Albertans have an understanding of ALS.	5) Develop and implement a public awareness strategy to selected target populations (e.g. media, municipalities) 6) Ensure that each event and activity of the ALS Society of Alberta is an avenue for education and promotion about ALS and the ALS Society of Alberta	e) Public awareness strategy and campaign are in place. f) The Strategic Plan is utilized as a public awareness and resource development tool.

Advocacy Pillar

Advocating on behalf of and with people living with and affected by ALS to ensure that each day is the best possible day for them

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
I. ALS Society of Alberta is seen as a leader in advocacy for people living with and affected by ALS. II. The ALS Society of Alberta advocates for what is needed to achieve the vision " <i>to make each day the best possible day for people living with and affected by ALS</i> ".	1) Develop and implement a comprehensive advocacy strategy ensuring that clients' needs drive the strategy	a) Albertans living with ALS have equal access to health care and support. b) Comprehensive advocacy strategy is in place and executed. c) Clients are consulted about their needs and issues.
	2) Actively pursue and maintain partnerships with key stakeholders who are influential and can contribute to the advocacy efforts	d) Strong relationships exist with key bureaucrats in the provincial government and health regions.

Governance Pillar

Ensuring visionary direction and planning, insightful decision-making, and effective operations of the Society

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
I. The Board is comprised of committed members who are representative of all required areas of expertise.	1) Develop and implement a comprehensive recruitment and succession plan for the Board 2) Develop and implement a comprehensive orientation process for the Board	a) Areas of expertise and diversity required on the Board are identified. b) Board members are recruited on the basis of the identified expertise and diversity. c) Individuals living with ALS serve on the Board. d) The Board manual is reviewed and enhanced annually.
II. The ALS Society of Alberta operates with a sound, effective, and sustainable governance structure and within the realm of the Alberta Societies Act and the Canada Revenue Agency. III. The Board effectively carries out its governance role.	3) Design and implement an evolving model of governance and structure for the Board 4) Develop and implement a Board evaluation system 5) Ensure the relationship, process and communication between the Board and the Executive Director are well-established and reviewed	e) The Board has functional, up-to-date policies. f) The Board has an appropriate committee structure. g) The Board annually reviews its governance policies at an Annual Board retreat. h) The Board annually evaluates its performance. i) The Executive Director has a clearly defined position description.

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
		<p>j) The Board and Executive Director utilize a mutually agreed to feedback process in regards to performance of the Executive Director.</p> <p>k) The Board has set measurable performance expectations and clearly defined accountabilities for the Executive Director.</p> <p>l) The Board and Executive Director have and use clear communication links.</p>
IV. The ALS Society of Alberta employs sound strategic and operational planning systems; and adheres to a framework of values, vision, goals, and strategies.	6) Design and maintain an annual organizational strategic and operational planning cycle that reinforces goals, priorities, strategies, and a unified direction.	m) The Board and Staff annually review and update the strategic and operational plans.
V. The Board is engaged in province-wide activities through its representation at local, regional, and provincial activities.	<p>7) Ensure Board members are aware of the various events and activities</p> <p>8) Develop and implement innovative ways for Board members to engage with local and regional volunteers and stakeholders</p>	<p>n) Board members attend a variety of events and activities.</p> <p>o) Board members use various technological methods to connect with volunteers and stakeholders.</p>
VI. The ALS Society of Alberta supports and enhances the partnership agreement with ALS Canada.	9) Maintain strong partnership and involvement with ALS Canada	<p>p) All Board members are aware of the partnership agreement with ALS Canada.</p> <p>q) ALS Society of Alberta Board members serve on the Board and committees of ALS Canada.</p>

Management Pillar

Managing the Society's human, financial, and physical resources in an effective and efficient manner based upon not-for-profit sector standards

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
I. The appropriate human resource allocations are in place at the ALS Society of Alberta to effectively provide services and to meet the current and future needs of people living with and affected by ALS in Alberta.	1) Attract, retain, and support qualified and dedicated staff to ensure services continue to be made available throughout the province; and that Society management and administration are effectively provided 2) Establish and maintain a succession staff plan 3) Implement an ongoing program of crossover training for all staff positions	a) The number of qualified staff required to meet needs of clients is established. b) Required number of qualified staff is in place. c) Staff members are able to explain and perform the requirements of at least one other position.
II. The ALS Society of Alberta is viewed as a desirable organization at which to work and volunteer.	4) Ensure human resource management practices are supportive of staff and volunteers 5) Create a desirable work environment 6) Review and revise the human resource management policies 7) Ensure that the compensation package for staff reflect the not-for-profit standards 8) Ensure effective orientation and	d) Staff members are respected for their expertise and service delivery as determined through client and stakeholder satisfaction reviews. e) Job descriptions are updated and reviewed regularly. f) Human resource policies are realistic in practice. g) High staff morale - staff express high satisfaction with their work. h) Staff turnover is low, taking into

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
	training processes for staff are in place and practiced	account resignations due to factors other than work satisfaction and compensation (e.g. moves, retirement) i) Staff recognition program is in place.
III. The culture of the ALS Society of Alberta is one of openness, helpfulness, and respect; reflecting the values of the Society.	9) Ensure that policies and practices and services reflect this culture	j) All ALS Society of Alberta staff members across the province participate in planning. k) Healthy debate is encouraged at the ALS Society of Alberta. l) Effective discussion and decision-making, conflict management techniques are processes are used by staff, Board, and volunteers.
IV. The ALS Society of Alberta demonstrates accountability in each area of responsibility and operation	10) Review and refine business management processes and procedures	m) A complete business management process in place.
	11) Meet the acceptable standard for administrative costs in the not-for-profit sector	n) Comprehensive policies and procedures are practiced and adhered to.
	12) Establish and utilize an ongoing evaluation process and procedures re: efficiency and productivity	o) Accurate statistics, reporting, policies, accounting, procedures are in place and adhered to.
	13) Maintain an annual budget preparation and financial accounting and reporting capacity	p) The budget reflects the goals of the ALS Society of Alberta as outlined in the five-year Strategic Plan.

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
		<ul style="list-style-type: none"> q) Annual budget preparation and review process r) Ability to generate up-to-date and accurate financial reports s) Approved accounting practices
	14) Develop and implement an employee performance assessment process	t) Annual performance assessments are conducted for each staff person
V. The ALS Society of Alberta has a sustainable organized volunteer program based on its needs.	15) Review, revise and implement the volunteer management program	<ul style="list-style-type: none"> u) Sufficient number of qualified individuals to fulfill the volunteer roles v) Volunteers are properly screened (i.e. Police Checks, references etc.) w) Volunteers are appropriately trained. x) Volunteer recognition program in place y) Volunteers express high satisfaction with their work
VI. The ALS Society of Alberta effectively and efficiently utilizes technology in its services and operations.	16) Continue to evaluate and implement new opportunities to utilize technology to enhance services and program delivery, communicate to members, and generate revenue	<ul style="list-style-type: none"> z) Computer acquisition standards are in place and adhered to. aa) Computer usage standards are in use and adhered to.

<i>Five-Year Goals (2009 – 2013)</i>	<i>Five Year Strategies</i>	<i>Success Indicators</i>
	17) Ensure that computer and technology devices are security protected and that usage reflects privacy legislation	bb) Technology policies and procedures are in place and implemented. cc) A fully integrated information database accessible to all staff is in place. (note: ideally a one year or two year outcome) dd) ALS Society staff members use technological methods for team meetings and planning.

Priorities

While all of the goals and strategies are considered of high importance, the priorities for 2009 and 2010 are:

Main Priorities for 2009

Programs and Services Pillar:

- Determine resource allocation to Client Services to ensure clients have the care they need; when and where they need it.

Governance Pillar:

- Ensure Board development and effective governance by implementing the strategies outlined in the goals and strategies section for this pillar

Management Pillar:

- Review, revise, and develop internal management policies and procedures as outlined in the goals and strategies section for this pillar

Initiate in 2009 and continue in 2010

Resource Development Pillar:

- Develop and implement a comprehensive resource development plan that ensures diversification of funding, geographic diversification, and plans for growth

Advocacy Pillar:

- Develop and implement a comprehensive advocacy strategy ensuring that clients' needs drive the strategy

Public Awareness Pillar:

- Develop a comprehensive communication and education strategy
- A public awareness strategy and campaign are in place.

Monitoring, Evaluating, and Renewing the Strategic Plan

As part of the Governance Pillar, the ALS Society has established a goal of utilizing sound strategic and operational planning systems; and adhering to its framework of values, vision, goals, and strategies. To accomplish this goal, the Society Board and Staff will design and maintain an annual organizational strategic and operational planning cycle that reinforces goals, priorities, strategies, and a unified direction. The Board and Staff will annually review and update the strategic and operational plans.

Developing the Operational Plan

The Strategic Plan lays out the “broad picture” of the services and operations of the ALS Society over the next five years, and will be translated into action through the development of a two-year Operational Plan. This Plan is the foundational document and the strategies and other plans (such as Communication and Education Plan, advocacy strategy, Resource Development Plan) will support and align with it. The Operational Plan will be developed and implemented in a manner that aligns and support the Society’s vision and values.

Throughout the strategic planning process, the Planning Committee and Facilitator continually considered the implications of five-year planning for the ongoing daily operations. This approach enables the strategic and operational plans to be closely aligned. The Staff members of the ALS Society commenced the operational planning during the latter stages of the strategic planning process.

At its Strategic Planning workshop held on February 9 and 10, 2008, the Board members established guidelines for the development of the one to two year operational plan

- 1) Establish and review appropriate measures on weekly, monthly, and annual basis
- 2) Be clear on roles of board and staff:
 - a. The Board function is to approve at the strategic level – long term goals and actions; accomplishment of the long-term goals while adhering to the values, philosophy, and policies of the organization
 - b. The Staff function is at the operational level.
- 3) Timelines of actions are adjusted to the needs of the clients.
- 4) Reporting of successes and actions will be based on the pillars.
- 5) The staff members can identify immediate priorities within each of the pillars and put them into a one-year operational plan. (E.g. public display boards could be one year actions under the Public Awareness and Promotion pillar)
- 6) May to September is a very busy time for staff members. Develop as much as is possible between February and April 30, 2008 in terms of the Operational Plan while the Strategic Plan is being finalized.
- 7) The Board and Staff may hold a session in six months time (e.g. December 2008) to review the progress on the Strategic Plan and Operational Plan.

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