



Draft Strategic Plan 02.13.2009

Mission / Purpose Statement

Mission, Vision and Values

About CARIE

The Center for Advocacy for the Rights and Interests of the Elderly (CARIE) is a non-profit organization, based in Philadelphia, dedicated to improving the quality of life for vulnerable older people.

Setting CARIE apart from others in the aging field is its sole focus on advocacy through a comprehensive array of activities, community education programs, professional training and consultation, and referral using a client-centered approach. CARIE's unique advocacy model helps not only the individual client but many others through its work to inform policy-makers, education programs targeted at providing information and improving the ability of those who help frail older adults to give quality care.

CARIE's programs and services include community education, professional training, and individual counseling and problem solving. A leader in the field of aging for more than 25 years, CARIE is recognized as a vital resource for a wide range of audiences, including older adults, family members and other caregivers, aging and other social service providers, policy makers, and academicians. Its services are provided locally, throughout the Commonwealth of Pennsylvania and in some cases nationally.

CARIE is committed to providing high quality programming and sound management practices.

Mission

CARIE fulfills its core mission — **to improve the well being, rights and autonomy of older persons through advocacy, education, and action** — through a "case to cause" model of advocacy that serves to promote equal access to justice and addresses problems and issues on both the individual and the systemic levels. Because frail older adults often lack the ability to advocate on their own behalf without assistance, CARIE provides individual advocacy through direct service and systemic advocacy through education and public policy initiatives.

We are different from other agencies—we do not provide direct services (home care, meals, transportation); we advocate for people to get those services and advocate for dignity and quality care for older people. We work to make sure that everyone finds some resolution to his or her problem.

Vision

As we look to the future, there are many challenges. The safety net for older adults—one with flaws—is facing imminent threats. Our nation’s expenditures on Medicare and Medicaid (essential programs for the elderly) are “over the top.” We have heard that Social Security must change—a potential threat to generations ahead. As we see changes to respond to these problems—the system becomes even more difficult to understand. CARIE is there for older adults to help them understand and navigate this ever more difficult system of services, and to help make a system that is more responsive to the needs of those who use it. We envision the following future state:

- Seniors are empowered to live autonomously for as long as they choose or can feasibly do so and there is a system locally, statewide and nationally that includes:
 - A universal health/LTC system that is readily accessible and affordable to seniors and provides high quality and ethical care
 - A system that prevents the abuse and neglect of older adults
 - There are strict prohibitions and prosecution of individuals/entities who abuse, neglect and/or commit crimes against elders
 - A clear path for elders and caregivers to find the help and guidance they need regardless of the issue
 - Ample options throughout the LTC system that allow seniors to find programs that are not only appropriate and responsive to their needs but also fiscally available without great sacrifice
- We have sound funding and resources to support the development of programs and tools responsive to community needs, including communities of differing cultures and socioeconomic means.
- As an independent non-profit corporation CARIE is broadly viewed as an expert, we advise all levels of government and maintain agility to be responsive to the needs and concerns of the communities we serve.

Values

In carrying out CARIE’s mission to improve the lives, well-being and autonomy of older adults, CARIE’s Board and Staff are committed to upholding the following values:

- *To act with INTEGRITY*
- *To advocate for the EMPOWERMENT of the individual*
- *To work for social JUSTICE*
- *To support SELF-DETERMINATION*
- *To treat all individuals with RESPECT, COMPASSION, and DIGNITY*
- *To build COMMUNITY*

Board and Staff List

Board of Directors

CARIE is fortunate to have a dedicated Board of Directors committed to the organization and its mission.

Donna M. Hill, Esq., Vice President and Associate General Counsel at Cardinal Health, serves as Chair. Ms. Hill comes to the organization with concern for the autonomy and self-direction of older adults after she witnessed firsthand the loss of dignity of a close family member who was diagnosed with Alzheimer's disease.

Joan Davitt, PhD, Assistant Professor & Hartford Geriatric Social Work Scholar, University of Pennsylvania has spent her career working in the field of aging including as a staff member at CARIE in the 1980's.

Ann Brennan, Secretary works in the insurance industry and has been and is currently in a caregiver role for various family members.

Ann Sholly, PA-C is currently the Acting Treasurer She has been on the board for seven years in various roles including as Chair of the Board, and is currently working at Einstein Hospital as a Physician's Assistant.

Additional Members of the Board

Emily Amerman, MSW	LIFE Program, St. Mary Medical Center
Aryea Aranoff	Wharton School of Business
Mary Austin, MSN	LIFE Program, School of Nursing at the University of Pennsylvania
Jane Bonner	Retired
Michael Bull, CPA	Citrin Cooperman & Company, LLP
Willo Carey	Wider Horizons/WHYY
Helen-Ann Comstock	Retired
Carolyn Cristofalo, MSW	Social Worker
Lynn Dant	
Art DeLeo	Consulting for Growth
Timothy B. Monahan	Corporate Managing Director, Studley
Lisa Salley	Caregiver
Ann Sholly, PA-C	Volunteer
<u>Yolanda Ann Slaughter, D.D.S.,</u>	University of PA School of Dental Medicine
<u>M.P.H.</u>	
Robert Warren, MD	Montgomery Family Practice Residency Program

Meet the Staff

The strength and continuity of CARIE's staff is a vital internal resource adding to the organization's success. CARIE's dedicated and hard working staff demonstrates sincerity and professionalism.

CARIE has numerous volunteers who assist in helping to achieve its mission—many are older adults themselves who put in countless hours helping long-term care residents with complaints, giving informational presentations, and providing professional services. Additionally, collaboration with aging and other service providers, academicians, and policy makers provides a wide network of support for CARIE’s clients and their caregivers as well as an extensive resource base for staff.

Leadership

Diane Menio	Executive Director
Kathy Cubit	Director of Advocacy Initiatives
Michele Mathes	Director of Education and Training
Cathy Schiman	Director of Program Development

CARIE LINE

Karen Chenoweth	Advocate
Carrie (Allison)Givhan	Transportation Advocate
Tiffany Lombardi	Coordinator
William McNeill	Victim Advocate
Stacy Schanno	Advocate
Sarah Duncan-Wisniewski	Advocate

Philadelphia Long Term Care Ombudsman Program

Karen Chenoweth	Complaint Handler
Robert Pickard	Volunteer Coordinator
Christine Turner-Cartwright	Complaint Handler
Lori Walsh	Coordinator

SMP Pennsylvania

Rebecca Nurick	Coordinator
Robert Pickard	Volunteer Coordinator
Tara Vercellone	Special Projects Coordinator

Administrative Staff

Robbie/Eunice	Receptionist
Ashley Morgan	Office Manager

Executive Summary

[Need to write the executive summary]

Description of the Planning Process

Participants

The following team comprised of board and staff members and facilitated by an external consultant, Rita Stevens of Planning Matters LLC, developed CARIE’s strategic plan. Those indicated (*) served as the core planning team.

Board

Emily Amerman *

Jane Bonner

Carolyn Christofalo

Art Deleo

Lynn Dant

Joan Davitt *

Staff

Kathy Cubit

Tiffany Lombardi

Michele Mathes *

Diane Menio *

Rebecca Nurick

Martha O’Connor

Donna Hill

Cathy Schiman

Ann Sholly

Lori Walsh *

Goals

At the start of the process, the core team identified the following overarching goals of the planning process.

Vision

- Better definition of CARIE's vision
- Case statement around advocacy at the policy level

A Road Map

- A simple, practical plan for CARIE that serves as a guide for operations and as a guidepost for making decisions around programs, resources and timing
- A programmatic report that spans and quantifies activities and metrics to be used routinely for governance.

Strengthened Fundraising

- Better knowledge of the funding cycle
- Access to unrestricted funding and understanding of how it can be used to build programs
- Increased visibility to medium and upper income populace in a manner that attracts donations
- Increase in donors with a feeling of passion for CARIE
- Fundraising résumé that attracts funders- success begets success

Measures of success

- Ability to better document the positive impact of CARIE's advocacy work
- Progress with plans that are aligned with the CARIE mission and that are current in the aging field , thereby attract funders

Learning

- Strengthened planning skills; strategic planning being an overwhelming topic to some
- Better understand CARIE and the possibilities

Alignment

- Understand the Board's vision , input and viewpoints, and what draws them to CARIE
- Alignment on priorities
- Staff and Board more closely connected

Methodology

The strategic planning process was organized into three parts: 1) Current State and Vision for the Future, 2) Finalized SWOT and Strategic Options, and 3) Finalized Plan and Board Alignment. We accomplished this through two full-team retreats, held in June and November 2007, supplemented by routine core planning team and full Board meetings.

Current State and Vision for the Future (March-June, 2008)

The goal of this phase was to conduct a critical analysis of CARIE's current situation, informed by internal and external data and viewpoints.

It began with an alignment step, in which the core planning team clarified and adopted the project objectives, expected outcomes, key participants and working norms.

With this in hand, the focus shifted to gathering and analyzing data that were critical to the planning process. This included designing, conducting and analyzing 10 stakeholder interviews, thereby creating a preliminary analysis of CARIE's strengths, weaknesses, opportunities and threats ("SWOT").

We then took taking a detailed look at CARIE's situation- past, present and future- finalizing the SWOT analysis and drafting a vision for the future.

Strategic Options (June-November, 2008)

The goal of this phase was to identify a compelling set of strategic options for CARIE's path forward in the coming 3-5 years.

We began with a critical analysis of the SWOT generated in part one, with an eye for uncovering internal and external needs going forward, and a subsequent testing and refinement of the draft vision statement.

Next, we conducted a detailed portfolio-type review of CARIE's core programs- both current and potential. This included an evaluation of the strategic intent, the value proposition, the technical approach, the resources (people, partnerships, financial, physical), and the project stage and timeline.

The final step was to generate a set of options from which to choose in formulating a strategy. This involved a brainstorm/affinity process to create the most compelling scenario, followed by a critical analysis of the potential impact, strategic fit, and costs and benefits.

Finalized Plan with Board Alignment (November 2008- February 2009)

The goal of this phase was to critically evaluate and refine the recommended strategic plan, testing it for robustness and practicality. With this in hand, we identified the most important priorities in moving towards the vision, and then laid out a specific action plan to implement the preferred strategy, including key communications.

Future plans

We plan to revisit this strategy at least annually, to assess progress and renew CARIE's strategic course of action.

Current Assumptions

Ideal Organizational Purpose and Values

CARIE fulfills its core mission — **to improve the well being, rights and autonomy of older persons through advocacy, education, and action** — through a “case to cause” model of advocacy that serves to promote equal access to justice and addresses problems and issues on both the individual and the systemic levels. Because frail older adults often lack the ability to advocate on their own behalf without assistance, CARIE provides individual advocacy through direct service and systemic advocacy through education and public policy initiatives.

CARIE is committed to providing high quality programming and sound management practices.

Specific outcomes include advocacy, education, and action:

Community Needs and External Trends

We looked at three aspects of the external world as it impacts CARIE future: Demographics of aging; funders' perspectives and priorities; and competitive landscape. Having discussed major trends and drivers for each category, taking into consideration the results of our stakeholders' input, we developed the following snapshot of community needs and external trends:

DEMOGRAPHICS OF AGING

- Demographics of aging- older / aging; diversity; care giving trends- lack of formal and informal; Alzheimer's
- Policy changes at the federal and state levels
- Budget cuts and restrictions (access and quality)- MC, MA, AAA/LTC
- Lack of affordable, accessible, safe housing
- Lack of planning- micro (self) and macro (populace)
- Ageism- e.g. healthy aging focus
- Shift from institutional bias
- Mental health needs

FUNDERS' PERSPECTIVE

- Down turn in the economy
- Increasing demographics of aging boomers
- Entrepreneurism – new industries and products for the aging
- Increasing numbers of nonprofits competing for dollars
- Funders reprioritizing- focus on children and workforce issues
- Changing health care policy
- Tax policy
- Foundations and government cutting back

COMPETITIVE LANDSCAPE

- Highly competitive network- need to think about who are all the players and how to think about that
- Action Alliance , a consumer advocacy organization, is barely in business- no staff; had an important role, and now there is a gap- was more grass roots
- Competitors are not frail-focused

Collaborative / Competitive Scan of Options

Setting CARIE apart from others in the aging field is its sole focus on advocacy through a comprehensive array of activities, community education programs, professional training and consultation, and referral using a client-centered approach. CARIE's unique advocacy model helps not only the individual client but many others through its work to inform policy-makers, education programs targeted at providing information and improving the ability of those who help frail older adults to give quality care.

Internal Organizational Capacities

Programmatic

CARIE's programs and services include community education, professional training, and individual counseling and problem solving. A leader in the field of aging for more than 25 years, CARIE is recognized as a vital resource for a wide range of audiences, including older adults, family members and other caregivers, aging and other social service providers, policy makers, and academicians. Its services are provided locally, throughout the Commonwealth of Pennsylvania and in some cases nationally.

Advocacy:

Each year, the CARIE LINE Advocates assist approximately 2,700 care recipients and resolve more than 3,000 problems annually. Staff and volunteers present educational programs and participate in enrollment fairs, reaching 3000-4000 people annually. Through our Long-Term Care Ombudsman Program, we help 100+ consumers annually. An additional 500+ persons are provided with information

and consultation. Finally, staff and volunteers visit 650+ residents in various long-term care facilities in order to train many staff, residents and the public about residents' rights.

Education:

Each year 29,000 people are educated through 200+ public outreach programs staff presentations, health fairs. In all, In addition to the many educational programs provided through CARIE's various programs, the training department conducted 14 training programs reaching more than 500 social workers, nurses, administrators, and other professionals in long-term care. We distribute the project newsletter, Frontline Care, to 3,000 DCWs.

Action:

CARIE advocates around issues that impact frail older adults including efforts to: prevent federal and state budget cuts particularly those associated with Medicaid and Medicare; make the Medicare Part D more seamless for consumers; increase funding for long term care services; prevent the privatization of Medicaid Aging Waiver services; prevent the loss of funding for services for older victims; promote revisions to the PA Department of Aging's OPTIONS cost sharing policy; remove barriers and increase access to home and community-based services; ensure approval of improved personal care home regulations in Pennsylvania (These new regulations will expand resident rights, increase staff training and improve fire safety among other improvements.); and, allow consumers to "age in place" in PA by advocating for assisted living legislation.

Managerial

The strength and continuity of CARIE's staff is a vital internal resource adding to the organization's success. CARIE's dedicated and hard working staff demonstrates sincerity and professionalism. Diane Menio, Executive Director of CARIE is the organization's second director and has been with the agency for 19 years. Kathy Cubit, Director of CARIE's Advocacy Initiatives has 20 years on staff. Director of Education and Training, Michele Mathes came to the organization about seven years ago as a volunteer. Cathy Schiman, Director of Program Development spent eight years in the organization in the 1980's, continued to support CARIE in other ways and then returned to employment a couple of years ago. Project coordinators, Lori Walsh and Rebecca Nurick, have a combined tenure of more than 20 years with the agency. CARIE has a dedicated Board of Directors representative of professionals and consumers who help to guide its work.

CARIE has numerous volunteers who assist in helping to achieve its mission—many are older adults themselves who put in countless hours helping long-term care residents with complaints, giving informational presentations, and providing professional services. Additionally, collaboration with aging and other service providers, academicians, and policy makers provides a wide network of support for CARIE's clients and their caregivers as well as an extensive resource base for staff.

Governance

CARIE is fortunate to have a dedicated Board of Directors committed to the organization and its mission. We profiled Individual members at the start of this document.

[Summarize Board subcommittees working norms here....]

[Summarize quality standards here- management of finances, facilities, information systems, interagency cooperation, etc.....]

Strategic Alternatives, and Selected Initiatives for the Organization

Strategic Questions

Before identifying and selecting strategic initiatives, the core planning team formulated and deliberated on the following strategic questions:

Who is CARIE?

What is the “face” and verbiage of CARIE, and how does this translate to CARIE’s brand, particularly with respect to CARIE’s systemic advocacy work

Whom should CARIE target as clients?

Who are CARIE’s constituents- poor and elderly or all elderly- those involved in the “system”- what degree of infirmity- and how can we engage them? What does “vulnerable “mean?

What should our geographic scope be?

Is it Local, regional, state or national? For which functions does this apply?

Funders- Are they clients or providers?

CARIE helps foundations to fulfill their missions

Caregivers- what does/should CARIE provide

Is there a potential for conflict between caregiver and elder? This could be part of “the problem” in CARIE’s mission to serve the elderly

What does CARIE offer to its clients?

What are the intersection of needs and abilities on which CARIE should focus? What current strengths / programs should be strengthened (product lines)? What issues/ needs cry out for advocacy? What does good look like? What are our measurable goals and targets? Include branding, funding from individuals and corporations, program

How does CARIE fund its work?

What is CARIE’s development strategy- all encompassing? What are our funding strategies and how do we educate funders including high net worth individuals? How does CARIE get recognition to attract funders? How do we develop an annual reserve fund? If we help the wealthy – is this a means to access funding beyond “asking”? How do we do all that we do, yet do so little with funding?

How do we fund advocacy?

How do we maintain our objectivity and individuality? To what degree do we allow funding sources to dictate the objectives? To what extent should we allow competitive organizations to define our objectives?

How do we promote the CARIE brand?

How can we help people understand what CARIE does in simple terms?

To what extent should we be collaborating with other organizations?

Portfolio Review

[need to describe the portfolio review we conducted]

Goals, Objectives, Strategies and Action Steps

Strategic Priorities

Ensure ongoing success of core programs (case to cause)

- Direct client advocacy
- Community education
- Professional training
- Policy advocacy

Learn and adapt for greater impact and capacity

- Increase awareness and use of services and knowledge [that CARIE offers]; increase the volume of calls to the CARIE line and Establish the CARIE Cyber-school
- Identify and fill critical service gaps; e.g. care transition
- Secure funding for research [to identify and] fill knowledge gaps

Implement key work processes [as reflected in the critical success factors]

- Project reviews
- Annual education / outreach event
- Strategic fundraising
- Marketing

Critical Success Factors

Be clear on what we want to achieve

- Align and engage the entire organization – board and staff- around CARIE’s mission, vision, values and strategic priorities
- Develop a clear, concise case statement that everyone can use in communications

Implement key work processes

- Use the strategic plan to guide governance and decision-making
- Establish a system for project review and oversight
- Reestablish an educational / outreach routine as a means to inform and enable all strategic priorities

- Redesign staff meetings for greater impact and cross-functional coordination

Develop our resources

- Develop board membership and processes, including corporate connections, committee design and accountabilities, recruitment and training
- Staff to execute CARIE's mission, addressing succession planning, development / fundraising, marketing, and individual development
- Develop CARIE's marketing package, including positioning and branding
- Grow, diversify and strengthen CARIE's sources of funding, including the establishment of a significant fee-for-service program

Advocacy Model

Advocacy/Education/Action

- Use the criteria of 'advocacy/education /action' as a filter to prioritize, rather than to categorize and communicate CARIE's strategic priorities.
- You can jump in at any point in the advocacy / education/ action cycle
- Stories are powerful- use key themes to talk about the advocacy/education/action cycle, such as elder abuse, Medicare Part D, etc.

Case-to-Cause is a model of advocacy

- "We don't stop when we can't resolve a problem." This sets CARIE apart. E.g. Ombudsman actions inform legal proceedings, which in turn impact policy and industry standards.
- "We don't stop after one person, but go on to find the source of the problem and solve it in a bigger way." There is a ripple effect. River example(?).
- Think of picturing what CARIE does with a pyramid, with Cause at the top, supported by layers of cases/ programs / strategic priorities/ etc. The pyramid is three-sided, one side each for advocacy, education and action.
- Where and how we do our work (little programs) begets learning's that we leverage to achieve larger results.
- Write up the case studies that best illustrate how CARIE works for greater impact.

Strategic Programs

[Need to briefly describe the programs and why they are strategic]

Core- ensure ongoing success

- CARIE Line
- Long-Term Ombudsman
- Community Education
- Competence with Compassion
- SMP- PA Health Care Fraud

New- achieve greater impact and capability

- Caregiver Cyber-School
- Care Transition
- Research

Strategic Funders

[Need to craft a position statement about funding going forward]

[Refer to the November 2007 workshop notes- three were three breakouts regarding strategic funding- Have captured one group here, but it could be refined using input from the other groups]

- United Way
 - Align with their “community impact plan”
 - Limited to only 5% of CARIE’s budget
 - Has given additional \$ for projects
 - Long term funder of CARIE
 - “Gold Standard” funder
- Pew
 - Align with their goals
 - Use of RFP (i.e. competitive)
 - Long term funder of CARIE
 - Funds core program i.e. CARIE Line
 - “Gold Standard” funder
- PCA
 - Contract management
 - Stable funding
 - Noncompetitive
 - Compromise of values; possible conflict of interest
- AoA
 - Potentially uncertain funding 2 degree politics
 - Change of criteria at their discretion
- PDA
 - Relationship based funding
 - Discreet / time limited / project focused \$\$
- PCCD
 - Decreasing over the last 5 years
- Independence Foundation
 - Source of discretionary \$\$
 - Capacity building
 - Relationship based
- The Philadelphia Foundation
 - Discretionary
 - Capacity building
 - Improve operations
- Chestnut Hill Foundation
 - New funder
 - Fund core program CARIE Line

- o Stable funding
- \$\$\$
 - o Build administratively / operating fund
 - o Dedicated fund for developer and marketing

Action Steps

Immediate

1. Diane, Joan and Rita meet on Feb 13 to draft the implementation plan for CARIE's strategy
2. Conduct the staff Values workshop on Feb 23, and capture learning's and key messages for the March board meeting
3. March board meeting:
 - a. In advance, complete the documentation of the strategic plan (updating the Oct. 2008 draft to reflect the decision, insights and plans defined since the first workshop + overview PPT)
 - b. During the meeting
 - i. Present the statements of the Mission, Vision and Values, and enter into dialog that builds the board's capability to guided by these statements in governing CARIE.
 - ii. Present the Strategic Priorities and overview of the proposed strategy
 - iii. Present and dialog on the implementation plan, working towards endorsement and ownership

Strategy Implementation

Strategy

- Develop concrete steps to move our strategic plan forward
- Develop a set of actions to enable implementation of the strategic plan and follow through
- Ensure accountability and follow-through for board and staff
- Use the results of our strategic planning to govern- keep a living document and use it to guide our decisions and priorities

Case Statement

- Develop a statement of CARIE reason for being
- Create a clear, concise statement of vision that everyone can communicate
- Develop a case statement including a financial snapshot

Marketing and Branding

- Position CARIE relative to competitors
- Brand CARIE- this is an absolute issue with "outreach" advocacy
- Develop a marketing package

Project Review and Oversight / Portfolio Management

- Create board subcommittee to review project reviews
- Do a project review for all current programs (including SWOT) using format piloted by the cyber school project
- Do a project review for all potential projects
- Evaluate time spent on program areas vs. strategic goals (vision / mission)- determine if time / \$ spent aligns with our goals
- Sharpen up the snapshot of the CARIE portfolio so it can be effectively used for governance and fundraising purposes- and keep it alive

Board Development

- Build board (influence and corporate partnerships)
 - o Develop the board with corporate leaders (court their \$ and influence)
 - o More corporate executives on the board
- Geography
 - o Get Donna a job more local
 - o Get Lynn a local job
- Committees
 - o Clearly define sub-committee charter, membership and accountability for program and funding priorities
 - o At exec committee level set goals and challenges for standing committees
- Expectations
 - o Put together a board training package for recruitment and training
 - o Set board-giving expectations

Staffing to execute CARIE's mission

- Succession plan
 - o Develop a succession plan
 - o Succession / emergency plan
- Staff
 - o Free Diane up for leadership and critical action (reduce dependence on Diane's knowledge and expertise by developing additional advocacy experts and testifiers
 - Additional CARIE staff- i.e. deputy executive director
 - Hire a deputy director
 - o Development/ fundraising
 - Hire a development director
 - Full time fund developer
 - Fund raiser / development person
 - o Marketing
 - Hire consultant(s) to execute technical, branding, marketing, development

- Dedicated marketing person, reporting to the development director
- We need a marketing consultant / director
- Enrich the resources, skills and talent pool
 - Create a strategy to increase resources for advocacy through use of interns, students and volunteers
 - Complete a board assets inventory- how can CARIE better utilize the skills and talents of our board members?
 - Create a board challenge to fund a marketing person

Fundraising

- Develop / implement plan for targeted fund raising with key sources
- Staffing
 - Put a priority on growing CARIE's "Development Department"
 - Engage consultant to work with board fund development committee to create plan- more toward hiring development staff person
- Size of funding portfolio
 - More \$\$\$
 - Increase donations
- Characteristics of the funding portfolio
 - More secure funding sources
 - Develop plan for funding based on discretionary / nondiscretionary
 - Reallocate source of funds to focus on new revenue generation
 - Raise more discretionary funds
 - More discretionary funds
- Sources of funding
 - Develop a list of collaborative partnership opportunities and plan to approach the organizations (identify the person to make contact)
 - Evaluate contacting past funders for new grants
 - Build corporate relationships
 - Look at other nonprofit organizations with large pool of older donors (i.e. Kimmel Center?) and tap them?
 - Evaluate / identify fund sources per program and area (advocacy, action, education)

Fee for Service

- Increase fee for service
- Develop a product line from or core functions to generate revenue
- Focus on services for hire (sell Michele's stuff)
- Complete development of Cyber School
- Sell "the book"

Financial Summary and Forecast

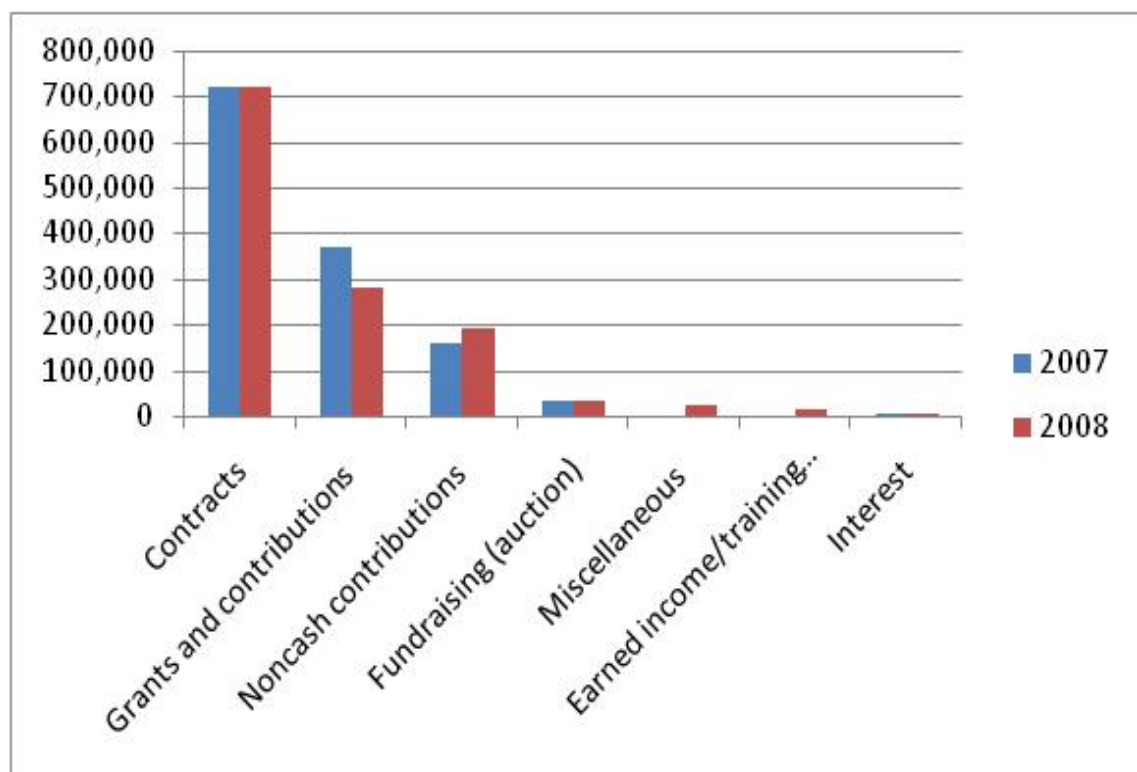
Funding Analysis

[Need to edit and include highlight of the financial analysis we used in the November workshop]

Sources of Funds

Considerations:

- Is CARIE well positioned to sustain contract revenue?
- Grants and contributions were significantly down 2008 vs. 2007- what is the strategy going forward?
What is the tailored message for each significant funder?
- What can CARIE do to create a more substantial contribution from fundraising?
- Given CARIE's content knowledge, what revenue streams can CARIE create through earned income?

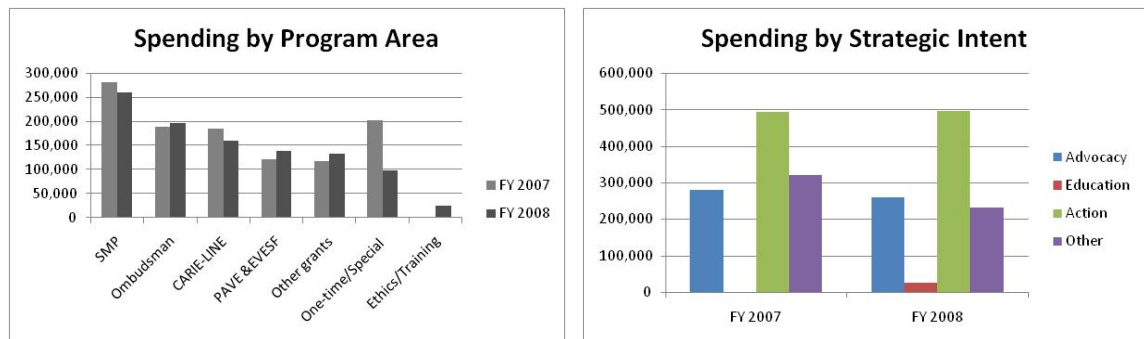


Spending Analysis

Considerations:

- Is CARIE well situated with its asset allocation- that is, where we are spending, given what we wish to achieve?

- ¾ of CARIE's major program areas are ~ single source funded; is CARIE happy going forward with this level of risk?



Financial Forecast

[Need to generate and include a pro forma forecast for the coming 3 years]

Attachments

Strengths and Weaknesses

In order to explore CARIE's strengths and weaknesses, we introduced the key dimensions that drive performance: organizational, operating performance, customer satisfaction and market performance. Three breakout groups brainstormed and prioritized strengths and weaknesses, and these we collected into a single set of themes:

Strengths

Reputation

- Respect in the community (this is a strength and weakness; wonderful within the aging community)
- Repeat callers- loyalty

Knowledge

- Leader in developing best practices
- Programs and services- all of them
- Consistent quality of work; maintain high standards
- Intellectual capital- expertise and knowledge of aging (comprehensive)- especially legislative- untangling complexity
- Education and training programs

- CARIE line

Approach

- Unique focus around advocacy

Network

- Connections- within the community and associated referrals
- Gathering stakeholders- we bring people together all the time; collaboration
- Open door policy- serving anyone in need, although at different levels of service

Human Capital

- Commitment to mission; belief in work
- Staff and people- loyalty; network of volunteers

Working Norms

- Agility- willingness and ability to handle various issues from various sources
- Flexibility- ability to get running, given news of a new policy initiative
- Effectiveness
- Perseverance
- Responsive and innovative; do both well; preservation and possibilities
- Informal communication in the workplace, e.g. CAIRE line- ombudsman connect- catch a lot of stuff

Weaknesses

Reputation

- Low name recognition within the general public; not well known outside (good work is not enough)
- Reputation varies within the network; good at high level (e.g. PCA); poor at lower level; poor with many potential funders
- People don't come to CARIE until they need us ("I don't want to deal with this situation" mentality); therefore it is a challenge to position CARIE such that it is in the forefront of client's minds

Branding

- CARIE is difficult to describe; advocacy itself is difficult to describe
- Complexity of purpose and action makes it difficult to communicate the CARIE message

Fundraising strategy

- Dependent on responding to targeted grants, but this does not help the big picture
- Development and cultivation of individual donors; we do serve some with financial resources, yet CARIE does not charge; problem with identifying the wealthy that CARIE serves and following up with them (actually, problem with following up with anybody)
- Giving too much away; mentality that everything is free; what strategy should CARIE adopt to get those fees worked in?
- Not using the internet to get dollars; e.g. getting funding through publications; not going to places where CARIE can generate revenue for expertise
- Don't have resources to develop individual big \$ donors

Systems and processes

- Administrative gaps and capacity issues; it was not always like this
- Internal, formal communications - staff meeting could be used better inter-program; we hit crunch times and anything that "should" be done doesn't get done; this is an every day reality; need structure and processes
- Staff disconnect with finances / what it takes to run a NP; low capacity to deliver this message to the staff
- External communications are difficult to maintain. E.g. have not kept up with the newsletter and not mining the people with whom we are already connected
- Don't regularly capture and report impact; lack quantifiable performance objectives; specifically don't tell funders "what good looks like" need to think measurable, quantifiable; also relevant to policy makers and government funders; need to include time metrics- "how long does it take to" ...; metrics are at the macro and individual level; can create scenarios and stories (as well as the impact of
- Budgeting / cash flow; funds get cut, yet the work continues- this is damaging; historical money shifts "to help X have precluded Y (opportunity costs; decisions are for good or for bad

Leadership succession plan- key staff- have to think about it- board needs a strategy for managing this

Opportunities and Threats

We looked at three aspects of the external world as it impacts CARIE future: Demographics of aging; Funders' perspectives and priorities; and Competitive landscape. After discussing major trends and drivers for each category, we developed a list of opportunities and threats for CARIE

Opportunities

Funders' perspective

- Supporting aging in place
- Engaging older people in civic involvement and volunteerism
- Expanding CARIE line
- Housing counseling
- Strategic fundraising (hire a consultant)

Competitive landscape

- Action Alliance- left a gap
- Baby boomers- opportunity to articulate CARIE niche
- Using AARP resources- don't reinvent the wheel- have used AARP resources for many years- just an example of working with other orgs to enrich what we do; can help with funding
- Relationships with networks or corporations-help competitors with self interest- e.g. abuse prevention training- malpractice insurance rate adjustments if get training
- Continuing education- SW's need ethics- get paid for helping SW get their credits- many opportunities in education
- In-house consultations- best practices and setting standards- go in and support formation of ethics committee or to help others develop structure

Services for the elderly

- Promoting a sense of community for those not in an institutional setting
- Advanced planning- educating on advanced planning (see details on charts)
- Diversity- new client groups
- Policy- underserved populations
- Outreach to caregivers "everybody needs and advocate"- training caregivers how to be an advocate; education and advocacy work we are already doing

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Threats

Funders

- Decreased funding / funders
- Need to demonstrate outcomes
- Generational conflict
- Threat to social security
- Funders desire to fund concrete services
- Funders desire to fund start-ups that will become self-sustaining
- Need capital campaign for ongoing income

Competitive landscape

- Everyone wants to do everything if a funder puts out an RFP for advocacy- many organizations say they do it; how can CARIE differentiate itself in the eyes of the funder?
- Focus on baby boomers is a bit of a threat- e.g. .Atlantic Philanthropies has focus on civic engagement (get us active when we retire) also on direct care giver work force- this is all the rage- the funding is going to trend towards here, e.g. keeping the 65 year old running marathons
- Challenge against CARIE established process- we defined ombudsman process- we did what we do best that is advocate- but now businesses have inserted you have to do... forms... now it is an established program, and pressure to model it into something different- related to outcomes, national uniformity; UW funding structure change is another good example; now it is about accountability, rather than trust (oversight challenge)
- Our collaborators can be our adversaries; natural condition given that CARIE advocates for the individual being served by a collaborator

Elderly services

- Funding cuts – worsening restrictions
- Policy?
- Demographic growth- need exceeding capacity- can be flooded
- Ageism

Reputation

Respect in the community (this is a strength and weakness; wonderful within the aging community)

Repeat callers- loyalty

Knowledge

Leader in developing best practices

Programs and services- all of them

Consistent quality of work; maintain high standards

Intellectual capital- expertise and knowledge of aging (comprehensive)- especially legislative- untangling complexity

Education and training programs

CARIE line

Approach

Unique focus around advocacy

Network

Connections- within the community and associated referrals

Gathering stakeholders- we bring people together all the time; collaboration

Open door policy- serving anyone in need, although at different levels of service

Human Capital

Commitment to mission; belief in work

Staff and people- loyalty; network of volunteers

Working Norms

Agility- willingness and ability to handle various issues from various sources

Flexibility- ability to get running, given news of a new policy initiative

Effectiveness

Perseverance

Responsive and innovative; do both well; preservation and possibilities

Informal communication in the workplace, e.g. CAIRE line- ombudsman connect- catch a lot of stuff