

Connecticut Renaissance, Inc.

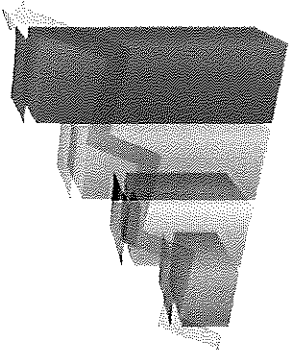
November 7, 2013

2013 Strategic Planning

# Connecticut Renaissance

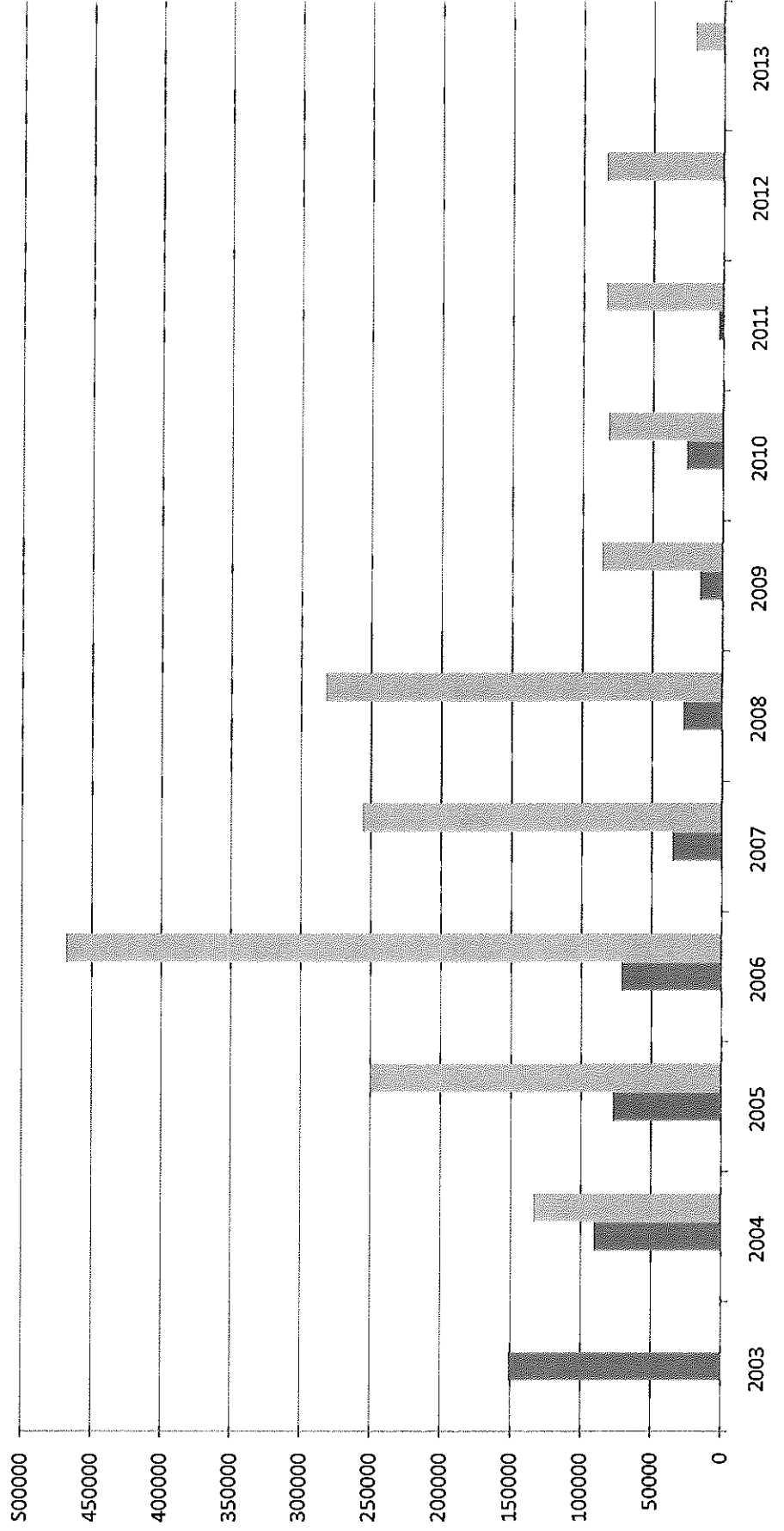
- 10 Year view of revenue growth by sources
- Background information for planning
- Funding trends
- Growth opportunities –e.g. Ambulatory services division
- Primary care integration model alignment



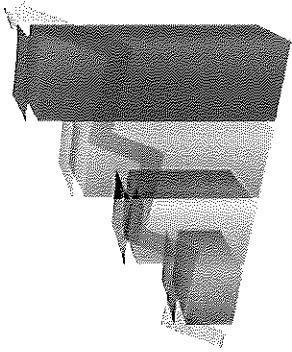


# Federal Grants

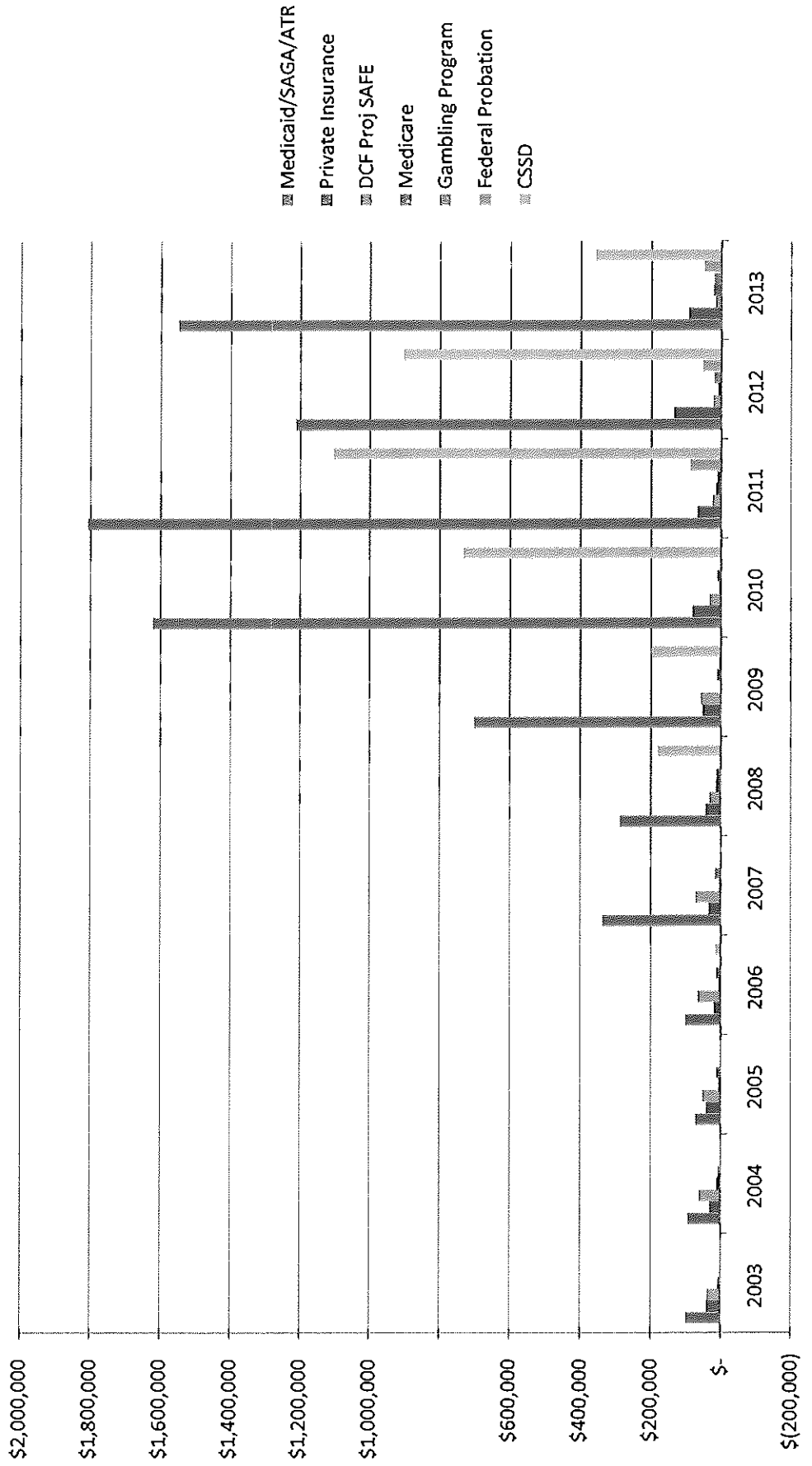
Federal Grants Federal Grants NIDA Federal Grants SAMHSA

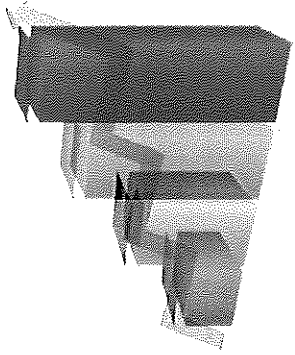




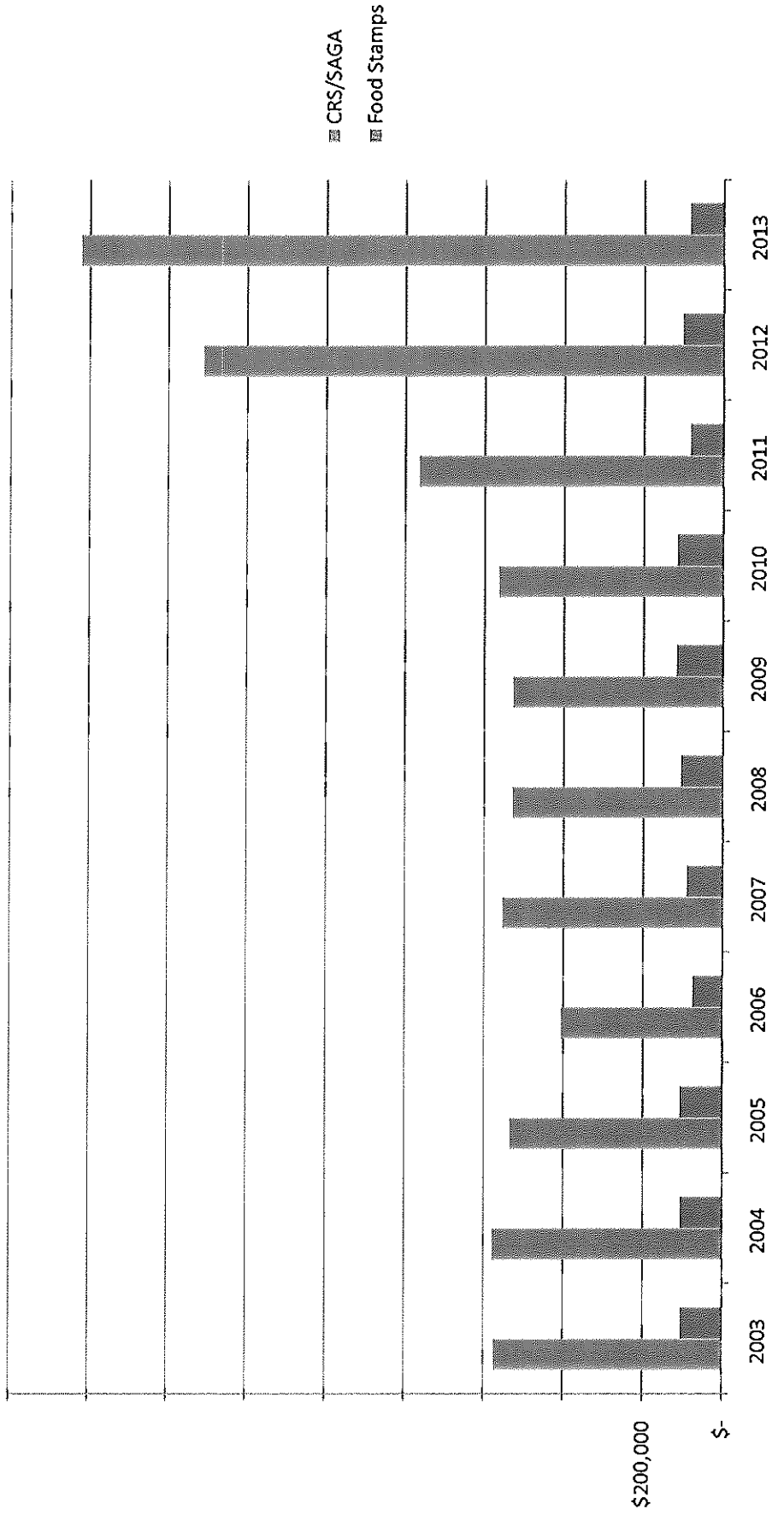


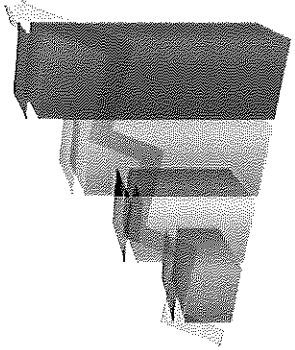
# Outpatient FFS Reimbursement



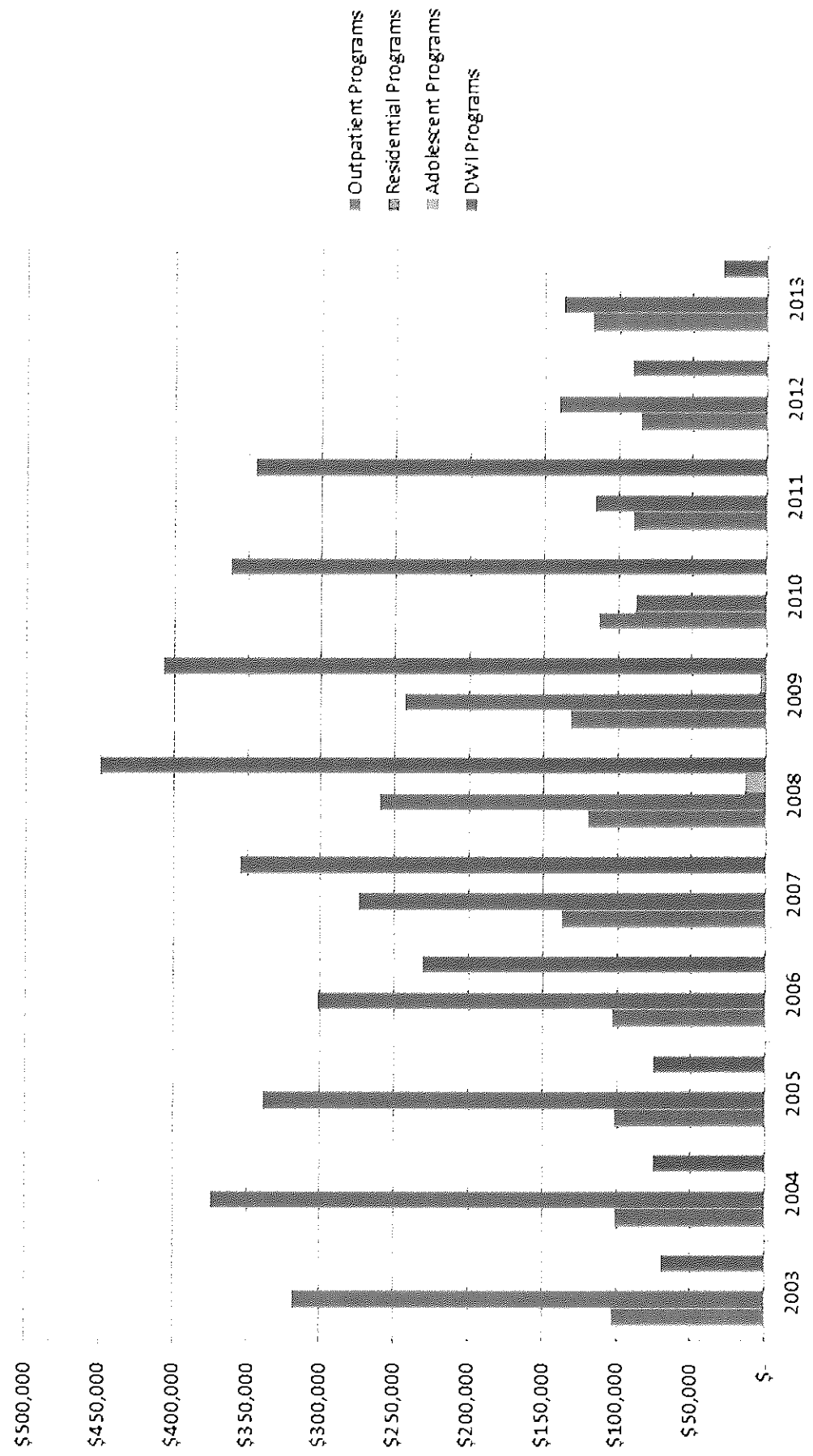


# Residential FFS Reimbursement

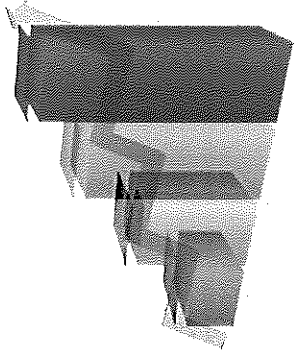




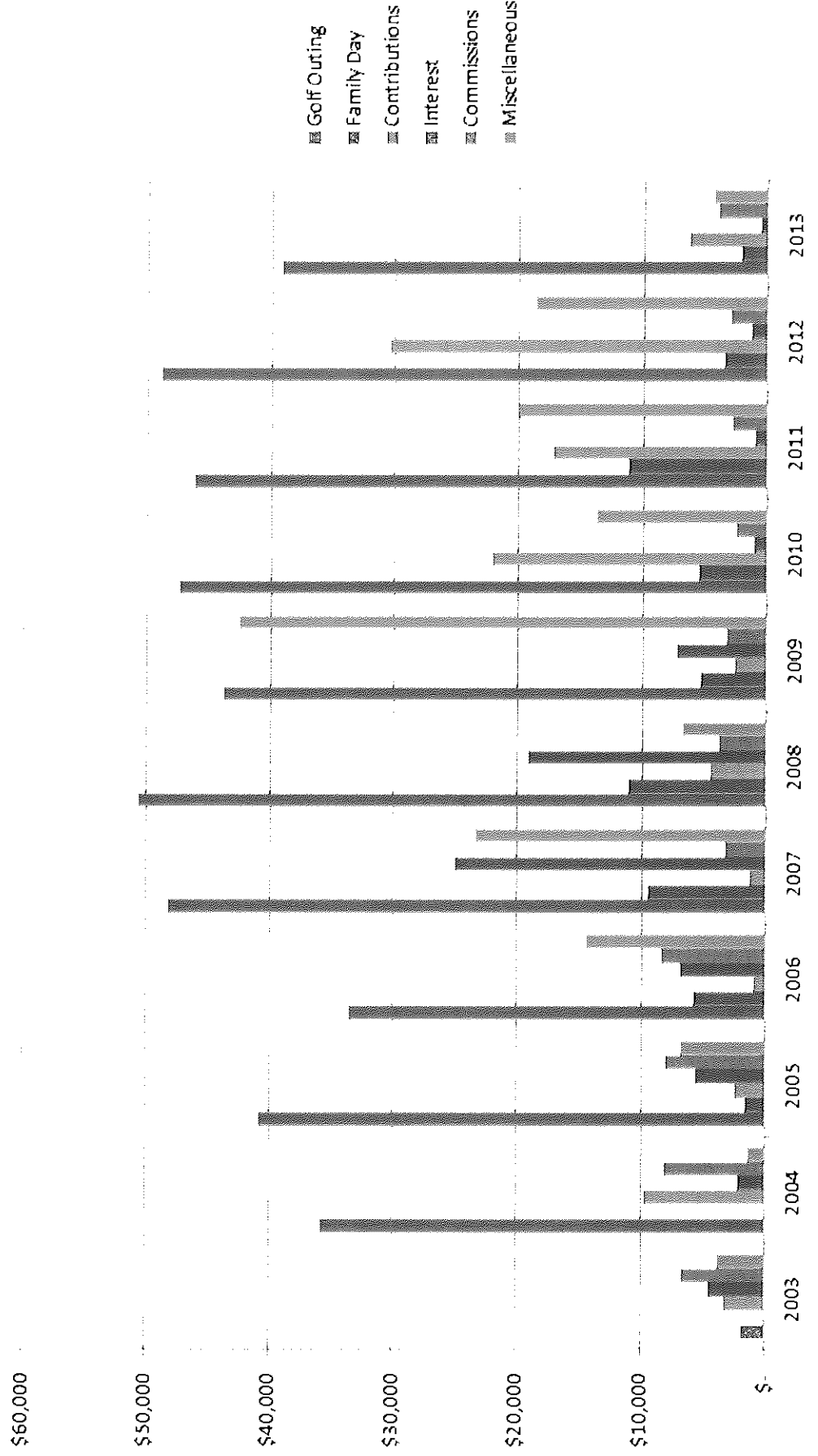
# Client Fees







# Other Income



# CONNECTICUT RENAISSANCE

## **“2013 Strategic Plan”** Executive Summary

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# CONNECTICUT RENAISSANCE

## “2013 STRATEGIC PLANNING PROCESS”

### EXECUTIVE SUMMARY

**Overview.** On November 7, 2013 the Board of Directors and the Senior Management Team of **Connecticut Renaissance** met to formally begin the 2013 strategic planning process. The focus of this meeting was on several key tasks. First, CEO Rachael Petitti provided an overview of her vision for how, moving forward, the organization will need to serve the “Whole Person”. In light of these comments, the group reviewed the current Vision Statement and found that there were ways that it could be clarified. Several opportunities for improvement were identified and the group went on to develop some draft versions of a new Vision Statement. This discussion was followed by an analysis of the external environment to identify opportunities and threats that might exist given current conditions in the marketplace. Next, the group completed an internal assessment of the organization’s current strengths and weaknesses. This analysis was followed by Rachael’s review of changes in the organization’s revenue streams over the last 10 years. The session concluded with a request to the group to have the participants talk with colleagues about the potential changes that could be made to the Vision Statement to gain their input prior to having the Vision Statement finalized at the next meeting. In addition, the group was asked to review the current Mission Statement with an eye toward how it could be improved and to start thinking about what the top priorities and goals should be for the next two years.

On November 21, 2013 the group reconvened to continue working on the strategic plan. The meeting began with opening remarks by CEO Rachael Petitti on the decision to change the process plan for this year’s strategic planning session. Specifically, in lieu of focusing on potential revisions to the Vision and Mission Statements, which will be addressed in another forum, the purpose of this session would be to focus directly on four areas of great interest to the Agency with the intent being to identify measurable goals for the next two years in each of the key areas. Rachael identified the four areas as being: Primary Care Integration; Training and IT; Out Patient Ambulatory Services; and sources of New Revenue. Given these areas, Rachael invited Participants to begin by moving into self-selected groups of individuals to generate ideas for how progress could be made in each of these areas. After an initial discussion and report out by each group on their selected areas of interest, the groups moved on to another area of interest to continue generating more ideas to consider. Moving in this fashion, each group eventually provided input on all four areas. With extensive lists of ideas in each of the four areas, next Jim Fairfield-Sonn, the Facilitator, guided the group through a process of summarizing the ideas into specific goals for each area with an individual(s) assigned to be accountable for moving forward to meet each goal within an agreed upon timetable. The session concluded with Rachael providing summary comments and a clear

graphic representation of how not only was each area important, in and of itself, but also how all four areas were themselves highly inter-connected.

**Key Products.** In this document the specific contents of the planning process are captured in the Minutes of the meetings that took place on November 7, 2013 and November 21, 2013. For the purpose of general review, however, in the next section readers will find the following summary products.

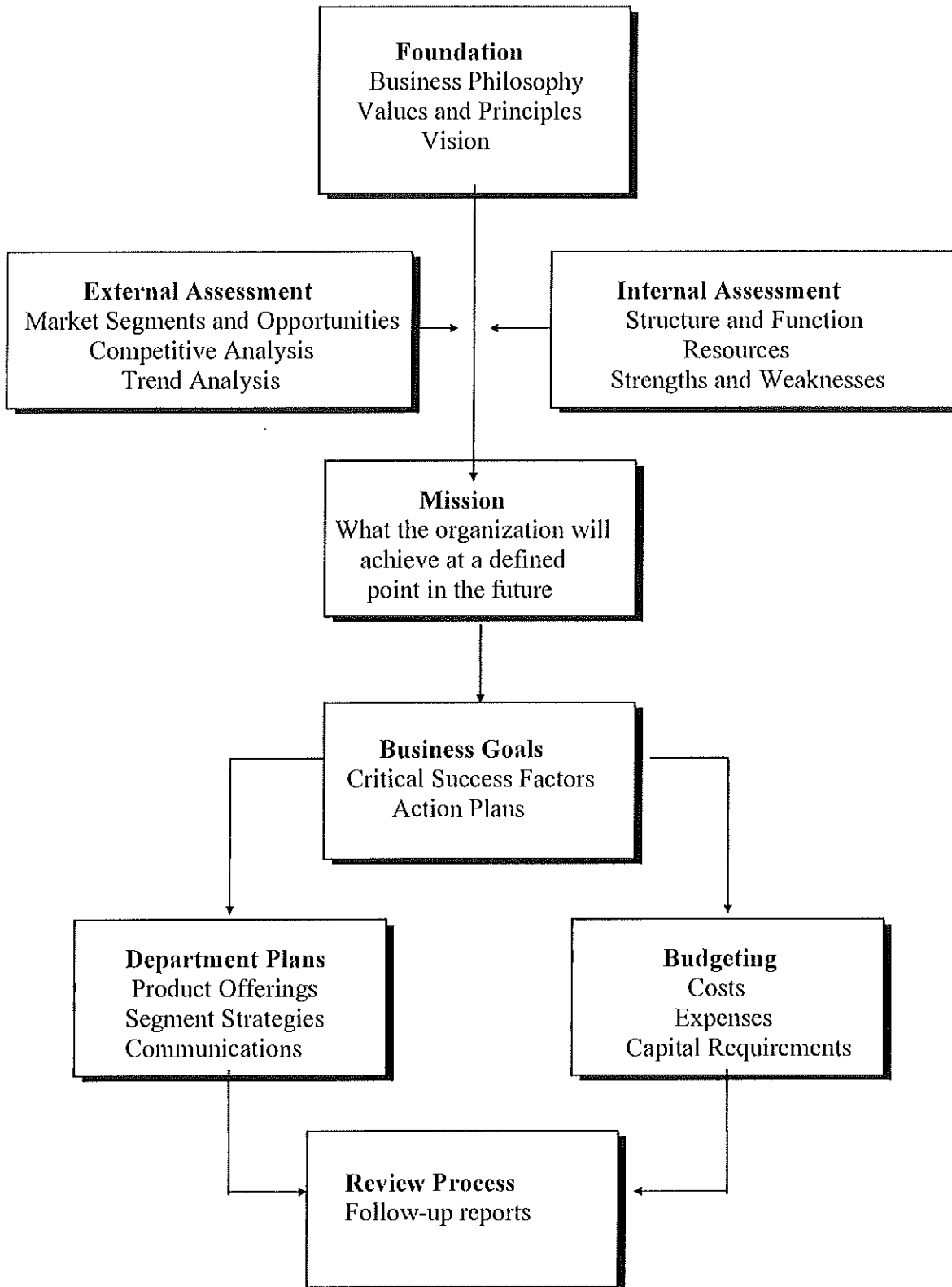
1. Strategic planning process flowchart.
2. Current external opportunities and threats.
3. Current internal strengths and weaknesses.
4. Priorities and associated goals with target date timetables.

Respectfully submitted,

James W. Fairfield-Somm, Ph.D.  
President  
Fairfield-Somm Associates, LLC

## Strategic Planning Process

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**External Assessment**  
**“Opportunities and Threats”**

Opportunities	Threats
Changes in Medical Insurance ~ More individuals can receive Out Patient services	Moving into new areas ~ Will incur short-term costs ~ Need to do a cost/benefit analysis before making a commitment ~ Need to be careful to not spread ourselves too thin
Additional funding from the State ~ Expand current programs to new locations in the state	Medicaid Audits ~ We can be exposed to potential liabilities ~ Our exposure should be going down
Expand Residential to include Out Patients	Other Agencies are also going to be pursuing integrated approaches. ~ Competition is expected (e.g., Wheeler Clinic)
New Behavioral Health Markets ~ January 1 – Folks with private health plans, not previously covered, will be eligible for services	Need to attract more Multicultural Staff ~ Important to reflect and represent all of our populations
Expand services in Residential Units ~ More emphasis on Family services	Competition for the best Staff ~ Our organization could become a stepping stone into state jobs
More mental health programs for Adolescents ~ Build on current Adolescent programs and offer them to the general public – particularly with a family focus	Staff needs to buy into the new Vision

**External Assessment**  
**“Opportunities and Threats”**  
 (continued)

Opportunities	Threats
Build Reputation through Development Efforts (e.g., Branding, Logo)	Change in Leadership at CSSD
Federal dollars to back up Primary Care integration efforts (SAMSA)	Level of accountability for program outcomes continues to increase
DOC Programs are good ~ Opportunities to take on more Clients	DOC Program funding is leveling ~ Yet, more services need to be provided ~ Overall costs are going up
Expand Family Support Services	Food Stamp Support will decrease as of November 1 ~ Impact will be felt in Waterbury East and West
Stay committed to past value-added Vision and approaches	Timeliness of receiving payment for services is increasing
Purchase a facility in Bridgeport to increase space	
Gambling field is growing ~ Current research indicates that 30% of our current Clients have gambling issues ~ We can offer these services not only as an Out Patient service, but also throughout the whole Agency	
Move into new geographical areas with current services ~ We are a premier provider – one of the best in the state	

**Internal Assessment  
“Strengths and Weaknesses”**

Strengths	Weaknesses
Good relationships with Funders	Need to create a Billing Manager position
Utilize resources within the Agency to provide multiple services	Need to maintain the Facilities better
Passion for the work (provides guidance)	Stagnant salaries for Staff
Very strong Board ~ They know the business ~ They bring diverse strengths and perspectives	Age and condition of Residential Facilities
Supportive Central Administration	Overall need for more Staff
Great Leader of Change	We need to review work processes to become more efficient
Clients are highly satisfied – they want to return	Need to build a Knowledge, Skill, Ability (KSA) assessment
Launching the new Electronic Medical Record	Assessing employee “Fit” tools – they are getting better
Technology ~ When it works	Technology ~ When it does not work
Teamwork ~ Getting better based on feedback from all levels	Few good evaluation systems – they are needed more now with our increasing size
Protecting confidential information is good ~ Issues will increase with increase in size of the Agency	Need to update confidentiality policies and practices ~ More education is needed about time and communication
Folks get along will ~ In it for the right reasons	Some jobs typically lead to burn out in 12-18 months
	Need to improve Retention pathways
	More cross-training opportunities based on KSA gap analysis



**Internal Assessment**  
**“Strengths and Weaknesses”**  
(continued)

Strengths	Weaknesses
	Need to refresh the Programs in the Residential units
	More to do with less resources – this leads to more stress – we need to find ways to reduce stress

**“Priority Goal – Primary Care Integration”**

Priority	Goals	Who is Responsible	Timing 1 – 24 Months
Primary Care Integration	Develop BIG Picture Structure MAP	Executive Leadership SMT and Board	6 Months
	Identify Grants and new Revenue Opportunities	SMT and Finance Linda and Kevin	8 Months
	FQHC look alike	Executive Leadership Clinical Board	12 – 18 Months
	Where do you see yourself in the Organization	Executive Leadership CHRO	6-9 Months

**“Priority Goal – Training and IT”**

Priority	Goals	Who is Responsible	Timing 1 – 24 Months
Training and IT	Systems to generate outcome data (or easier generation)	Brigitte and Quality Director	Out Patient 3-6 Months Others to follow
	Develop IT Disaster Plan	Brigitte and IT Team	3-6 Months
	Develop a Training Center (internal and external customers)	Carol Annie Rick Christina Joe	6-12 Months

**“Priority Goal – Ambulatory Services”**

Priority	Goals	Who is Responsible	Timing 1 – 24 Months
Ambulatory Services	Identify attractive areas (special populations) we are not currently in (e.g., Veterans)	Kacy Christina Mel Rick	12-18 Months
	Examine Mental Health in Adolescents services as a possible Branding area	Mel Maria Amy Chris Christina	12-18 Months
	Explore geographic expansion	Rachael Linda Kevin Marly	On-Going

**“Priority Goal – New Revenues”**

Priority	Goals	Who is Responsible	Timing 1 – 24 Months
New Revenues	Grant Writing as a “Department”	Linda	Plan 6 Months
	Fundraising (Events; Planned Giving)	Annie	On-Going
	Review Financial/IT Systems for efficiencies	Kevin Brigitte	6 Months
	Expand of Insurance Panels (Health Exchange)	Rachael Kevin Kristen	On-Going Preliminary Report 3-6 Months

**Connecticut Renaissance  
2013 Strategic Planning Session**

**“Field Notes”**

**Location:** Trumbull Marriott  
Trumbull, CT  
**Date:** Thursday November 7, 2013  
**Time:** 9:00 AM – 12:00 Noon

1. The meeting began with opening remarks by CEO Rachael Petitti on her vision of how the organization, moving forward, will need to start serving the needs of the “Whole Person”.
2. Next, the Facilitator, Jim Fairfield-Sonn, provided a general review of the process that will be used in this year’s strategic planning process. Specifically, the planning sessions will begin with a review of the current Vision Statement to see if it needs to be updated. Then, an external assessment will be conducted to identify current opportunities and threats in the external environment. This review will be followed by an internal assessment of the organization’s current strengths and weakness. After these reviews, the Mission Statement will be reviewed for possible refinements. The planning sessions will conclude with the identification of key goals for the coming year, with an associated timetable for completion, and the establishment of a new set of “balanced scorecard” goals.
3. Following the introductory comments, the group reviewed the current organizational Vision Statement (shown below) to see if, in light of Rachael’s comments, any refinements were necessary at this time. After a rich discussion, the consensus opinion was that the Vision Statement should be changed at this time. A number of thoughts on ways this could be done were considered (see Exhibit 1) and then three possible revisions to the Vision Statement were offered for consideration (see Exhibit 2). Participants in the session will share these ideas and draft statements with colleagues over the next couple of weeks and report back their findings at the next strategic planning session.

**Current Vision Statement**

*Helping people change the direction of their lives.*

4. Next, the group turned its attention to an analysis of the external environment. The first issue addressed was what major opportunities and threats currently exist in the external environment (see Exhibit 3).
5. The focus of the analysis was then shifted to an internal assessment of the current strengths and weaknesses of the organization (see Exhibit 4).
6. The above analysis was followed by an overview by Rachael of revenue stream changes for the organization over the last 10 years.
7. The session concluded with a request to the Participants to share ideas about a new Vision Statement with their colleagues to gain feedback on its content and potential as a Branding statement. In addition, everyone was asked to review the organization's Mission Statement between now and the next meeting to identify ways that it might be enhanced as well as to think about what the priority goals and implementation timetable should be for the next two years.

## Exhibit 1

### “Thoughts on a new Vision Statement”

The Vision Statement should not be more than 7 words in length.
Some words that “feel right” and could be included are: Guiding, Joining, Recovering, Journey, Communities, Leading, Health, Empowerment
Where is “Holistic” in the vision ?
“Changing direction” sounds too linear – there should be more emphasis on “balanced and stability” – we should move beyond linear thinking to circular thinking
The old Vision Statement feels too linear – we need to include some self-actualizing feeling (e.g., be the best that you can be) – beyond linear, the statement should be looking upward
The Vision Statement needs to be something that Customers will remember
In addition to Behavioral concerns we need to talk about Health
We should include something about “Mind and Body” – how we impact both
The phrase “Changing Direction” feels more outside rather than internally-oriented (person centered)
Guiding people through choices of joining Mind and Body
Guiding people to find the tools to improve their overall well being
Empowering the Members of the Communities we serve to become their healthiest self in Mind and Body
Starting (Guiding) your journey to overall Wellness and Growth (Health)
Joining (Connecting) Health to Behavioral Health – Could be useful in Branding
Affecting change in health toward positive growth, wholeness and balance
Health as a whole – a Tag Line – with a description to follow
Guiding others – Joining others in their journey
Restoring balance and guiding personal (positive) growth
Health
Pioneers of change, balance and Health
Jump to a Healthier Life
Individual vs. Families vs Communities vs Systems vs State – need to be integrative
Leading the way to Healthy, Stable Life Styles (of all types)
Empowerment
Guiding (Leading) people to Healthier Lives
Empowering the Body and Mind as one
Leading the Journey of recovering balanced, healthy lives
First, in leading, .....add a description
Guiding vs Leading.....Guiding the Journey to Health



## **Exhibit 2**

### **“Possible Vision Statement Refinements”**

Guiding the Journey to Overall Health
Leading your Journey to a Healthier Life
Leading to Balance and Growth

### Exhibit 3

#### External Assessment “Opportunities and Threats”

Opportunities	Threats
<p>Changes in Medical Insurance ~ More individuals can receive Out Patient services</p>	<p>Moving into new areas ~ Will incur short-term costs ~ Need to do a cost/benefit analysis before making a commitment ~ Need to be careful to not spread ourselves too thin</p>
<p>Additional funding from the State ~ Expand current programs to new locations in the state</p>	<p>Medicaid Audits ~ We can be exposed to potential liabilities ~ Our exposure should be going down</p>
<p>Expand Residential to include Out Patients</p>	<p>Other Agencies are also going to be pursuing integrated approaches. ~ Competition is expected (e.g., Wheeler Clinic)</p>
<p>New Behavioral Health Markets ~ January 1 – Folks with private health plans, not previously covered, will be eligible for services</p>	<p>Need to attract more Multicultural Staff ~ Important to reflect and represent all of our populations</p>
<p>Expand services in Residential Units ~ More emphasis on Family services</p>	<p>Competition for the best Staff ~ Our organization could become a stepping stone into state jobs</p>
<p>More mental health programs for Adolescents ~ Build on current Adolescent programs and offer them to the general public – particularly with a family focus</p>	<p>Staff needs to buy into the new Vision</p>

### Exhibit 3

#### External Assessment “Opportunities and Threats”

(continued)

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Move into new geographical areas with current services ~ We are a premier provider – one of the best in the state	

## Exhibit 4

### “Strengths and Weaknesses”

Strengths	Weaknesses
Good relationships with Funders	Need to create a Billing Manager position
Utilize resources within the Agency to provide multiple services	Need to maintain the Facilities better
Passion for the work (provides guidance)	Stagnant salaries for Staff
Very strong Board ~ They know the business ~ They bring diverse strengths and perspectives	Age and condition of Residential Facilities
Supportive Central Administration	Overall need for more Staff
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Clients are highly satisfied – they want to return	Need to build a Knowledge, Skill, Ability (KSA) assessment
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Folks get along will ~ In it for the right reasons	Some jobs typically lead to burn out in 12-18 months
	Need to improve Retention pathways
	More cross-training opportunities based on KSA gap analysis

## Exhibit 4

### “Strengths and Weaknesses”

(continued)

Strengths	Weaknesses
	Need to refresh the Programs in the Residential units
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2. Rachael identified the four areas as being: Primary Care Integration; Training and IT; Out Patient Ambulatory Services; and sources of New Revenue. Given these areas, Rachael invited Participants to begin by moving into self-selected groups of individuals to generate ideas for how progress could be made in each of these areas.
3. After an initial discussion and report out by each group on their selected areas of interest, the groups moved on to another area of interest to continue generating more ideas to consider. Moving in this fashion, each group eventually provided input on all four areas (see Exhibits 1, 2, 3, and 4).
4. With extensive lists of ideas in each of the four areas, next Jim Fairfield-Sonn, the Facilitator, guided the group through a process of summarizing the ideas into specific goals for each area with an individual(s) assigned to be accountable for moving forward to reach each goal within an agreed upon timetable (see Exhibits 5, 6, 7 and 8).
5. The session concluded with Rachael providing summary comments and a clear graphic representation of how not only was each area important, in and of itself, but also how all four areas were themselves highly inter-connected.

## Exhibit 1

### “Primary Care Integration”

Veterans [Trauma; Military care; SA care]
Treating the Residential as a whole [Including the entire family (housing, MH, medical services for the Client families)]
Bringing Medical services inside the facility
Women and children
TRAUMA care in house
DV in house
FT Psych.
Family sessions expanded [Cross bridge services]
Service Models [How to... Where to]
Teaming up Inter-Agency and network with other Agencies
Family Care needs to be continued for a longer period of time
Reinstate After Care services
Expand Vocational and Counseling services internally [Comp labs in units; training program]
Internal education services (GED; Comp. Lit.)
Conclusion [We want to provide services that touch every aspect of a person’s life (Medical; Mlt; Education; Client families; Housing; Vocational; Pro-social activities)]
Avenue 2 streamline process of entitlement Medical and FS (direct link to DSS)
File for 330 Grant to be a federally qualified Health Center
More collaborations
Integrate Volunteer Agencies to provide services to Clients
Provide services to Clients [e.g., Thresholds literacy volunteers]
Provide introduction to Referral services
Self Defense
Fatherhood services
Family Skill services
Re-entry services

## Exhibit 1

### “Primary Care Integration”

Continued

Tracked Counseling/Programming
Integrate more Residential services
Skills Testing
Out Patient [DBT and Trauma for all populations]
Specialized services for Military personnel and their families [Mental Health and Medical]
Connection to Medical [One Stop Shop; Hiring of APRN, Nurse; MD]
Preventative Care [Nutrition; Fitness; Mindfulness; Relaxation – Holistic approach]
Space
Staffing
Family Support



## Exhibit 2

### “Training – IT”

TRAINNG
On Boarding upgrade
E-Learning
New and trained Trainers [Training Coordinator]
Cross Training [More efficiencies]
Offer Clinical Training [In House and to Outside]
Webinars
Guest Speakers
IT
Webinars
Upgrade hardware and software
HER adjusted and rolled out company wide
IT Trainer
Include IT with On Boarding
Modern/Interactive Web Site
Updated Videoconferencing
Use technology to serve Clients
IT/TRAINING
Basic competency skills [Software training to include Excel; Word]
BIG name Trainers
Nationally renowned Trainers
Web Apps [Do your job while being mobile with the use of an IPad/Tablet]
Intense Vocational Training for Clients [Real electronic on line training]
Use a Psych to train Staff in Pharm. [Develop a training track, more than just annually]
DISASTER PLAN for IT [What if computers go done]

## Exhibit 2

### “Training – IT”

Continued

Utilize existing video for training [YouTube Access/End Filter]
Increase/Start the use of Social Media
More Hands On Training
Visit programs you are not familiar with to become educated and trained
Company-wide Newsletter [Highlight a specific unit to inform all Agency Staff about other programs as a source of recognition; introduce new Employees; Achievements]
Brown Bag Lunch Trainings [Trainers would switch off; more relaxed]
Conclusion [Taking our Training/IT to a higher level (global if you will)] [We are thinking bigger because we are !!!]
Track Training – Level of exp.
HIPPA Training
QA
Training Academy
Gorski Training
IT Request Form with Tracking
Evaluation of IT System +/-
In House Training (CCB)
Scanning DOCS
Virus Scanning/Firewalls
Finger/Facial Recognition
REL Training
ALLESS Restriction
On-Call Support (IT)
E-Mail Support
New England School of Addiction
Electronic [Immediate access to a Clinician - “On-Line HotLine”]

## Exhibit 2

### “Training – IT”

Continued

Update Web Site [More interactive, update program description, employee login]
Increase use of mobile devices
Allow Supervisors to have access to e-mail/citrix on mobile devices
Allow our EHR to interact with other EHRs
Ensure that trainings meet criteria for licensing
Allow for training in other languages
Increase ability to tap into Bilingual Candidates
System to generate outcomes

### Exhibit 3

#### “Out Patient Ambulatory Services”

Adolescent Services in all Out Patient programs [Counseling and Psychiatric services]
Family Counseling in all Out Patient programs
Open up Adolescent and Family Out Patient to Community referrals/billing
Expanding gambling services in all Out Patients [Adult and Adolescent]
Work toward billing for in-home programs and generalize this to community referrals
Increase Out Patient presence in schools – ability to work in schools
Out Patient Preventative Care Clinics [Include Medical]
Case Management Units [To assist with basic needs – insurance]
Expansion of contracted services to areas outside of Fairfield County
Comprehensive Continuum of Care [Includes recreational component]
Request Grants [State; Federal]
Case Management
Transport Clients to Center
Outreach [Newspaper; Internet]
Medical Services [Teenage pregnancy; Prenatal Education services] [Nutrition – Blood pressure; medication; shots; physicals] [Mobile Medical Unit – Coordinate with Health Departments and Hospitals]
Emergency Shelter Services [Soup Kitchen – Run by Clients]
Drives – Give back Family Participation in drives [Clothing] [Food]
Multicultural Services [Military; GLTB; under served]

### Exhibit 3

#### “Out Patient Ambulatory Services”

Continued

After School Programs structured for youth [Homework; Snacks; Recreation] [Obesity program; Nutrition]
Math Clinic
Needle Exchange
24 Hour Crisis Hotline
Conclusion [To serve underserved populations]
Early Intervention
EMPS
Entitlement Center
Food Bank
Client Call Center [CCAR]
Care Coordination [D/C Planner]
Op Vocational/ Skills Center/ Educational
Client Tracking
Child Care while parent in OP
Sober Services [Dances]
Family Addiction Awareness [Play]
GED Program
Program Recognition/Graduation
Art/Music Therapy
Exercise Programming

## Exhibit 4

### “Finance – New Revenue”

New Fundraisers (Unique) [Toy run motorcycle; Mailing community; Carwash; Tournaments; Gala; Fashion Show; Dress 4 Success]
Expansion – New Programs [Family Services – In Patient] [Open new programs – Sober Housing; Transition Housing] [Work Force Development - Culinary Program; Grants for workforce employment] [Driver Training – DMV; Licenses]
Detox
EAP Program
Psych Services
Soliciting for OIP Contracts [Mental Health] [Military Support]
Wellness Programs
Services for Women [Residential] [Children]
Volunteer Services [Training]
Business Skills Training
Collaborations with Major Corporations – Matching
Gambling Addiction
Expansion of Faith-Based Services – Increase Partnerships
Open position for a Grant Writer/Fundraisers
Hotline services – Through Grants
Seek out more DCF Grants
Expansion of services to other areas outside of Fairfield County
Creation or incorporation of recreational services [Fee-for-service-sliding scale]
Auction as a Fundraiser
Expand on Insurance Panels
When there is a failing Agency – Look at what they are offering and what we can then take over [e.g., NEON]

## Exhibit 4

### “Finance – New Revenue”

Continued

Major Annual Event [Gala; Live/Silent Auction; Raffle – Car]
Sponsors [Food Company] [Recovery Cook Book]
State, Federal Grants – RFPs [Structure reorganization]
Training Center Expansion – New Services – More Revenues
Equipment Donation [From Fitness Centers; Hotels]
Associate with large name companies that already receive large funding [United Way; SAMHSA]
Use Social Media [Like Connecticut Renaissance on Facebook]
Benchmark Search for Veterans Grants [Government spends on Military]
5K Run, Walk, Bike [Run 4 Renaissance]
More Fundraising Tournaments [Bowling; Basketball]
Promotion/Advertise Employee Volunteer Program to increase recognition [We CTR Staff volunteer to get our name out]
Corporate Sponsor for Client Holiday Celeb [Gifts for Clients and Families]
Conclusion [When you think of big name companies in health services – you think of CTR]

## Exhibit 5

### “Priority Goals – Primary Care Integration”

Priority	Goals	Who is Responsible	Timing 1 – 24 Months
Primary Care Integration	Develop BIG Picture Structure MAP	Executive Leadership SMT and Board	6 Months
	Identify Grants and new Revenue Opportunities	SMT and Finance Linda and Kevin	8 Months
	FQHC look alike	Executive Leadership Clinical Board	12 – 18 Months
	Where do you see yourself in the Organization	Executive Leadership CHRO	6-9 Months



## Exhibit 6

### “Priority Goals – Training and IT”

Priority	Goals	Who is Responsible	Timing
Training and IT	Systems to generate outcome data (or easier generation)	Brigitte and Quality Director	1 – 24 Months Out Patient 3-6 Months Others to follow
	Develop IT Disaster Plan	Brigitte and IT Team	3-6 Months
	Develop a Training Center (internal and external customers)	Carol Annie Rick Christina Joe	6-12 Months

## Exhibit 7

### “Priority Goals – Ambulatory Services”

Priority	Goals	Who is Responsible	Timing
Ambulatory Services	Identify attractive areas (special populations) we are not currently in (e.g., Veterans)	Kacy Christina Mel Rick	1 – 24 Months 12-18 Months
	Examine Mental Health in Adolescents services as a possible Branding area	Mel Maria Amy Chris Christina	12-18 Months
	Explore geographic expansion	Rachael Linda Kevin Marly	On-Going

## Exhibit 8

### “Priority Goals – New Revenues”

Priority	Goals	Who is Responsible	Timing
New Revenues	Grant Writing as a “Department”	Linda	1 – 24 Months Plan 6 Months
	Fundraising (Events; Planned Giving)	Annie	On-Going
	Review Financial/IT Systems for efficiencies	Kevin Brigitte	6 Months
	Expand of Insurance Panels (Health Exchange)	Rachael Kevin Kristen	On-Going Preliminary Report 3-6 Months