



Island Volunteer
Caregivers

Helping Hands Open Hearts

A faint, light gray version of the logo (hands holding a heart) is visible in the background behind the tagline.

STRATEGIC PLAN 2015-2020

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Island Volunteer Caregivers
Board of Directors

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STRATEGIC PLAN 2015-2020

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STRATEGIC PLAN 2015-2020

Introduction

Island Volunteer Caregivers is pleased to present this 5-Year Strategic Plan to its many dedicated stakeholders. This plan will guide our organization's development well into the future. It aims to ensure that all of our work and efforts will continue to enhance the quality of life for the people we serve and the community we love.

Responding to a growing need for our services, Island Volunteer Caregivers' Board of Directors developed this plan, with pro bono assistance from McKenzie Consulting Inc. After an initial meeting between the consultants and the Board, a Strategic Planning Team was formed which included three Board members, two staff and the two consultants.

The Team conducted an environmental assessment to identify critical planning issues. The assessment included structured benchmarking interviews with five other volunteer caregiver organizations located throughout the country and interviews with community and area leaders, which took place over a period of four months. A four-session community Listening Tour was conducted in October. The Listening Tour experience turned out to be the most significant assessment activity in informing our final plan. Each session had 15-18 attendees and included a mix of care receivers, volunteer caregivers, donors, and Board and community members.

In addition, meetings were held with Board and Staff to assess the organization's strengths, opportunities and challenges. Information from the environmental assessment activities was summarized in reports contained in the appendix of this document. A list of critical planning questions was prepared from the assessment and addressed at the Board's Strategic Planning Retreat in November 2014. During the Retreat, the Board developed its vision for the future, a revised mission statement and established goals, strategies and actions. This plan is a synopsis of their work.

The Strategic Planning process was designed, conducted and documented to be sustainable. Supported by McKenzie Consulting, Board members and Staff actively participated in designing the process, led benchmarking interviews, participated in community leader interviews, led and actively participated in listening tour sessions, and played leadership roles in the Board retreat.

This hands-on approach was a great fit for IVC, with its strong emphasis on volunteerism. Most importantly, it has strengthened the organization's capacity and commitment to use strategic and project planning principles and tools as it grows and becomes a resource to other non-profits who wish to replicate this process. These enhanced capacities will enable IVC to continuously improve leadership skills and creatively phase the implementation of the plan, keeping it fresh and relevant into the future.

Our Mission and History

Island Volunteer Caregivers works within community to support life-enriching connections between caring people and the elderly and persons with disabilities to enable their independence, dignity, health, and well-being. (Revised 2015)

Island Volunteer Caregivers (IVC), originally named Interfaith Volunteer Caregivers of Bainbridge Island, was founded in 1996 with funding from the Robert Woods Johnson Foundation, channeled through Hospice of Kitsap County. IVC was officially incorporated as a Sec. 501 (c)(3) non-profit in the State of Washington in 1997. It started with a small group of volunteers from several faith communities serving fewer than 30 care receivers. A local church donated office space until 2005. Faith communities provided volunteer staff, leadership support and financial contributions.

In 2000, IVC hired its first part time paid staff person. As the needs and programs have continued to grow, the staff now consists of a full time Executive Director, a Program Manager (0.8 FTE) and a person who facilitates our *Caregivers Support Group*.

For 19 years, Island Volunteer Caregivers (IVC) has assisted the elderly, the disabled and those temporarily in need by serving as a link between those in our community who need help and volunteers who are able to help. Examples of what our volunteers provide include:

- Transportation for medical appointments, shopping and errands
- Home support including respite care, companionship, light housekeeping
- Help for care receivers to experience life enrichment activities
- Caregiver and grief support groups
- *Flowers from the Heart*, which involves a vast network of volunteers growing, arranging and delivering flowers to care receivers and shut-ins during the summer season
- Other individualized services as needed

In 2014, we connected 209 people in need (96 new care receivers) with 156 volunteers (72 new volunteers) who provided reliable person-to-person services. Between 2009 and 2013 the number of people requesting help increased 35%. 2014 was a record-breaking year for IVC in that the number of new people requesting help increased by 28%. Volunteers provided more than 2,000 specific services to care receivers in 2014.

IVC receives funding from individual donations, designated giving such as *One Call For All* and the *Kitsap Great Give*, a contract with the *City of Bainbridge for Human Services*, community foundation grants, local businesses and several faith communities. Approximately 40% of the annual revenue comes through a fundraiser organized by the Board, staff and volunteers.

Our Vision of the Future

According to the U.S. Government, by 2030 there will be 72.1 million senior citizens in the U.S., more than twice the number in 2000. Adults over 65 represented 12.4% of the U.S. population in 2000, projected to grow to 19% in 2030 (www.aoa.gov). According to DHHS, the “oldest old” category, those over 85, is expected to almost quadruple by 2050 in the U.S, from 5.3 million in 2006 to 21 million. Bainbridge Island data tells us that adults over 65 already accounted for 18% of the Island’s population in 2013 and in our neighboring communities of Poulsbo and North Kitsap the percentage of seniors is higher and growing at a faster pace.

Many seniors are healthy well into their eighties and want to be engaged to the fullest extent possible in their communities...as participants, as leaders and as volunteers. People over 65 will continue to be a wonderful and growing source of volunteers.

Looking ahead, the growing number of people who want or need to “age in place” is increasing and many are planning for it. And, as time passes, most people will need some type of support from their communities to reach their goals.

Participants in our listening tour expressed these thoughts eloquently. Quotes include:

Asking for help is a big issue for some people; it needs to be more normal and acceptable to ask for help as we age. As people age, they still have value and things to share. They just need help.

I wish our society had more respect for age—how do we start this in high school. We could be more strengths-based, honoring capacities as well as needs.

We need to identify the gaps and encourage more neighbor-to-neighbor caring. This can become part of the community’s identity. We can unlock something that is universal—to help and be of service. I wish that everyone on the Island had a neighbor to look in on them. Neighborhoods could organize like a neighborhood watch—organize who has what, who needs help.

As learned from our stakeholders in listening sessions, organized volunteer caregiving programs are likely to be needed even more in the future. But, they will not be able to meet 100% of the need, nor should they. The community of the future can be the center from which volunteer-driven services will ebb and flow—communities where neighbors help neighbors and leaders assure that resources and services are accessible to all. Island Volunteer Caregiver’s mission and strategic plan are inspired by a vision of ... ***A world of compassionate communities where people of all ages value and care for the elderly, persons with disabilities and others in need.***

Our Values and Beliefs

The Board, as part of the strategic planning process, established a statement of beliefs and values. These values provide the foundation underpinning all of our work. We believe:

About our people

1. We are members of one interdependent human family in which every person has worth and dignity.
2. We are called to be caring people who give help, hope, kindness and compassion to others in need; and, by so doing, we experience joy, enrichment and essential meaning in our own lives.
3. Every person has a story of life, love, accomplishment and vulnerability. When a person is willing, we can be a vessel for their story to unfold and be cherished in a new light.
4. Asking for help is very hard for most people and can often be the result of a difficult personal journey. We are sensitive to this and treat each request humbly, as a gift.

About our mission

5. We are an essential service, within a web of resources, to enable the elderly and those who are disabled to “age in place”, with dignity and the support and love of their fellow human beings.
6. We are distinctively positioned to break down the isolation felt by those in need through mutually enriching relationships, community activities and opportunities to serve others.
7. We acknowledge that everyone sometime will need help. We offer services freely, without consideration of race, religion, disability, sexual orientation, social or economic status.
8. We are an organization that uses resources wisely, as we rely mostly on volunteer leadership and other gifts from our community.

About our community

9. We cannot do this alone. We are a vital part of a caring community that embraces these values and encourages intergenerational love, respect and connection.
10. We collaborate with other organizations and services in our community to ensure that our care receivers’ essential needs are met and services coordinated to support the integrity of each individual.
11. We are committed to work to strengthen our community’s capacity for caring for those in need and social justice on behalf of those we serve.
12. We are committed to share what we have learned with other small communities seeking to build volunteer care giving cultures and programs.

The Environmental Assessment

The environmental assessment was conducted to discover and document strengths, potential opportunities and challenges that are likely to affect our work well into the future. Detailed reports of the assessment activities are in the appendix of this plan. Following is a brief summary of significant findings, which form the foundation for this plan.

Organization Strengths

These strengths are those that distinguish the services and organization from others and are the foundation for future growth. They are elements that we would like to keep, as we grow.

1. Our Services

In all four of the listening tour sessions, people willingly shared their inspiring stories of helping and being helped. They identified several qualities of the service that they hope will continue. These include: daily communications and staff support, flexibility, screening and matching, training and the very palpable caring culture of the organization, which extends to staff, Board and volunteers. According to listening tour participants, our services are distinguished by the fact that our staff and volunteers go above and beyond the call of duty to be responsive and caring and to respect one another. But most importantly, IVC services are valued by care receivers and volunteers alike because they enable mutually caring and enriching relationships to form organically.

2. Organization

Board meetings and interviews with staff helped to identify additional strengths. These include: a positive, caring volunteer-driven culture; exceptional Board engagement and respect, including hands-on service with care receivers; highly competent staff; and a strong, positive community reputation.

3. Community-based

Throughout our assessment activities it became increasingly clear that our stakeholders felt a sense of ownership for the organization and see it as flourishing best in the context of a defined community, as an extension of being a “good neighbor.” There was a palpable sense of pride that our community bred this service.

Opportunities for Improvement

Opportunities for improvement are those that can strengthen our current services and organization and can usually be addressed within existing resources.

1. Broader range of services

It was suggested that we identify and promote opportunities for volunteers to help care receivers do more life enrichment activities such as going out for a drive, visiting a gallery or museum, hobbies and games, musical events and other community activities.

2. Community Awareness

“Getting the word out” was a theme identified by many stakeholders as an area needing improvement. Many highlighted the importance of storytelling as the best way to communicate with the public.

Telling the stories is so powerful. These stories inspire and encourage me. Need to get stories out, so people understand that caregiving is reciprocal.

3. Volunteers

Having a diverse flow of volunteers, especially younger people, to meet the variety of needs of care receivers was identified as an ongoing concern. It was suggested that there be more involvement with other community organizations such as schools and service clubs. It was also suggested that special, time-limited projects might interest younger families and individuals.

4. Organization

As a volunteer-driven organization with just two paid staff, the organization has had challenges in finding time to develop consistent policies, procedures and infrastructure to support increased demand for services and expansion. Currently, leadership-level staff are managing all the day-to-day detail, some of which could be managed by support staff. Finding cost-effective ways to increase capacity to address growth is a major challenge that has to be faced.

5. Funding

Currently IVC relies on its annual fund-raising event for a critical portion of the annual budget. Although this is a very successful event, further expansion requires a more diverse funding strategy.

6. Board Development

IVC would like to bring more diverse members on the Board in a way that preserves and enhances the organization's volunteer-driven culture and increases capacity for major donor cultivation and community leadership, beyond event participation.

Opportunities for Growth

Growth opportunities are those which will require additional resources to succeed; and by their nature can also attract additional resources.

1. Community Collaboration and Advocacy

Interviews with local and area leaders and the listening tour brought out many opportunities for collaboration and advocacy on behalf of seniors and persons who are disabled. Suggestions included providing leadership and training to support neighbors helping neighbors; working with the City and other non-profits serving our population to develop a shared leadership and advocacy agenda; strengthening partnerships with health care organizations to identify gaps and assure referrals; becoming a resource center for caregiving families and neighbors; forming a centralized volunteer information and referral service.

2. Governmental funding and other contracting opportunities

Through our benchmarking activities it was learned that many volunteer caregiving organizations are funding some of their services through contracts and grants from governmental agencies and hospitals to enable their care receivers to stay healthy at home and to reduce lengths of stay in hospitals, hospital re-admissions and emergency room visits. Other leaders predict an even greater need for transportation and other personalized services for the elderly and increased availability of governmental grants and contracts for services in the future to help implement health care reform and keep health costs manageable.

3. Case Management Services

During the listening tour, several people talked about the need for non-medical case management and advocacy services to help the elderly and persons who are disabled and their families navigate a very complex and confusing system. As one person put it:

People need help finding and coordinating services that will enable them to age in place, with dignity and support. A three-legged stool for help – family, volunteers/neighbors, paid help. There is a need to help people put the puzzle together to age in place.

4. Geographic Expansion

For several years, IVC has had requests for services from North Kitsap and the Poulsbo area. Some of these requests have been fulfilled, but the organization has not been in a position to encourage referrals or support the active recruitment of volunteers in that area. The Board formed a study group in 2013, which found there was need and interest in volunteer caregiving services in the North Kitsap and Poulsbo areas.

Threats and Challenges

Threats and challenges are posed not as obstacles, but as issues that must be minimized or mitigated for the organization to be successful.

1. Board member and staff burnout

As a small organization, much of the success of an organization depends on a very few, highly motivated individuals. This can add stress to demanding roles, push an organization to be more inward than outward and discourage board rotation and other best practices. It can also press an organization to deal with small urgent matters, such as answering the phone, leaving little time to attend to important matters, such as community leadership and future funding issues.

If the organization does not grow, there is little room for career advancement of staff or variety of tasks for Board and Staff. There is potential to become stagnant with little or no growth.

2. Governmental Funding and Bureaucracy

As organizations grow and diversify funding, attracting more grants and governmental funding, the need for documentation, reports and other paper work escalates. All new programs will need to take into account these new demands and be budgeted to address overhead costs to accommodate and responsibly manage growth. If IVC is not positioned to compete for new funds, other organizations may step up to fill the gaps in service or service needs will not be met.

3. Volunteer-driven culture of organization

Benchmarking activities revealed that organizations that rely more on substantial public funding seem to have less active boards. IVC plans to continue having a very active, volunteer board, as the organization grows, as this is one of its core success factors.

IVC Strategic Direction

If our assessment taught us one thing it is this...Island Volunteer Caregivers' core strength is not that it is just a good organization, but that it is a community-based organization. Our stakeholders caused a shift in our thinking from being organization-centered to being community-centered in our approach.

Based on the Board's understanding of its mission, core competencies and values, and opportunities and threats in the environment, the next five years will be a time of deepening the organization's approach to its work, while engaging new partners to extend the organization's mission and impact. The following strategic directions have emerged from our planning:

A. Community

IVC will take more of a leadership role in working with a broader array of community organizations and leaders to increase volunteerism capacity and advocacy on behalf of the elderly and persons with disabilities.

B. Services

With the ongoing input of stakeholders, IVC will deepen its services for its care receivers to make sure that essential needs are met and more life-enriching opportunities are available.

C. Volunteers

Volunteer recruitment, creative engagement and support will continue to be an organization hallmark and highest priority.

D. Expansion

IVC will seek new collaborations, funding partners and resources to the extent necessary to assure that any new growth in programs or services will be well-managed and sustainable. In addition, we will further refine our community-based service model, so that it can be replicated in other small communities.

Goals and Strategies

In order to pursue the strategic direction described above we established goals in six areas with corresponding strategies and actions. These are described below:

1. Community engagement and collaboration

Bainbridge Island is already seen as an exceptional, caring community with strong lay leadership. We learned there is even greater potential to bring these strengths to the forefront and heighten advocacy and support for the elderly and those with disabilities, including supporting more neighbor-to-neighbor and intergenerational outreach and caring.

Goal 1: *IVC is actively engaged with other community leaders to distinguish BI as the most livable small town in America with the highest percentage of seniors and disabled living independently and participating in their community.*

Strategies and Actions

1.1 Increase volunteerism capacity and advocacy for target populations by interfacing and collaborating with other community organizations

- Participate in the development of the City of Bainbridge Comprehensive Plan
- Form a community outreach committee made up of current and prior staff, Board, caregivers and care receivers
- Identify groups and other community organizations to engage and collaborate on overlapping goals, form ongoing strategies and ways to communicate
- Identify gaps in services and “age in place” policy needs

2. Program development

Stories heard during the listening tour affirmed that IVC services are highly respected because volunteers offer individualized, personal relationships and help to maintain an individual’s sense of belonging to a caring community. In addition to current offerings, many would like to see more opportunities for services to enhance people’s enjoyment in their lives such as one-on-one cultural, hobbies, interests and recreational opportunities. It is believed that these activities can lift spirits and improve the health of people who are lonely, isolated or disheartened due to the challenges with which they are struggling.

There are some care receivers or potential care receivers who are in high risk situations because of their unique life circumstances or, temporary, but serious health issues. People in these situations need more intensive help and coordination of services. Organizations will need to partner with others to fill gaps and assure the safety and well being of these individuals. IVC plans to partner with other organizations to better serve these more vulnerable persons and to become a hub for individuals and families for information and referral services.

Goal 2: *IVC has a vital role in services the community provides, with unique focus on caring relationships as the vehicle for helping individual care receivers maintain their health, safety, dignity, independence and enjoyment of life.*

Strategies and Actions

2.1 Expand scope and capacity of services to care receivers to address essential needs and reduce safety risks and health complications

- Assess current resources and determine gaps
- Do more focused research on current programs e.g., “hospital to home”
- Explore funding partnerships with healthcare providers and governmental entities
- Investigate grant resources both private and public

2.2 Expand life-enriching opportunities

- Establish a committee to lead this effort
- Conduct evaluation of what life enrichment means to care receivers
- Brainstorm programs that can provide opportunities
- Develop implementation plan

2.3 Explore development of a navigator program to help care receivers create a comprehensive plan to maintain their health, safety and well-being.

- Determine need
- Research and respond to grant opportunities
- Develop and implement a pilot project

2.4 Become a hub for resource information for family, neighbors and other caregivers.

- Offer consultation to families
- Promote caregivers support group

3. Volunteer Recruitment and Retention

Volunteers are the lifeblood of IVC. Recruitment, preparation and retention of volunteers are our most important functions. It is our intent to be able to consistently fulfill 100% of medical transportation needs and 95% of other requests for service. As the number and variety of services offered and requests grow, IVC will need to have a steady supply of volunteers, including youth and young families to enhance service offerings and encourage intergenerational relationships. This is especially important for people who are separated from their extended families, care receivers and volunteers alike.

Goal 3: *IVC has enough volunteers prepared to meet the growing and diverse needs of our target population*

Strategies and Actions

3.1 Encourage and support current volunteers to spread the word to recruit and involve others to “share the joys.”

- Provide tools and talking points for volunteers to use
- Conduct volunteer month campaign

3.2 Engage more youth and young families to develop intergenerational activities

- Establish a committee to lead this effort
- Collaborate with youth serving organizations to create specific projects

3.3 Develop a Speakers Bureau as an ongoing outreach program of IVC

- Establish a committee to lead this effort
- Develop uniform script and power point
- Develop video, including stories
- Use media and broad distribution of brochures to support recruitment efforts

3.4 Develop volunteer training and retention initiatives

- Survey volunteers to determine level of satisfaction and needed supports
- Develop specific training programs to address needs, including online training
- Enhance networking opportunities for volunteers

4. Expansion into North Kitsap County and beyond

IVC is successful because it is a community-based organization and has additional potential to assist its small community, as well as others, to expand volunteerism. It does not intend to increase direct services off Island, as this is not consistent with its community-based model. However, it will reach out to other communities desiring to replicate our model, provide consultation, technical assistance, mentoring, and other start-up help as agreed upon by the Board and partnering communities.

Goal 4: IVC is a resource center for other small communities seeking to expand volunteer care giving services and programs

Strategies and Actions

4.1 Create a replicable community-based model that can be used for small communities to develop volunteer caregiving programs

- Work with volunteer consultant to document IVC's model and determine critical success factors
- Research other models for best practices and adapt for rural and small communities
- Develop standards and methodology for providing consulting, training and collaboration

4.2 Provide consultation, technical assistance, mentoring and other help as agreed upon by the Board and partnering communities.

- Form a Board/staff task force to lead these efforts
- Contact North Kitsap organizations regarding their potential interest in leading the development of a similar program in North Kitsap
- Support existing staff time to pursue a particular community's interest and grant partners

- Apply for additional funds for needs assessment and implementation with partner(s)

5. Board Development

The current Board has been very active and effective in supporting and promoting the organization. The Board recognizes the need for diversity in age, talents and resources to expand its community leadership role and to develop a sustainable funding base. Balancing the need for change, while maintaining the level of commitment and engagement of all the members is a challenge this Board will undertake.

Goal 5: IVC has a diverse, working Board that builds community support for the services, social policies and resources necessary to fulfill the organization's mission.

Strategies and Actions

5.1 Continue to strengthen board recruitment process in ways that will bring about more diversity of board members and address organization's needs

- Assess current Board member capabilities and determine gaps
- Develop a 3 to 5 year recruitment plan
- Develop training and mentoring system for Board members to maintain and strengthen needed leadership functions

6. Organization Development

The Board of Directors is very aware that implementing this plan will demand more time from them and, especially, their two talented leadership staff. As a volunteer-driven organization, it will look for creative ways to relieve staff of certain tasks, provide necessary training and support and assist in developing policies, procedures and other infrastructure to make ready for the changes ahead. It is clear, however, that a comprehensive funding plan, including additional major donor, corporate and governmental support, will be needed to fully implement this plan. There will be a priority placed on developing funding and other resources and a strong communications plan to support the organization's development.

Goal 6: IVC has the necessary capacity and infrastructure to ensure accountability and stability for its direct services and well-managed future growth

Strategies and Actions

6.1 Create and implement a comprehensive funding plan to support and fulfill IVC's mission and strategic plan

- Designate finance and fund raising committees to lead this effort
- Research, prioritize and implement funding strategies
- Monitor progress toward goals

6.2 Use innovative approaches to support staff and volunteer leadership development and organizational growth

- Assess current strengths in leadership, operations & management skills and available time and identify gaps
- Research and identify leadership training opportunities to address the gaps
- Provide training, mentoring, and tools for staff and Board

- Find ways to augment time available for daily tasks such as through use of interns, AmeriCorps, volunteers, other resources
- 6.3 Identify and develop needed policies and systems to document success, maintain quality of services and manage risk
- Decide appropriate and consistent performance measures and put system in place to document and report on measures regularly
 - Inventory gaps in essential policies and processes and develop a work plan and schedule to address gaps
- 6.4 Create and implement a comprehensive communications plan to support IVC’s mission and vision
- Establish a public relations and media committee
 - Recruit expert volunteer consultants to advise the committee
 - Enlist writers to regularly contribute articles/letters to the editors to local media, made up of volunteers, Board, staff and care receivers
 - Utilize video, brochures and other materials (see 3.2)

Conclusion

Island Volunteer Caregivers Board of Directors developed this 2015-2020 Strategic Plan to ensure the viability and sustainability of our mission into the next decade. We are aware that our services will be needed more than ever in the future and that we bring compassion and joy to the people we serve. We are committed to continuing this tradition and extending our services to others, as we grow.

We thank the many stakeholders in our community who participated in listening sessions and meetings. We learned a lot about you, our organization and our community in the process. In developing this plan, we tried to reflect your concerns and incorporate your ideas.

We want to especially thank our volunteer consultants, Judith and John McKenzie, who volunteered their time and talent to support and coach us throughout every aspect of this process.

This is an ambitious 5-year plan and we will implement it incrementally, using good common sense. The Board will provide oversight, reviewing the plan’s implementation quarterly and updating it annually, as needed.

We appreciate your loyalty and trust.

*Island Volunteer Caregivers
Board of Directors and Staff*

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IVC Action Plan Worksheet

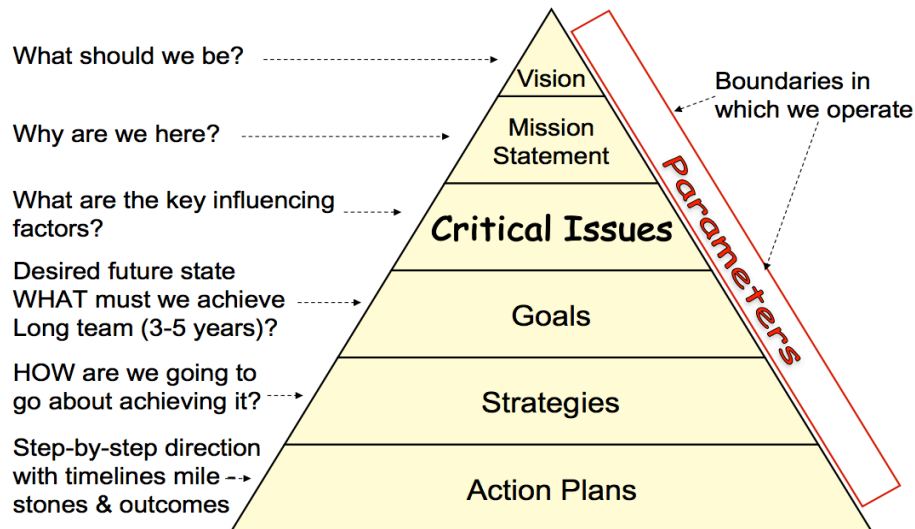
Strategy/Project: Five year IVC Strategic plan completed by December 1, 2014

Results Intended: A written phased, plan available to guide IVC's work. This will be presented and available to donors, staff, Board, caregivers in February 2015.

#	Action	Resp.	Start Date	End Date	Milestone
1	Finalize Strategic Planning team	Janie	6/6	7/2	Team charged with project
2	Identify the logistic of where and when to meet	Rita	6/6	7/2	Dates and place confirmed
3	Benchmarking - formulate plan and tool for doing benchmarking with targets, questions and process identified	SPT	6/18	7/2	Process for benchmarking agreed on and assignments made
4	Conduct individual benchmarking interviews with key stakeholders	SPT	7/2	9/1	Interviews completed
5	Summarize findings from benchmarking	J/J and Rita	7/2	9/1	Report available 9/12
6	Listening tour - formulate the process with targets and questions identified and logistics finalized	SPT	8/7	8/8	Plan completed
7	Listening tour training	J/J Robin	10/2		Training complete; 3 teams ready
8	Conduct listening tours	SPT	10/6	10/10	Listening tour completed
9	Summarize listening tour findings and report to the Strategic Planning Team	J/J Rita	10/10	10/21	Report complete; reviewed by SPT
10	Report of findings sent to participants in strategic planning retreat for review prior to retreat	SPT	10/23	10/23	Report handed out at Board Meeting
11	Plan and finalize retreat agenda.	SPT	11/11	11/13	Agenda and materials sent to Board
12	Conduct Board planning retreat where summary of findings are reviewed. Vision and mission reviewed, goals, strategies and work plan established	SPT		11/ 21 & 22	Start Friday evening and continue all day Saturday
13	Develop draft of the Strategic Plan report	JJ/Rita SPT	11/22	12/15	Mail to Board for comment
14	Incorporate final changes to strategic planning report and Board approves final report	JJ/Rita SPT	12/15	12/31	Complete Report
15	Present final report for Board Approval			1/22	Plan adopted by Board

Strategic Planning Definitions

Strategic Planning Pyramid



Vision - A vision offers a fairly detailed scenario of what the organization's ideal should be. The mission statement asks the question, "Why are we here?" The vision asks: "What should we be?" "How will our organization be distinguished and known in the world?"

Mission statement - A mission statement is a clear and concise expression of the State's purpose and function as it relates to its responsibilities. It answers the question, "Why are we here?"

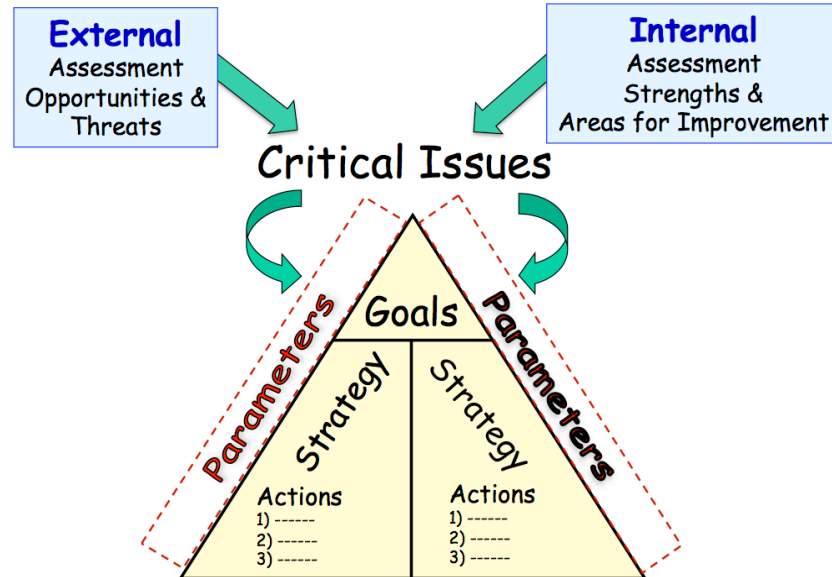
Beliefs and values - Beliefs and values are declarations of universal human values as upheld by the people who make up the organization. They are statements of belief in precise language and absolute in application. They are simply formatted, crisply stated and easily understood

Parameters - Parameters are the boundaries in which we are free to operate. They are the imperatives that keep the organization true to itself and its values.

Environmental assessment - a process for discovering and documenting facts and trends in the internal and external environment that are likely to effect the organization in its future work. Assessment activities may include: meetings with Board and staff; stakeholder interviews and group *listening tour* sessions; review of organizations' data, history and previous plans; interviews with similar and competitive organizations; and researching other best practices.

Critical issues - Critical issues are those in which the organization faces the prospect of getting either much better or much worse. Identifying the critical issues focuses attention on the paramount threats and opportunities and thereby provides compelling rationale for the strategic deployment of resources. See *Stakeholder Informed Strategies* figure that follows.

Stakeholder Informed Strategies



Goal - Goals are a general statement of a desired future state. They are formulated to address the organization’s most critical issues. They are what the organization must achieve if they are to accomplish their mission and be true to their beliefs. They are usually long term such as 3 to 5 years.

Example: “Develop a diverse pool of active volunteers sufficient to consistently fulfill 95% of service requests.”

Objectives – Shorter term breakdown of goal statement. SMART objectives are specific, measurable, achievable, realistic and time bound.

Example: By December 2015, increase # of active volunteers by 25% and fulfill at least 88% of service requests.

Strategies - Strategies are statements of how the organization will accomplish its stated goals thereby achieving its mission. Strategies are the articulation of bold commitments to deploy the organization’s resources toward the stated goals.

Example: “Develop and launch an active Speakers Bureau, which includes current volunteers in helping to recruit new volunteers.”

Action plan - Action plans are detailed descriptions of specific actions or steps required to implement and achieve strategies. Action plans contain step-by-step directions, timelines, responsibilities and major milestones (milestones at which in process results are to be evaluated).

Example: See *IVC Action Plan Worksheet* at the end of this appendix.

IVC Listening Tour Topics and Questions

1. Respectful, exceptional service

For 17 years, Island Volunteer Caregivers (IVC) has assisted the elderly, the disabled and those temporarily in need by serving as a link between the people in our community who need help and those who are able to help. Our volunteers provide transportation, caregiver support and assistance to seniors and others. We help fill in the gaps so that people can live as independently as possible. We've been making neighbor-to-neighbor connections since 1996. In 2013, we connected 206 people in need (69 new enrollees) with 121 volunteers who provided reliable person-to-person services. The number of people requesting help has increased over 35% in the past five years.

Our goal is to provide respectful, exceptional service for care receivers, their families and volunteers alike from their first call to IVC and throughout their time with us. Being known for respectful, exceptional service does not come automatically. It is something we earn by listening to our care receivers, their families and caregivers and understanding what really matters to them.

- A. Describe a time when you or someone you know went the extra mile to provide a person with respectful, exceptional service? What made that possible? What stands out for you about this experience? If IVC was involved, what was their role?
- B. Putting yourself in the shoes of a care receiver, a family member or a caregiver, what do respectful, exceptional services look like and feel like to you? Can you illustrate with an example or story?
- C. Imagine that we were to incorporate the best from the stories you just described into IVC's daily work.
 - What are three things we should keep or strengthen?
 - What is one small step we could take right away that will make a big difference in the way we deliver services to you and the community?

2. Compelling communication with care receivers, volunteer caregivers and the community

IVC strives to provide necessary and reliable information to caregivers and care receivers in a way that encourages the building of strong relationships among people and enhances their ability to be successful. IVC also must communicate the organization's value to our community and engage them in providing support and a steady source of volunteers. Ideally, our communication with our stakeholders will give people a sense of connection and belonging and enable people to work together in ways that are mutually satisfying and inspiring.

- A. Tell a story when compelling communication inspired you to get involved or enabled you to really connect with another person. What was the situation? What was it about you, the other person, and the communication that made that possible?
- B. Consider the various forms of communication within this organization. Which of these are most:
 - Effective in providing people with information to do their jobs?

- Effective in fostering a sense of connection and belonging?
- Compelling in inspiring people to volunteer?
- Compelling in inspiring people to support the organization in other ways?

3. Addressing needs

According to the U.S. Government, by 2030 there will be 72.1 million senior citizens in the U.S., more than twice the number in 2000. Adults over 65 represented 12.4% of the U.S. population in 2000, projected to grow to 19% in 2030 (www.aoa.gov). On Bainbridge Island and in North Kitsap the percentage of seniors is higher than the national average and growing at a faster pace. According to DHHS, the “oldest old” category, those over 85, is expected to almost quadruple by 2050 in the U.S, from 5.3 million in 2006 to 21 million. Looking ahead, the growing number of “boomers” who will want to “age in place” will increase the demand for community-based approaches and volunteer involvement.

Engaging caring citizens as volunteers to help people in need enables everyone involved to feel a valued part of their community and makes both humane and economic sense as “85% of physicians believe unmet social needs lead directly to poorer health.” (Summary of Findings from a Survey of America’s Physicians by Robert Wood Johnson Foundation, December 2011)

IVC exists to serve a vision of a better world, one where neighbors help neighbors and provide caring and supportive relationships. As times change, the organization will need to change to meet current and growing unmet needs.

- A. What do you see happening right now in our community for people who are seniors or disabled that gives you hope for the future?
- B. If a genie appeared right now in front of you and offered to grant you three wishes to address unmet needs (without worrying how they would be fulfilled) what would you wish for in the present? What would you wish for the future?
- C. Is there anything else you would like to share?
- D. What is the most important thing you’ve learned or re-learned about IVC and, perhaps yourself, as a result of today’s conversation?

Listening Tour Summary of Topics and Themes

Attendance at each Listening Tour meeting	Sr. Center	Eagle Harbor	Bethany	Bethany	Total
	10/13/14	10/14/14	10/15/14	10/16/14	
Care receivers	1	1	2	2	6
Caregivers / Volunteers	6	4	6	4	20
IVC staff	2	1	1	1	5
Board members	3	4	6	7	20
Geriatric specialist	1				1
Donor/grant givers	2	2	3	1	8
Community organization	1		1	2	4
Community member	2	3	1	1	7
Total	18	15	20	18	71

1. Inspiring Stories of Giving and Receiving Care

Participants in the listening tour were asked to tell stories that exemplified when a person went the extra mile to provide respectful, exceptional service to another? In all four of the listening tour sessions, people willingly shared their inspiring stories of helping and being helped. They gave testimony of their first-hand experiences, as well as told stories about people they admire who are making a profound difference in the lives of others. Major themes that emerged from these stories included:

- a) Beyond the call of duty: Several stories highlighted that many of our volunteers and community members are providing care for their neighbors in ways that involve exceptional personal commitment and sacrifice. The stories were inspiring and numerous. Just a few examples are summarized here. One volunteer flew to Oregon to help a care receiver move back to Bainbridge, when her plan didn't work out. Several volunteers work together to provide a safety net of care for a needy senior. A group of volunteers helped a person with disabilities care for her pet and organize and clean her home after a prolonged power outage. A care receiver shared her story of a volunteer taking her to Seattle for chemotherapy and staying to be with her during the treatment. As she said: "these are the Island love bugs...and he is not even paid; he just sits; my family doesn't even do that! It is just HUGE!" A care receiver, who was known by many IVC caregivers recently passed away. This man's dog was a big part of his life and the caregivers' contacts with him, so they made a plan for the dog, as they knew the gentleman would need that to rest in peace.
- b) Reciprocity: Care receivers and care givers alike talked about how meaningful their experiences have been to them on a personal level. "It gives the care giver a way to feel good about him self and understand how interdependent we all are." One person shared that she discovered that one of her care receivers loves to go to the market, which is an interest she shares. She talked about how much fun it is to go with her.

Many talked about the bonds of friendship and love that have formed between them and their families. Some celebrate holidays together. Others talked about how memorable their experiences have been and how giving care is preparing them for the day they may need help. As one person said: “there is a connection made between the two people even with just a 10 minute ride. It is a captive kind of situation and can be very rewarding.”

- c) Broadening perspective: Comments were made that care receivers and care givers are learning a lot from one another from their life experiences; different lifestyles. Their rich memories that are shared. One volunteer of nine years talked about how he sees volunteering as an opportunity to learn more about people in our community.
- d) Respectful Caring: In discussing the meaning of respect, many talked about the difficulty in asking for help and people’s need for privacy and confidentiality. They talked about the importance of just listening to people who are lonely and being there for them when they need to talk. A challenge many brought up was balancing a person’s need for safety with their need for independence. They discussed the importance of asking the person to be their guide in achieving the right balance and sharing that they care about them. Care receivers told us that they appreciate people who approach them with positive, joyful attitudes and particularly enjoy people who are kind and interesting. Others shared that the caregiver can model for others by encouraging medical personnel and others to speak directly to the care receiver and not communicate through the caregiver.
- e) Gratitude: It was stressed that volunteers do not volunteer for recognition, but some talked about the significance of getting a thank you note from the care receiver or their family, even though it isn’t expected. Both care receivers and caregivers alike expressed their gratitude for the opportunities they share as a result of IVC.
- f) Difficulty asking for help: A concern expressed in all of the sessions is that many more people in the community need this service, but have difficulty asking for help or perhaps exposing their vulnerability. Some mentioned that this may be more difficult because of the small town nature of Bainbridge Island.
- g) Allowing people to stay in their own homes: Many talked about how critically important this service is in allowing people to age in place.
- h) Flowers from the Heart: This program builds interconnection and brings more volunteers. Over 200 bouquets delivered this year. Rita, Robin and Board all connect with Sandy to make this work. As one recipient said: “And, you, doing what you do with flowers means so much. Maybe I am worth a damn.”

2. Island Volunteer Caregivers (IVC) Services

Participants were then asked to “imagine that we were to incorporate the best from your stories into IVC’s daily work. What are three things we should keep or strengthen? What is one small step we could take right away that will make a big impact?” The themes that emerged from this discussion included:

- a) Daily communications and staff support: Daily email from Robin was identified as a high priority, both in content and tone. The email was described by one person as community building. Also, volunteers and care receivers felt that they can call at any time and

receive support and help. People enjoy personal connections as much as possible. “Staff is so affirming and appreciative.” “I feel like I can pick up the phone and talk with IVC staff; talk with them about my concerns.”

- b) Screening: Pre-screening of both volunteers and care receivers is seen as important to both parties, enabling a level of trust that the structure will keep the interactions on a professional, safe and friendly basis. “As a caregiver I get really good information to prepare me. There is so much work that goes on behind the scenes. This reduces my fear of volunteering.”
- c) Profiles and Matching: Several stories were shared about exceptional matching of volunteers with care receivers. Some asked that the profiles be kept current and accurate, as much as possible. The volunteer’s role in providing feedback to staff was stressed. It was said that this process could be better and could be a best practice.
- d) Flexibility: Important for people to realize that, as volunteers, there is not an expectation for a given amount of time. Flexibility is important for volunteers, especially for people who work. “The staff of IVC show daily respect for the caregivers by not putting pressure on us.”
- e) Training: Trainings offered three times a year, which have helped increase knowledge about a particular subject. Volunteers would like to see more training offered, such as CPR. Monthly open house for volunteers to exchange ideas was discussed and people were encouraged to attend. More training and support about working with special conditions and different cultures is needed.
- f) Resources: Important for volunteers to know who the other available services are that could help their care receiver. There is a senior resources directory available, but Rita is working on something more specific.
- g) Feedback and satisfaction surveys: More feedback and satisfaction surveys would be helpful to provide direction. Could give care receivers a stamped, addressed postcard to send back to office.
- h) Organization culture: Caring culture palpable in the organization. The organization has created a culture of respect. “The people gravitate to this work because they want to do it, they feel a responsibility to the community and mutual respect for each other.”
- i) Board selection: Strong board selection process important for the future to continue the culture of organization, as it grows.
- j) Name Change: People support the name change, but encourage not using acronym without full name as may be confused with IFC.
- k) Range of Services: Some mentioned they like the range of services offered. Others thought we need more services to enhance people’s dignity and enjoyment in their lives such as cultural, one-on-one recreational opportunities, and other ideas. The current music program and book club were described as examples of projects that enrich people’s lives, reduce isolation and expand the potential of care giving and care receiving. It was suggested that we identify and promote opportunities for volunteers to do more activities—out for a drive, going to the museum, board games, concerts,

community activities, etc. These activities can lift spirits of people who are lonely, isolated or disheartened due to the challenges with which they are struggling.

- l) Difficult to Fill Requests: More and more requests for companionship, grocery shopping, in-home health care; services needed for aging in place.
- m) Expansion beyond Bainbridge: Some participants expressed concern that expansion off Island could risk losing what has been developed, especially culture of organization and sense of connection with community. Suggestion that IVC expansion efforts focus on building capacity of other communities to develop similar programs, with ownership being centered in the community served.
- n) Payment for Services: One person suggested that some people may feel that they should be able to pay for the service. "Here I live in a waterfront home and I'm getting free care." Others thought a sliding scale idea would take away from the volunteer nature of the service and have some negative unintended consequences, such as people demanding priority or certain level of service. It was suggested that fees may change the nature of the exchange between care giver and care receiver. People like the idea that the service is available without regard to income level.

3. Communication and Collaboration

Next, participants were invited to talk about communication with care receivers, volunteer caregivers and the community, particularly the kind of communication that is effective in fostering connections and compelling people to volunteer, partner with and support the organization in other ways. Several ideas were shared.

- a) Need to get the word out: Need repetition and intentionality in messaging. For example, "Do the people at Grace and other churches know about all the good work IVC is doing?" "I wonder how many people don't know about IVC and would be willing to volunteer if they did?" "Does IVC toot it's own horn enough?" Could tap into the Art Museum's success in recruiting volunteers. One person said: "IVC is a source of security both for me and my whole family. I found out about it before I moved here, as I knew I would need help." "Point out how easy it is to volunteer because of the flexibility." "Tell people at Church Mouse about IVC. Talk to everyone. Maybe in two years, they will come."
- b) Storytelling: "Telling the stories is so powerful. These stories inspire and encourage me." "Need to get more stories out so that people understand that care giving is reciprocal."
- c) Service Clubs: Maintain connection and speak at the clubs; tell the stories and encourage volunteers.
- d) Appeal to younger people: How do we get them involved? PTA and other organizations. Promote flexibility and volunteering with their children. Possible to communicate through schools, churches, other organizations involving younger people. "Can be busy and active and fit it (volunteering) in." Intergenerational volunteer opportunities. "A care giver delivered my groceries. She brought her young children with her. It gave the children real world example of the importance of caregiving."

- e) Person to person: Most effective communication is word of mouth. Volunteers, board members and others need to be talking about IVC and telling stories. “If every care giver could talk to one potential volunteer, we could double our force.”
- f) Health professionals: How often is IVC referred to by medical professionals?
- g) Use of media: Barry Peters interested in stories for radio and exploring needs. Letters to the Editor, ongoing weekly article, like Ann Lovejoy’s article about gardening.
- h) Target marketing: Know the demographics of the people who volunteer and focus recruitment on what will appeal to them.
- i) Technology and Social Media: IVC website helps people from out of state find resources for relatives who live here and provides information for the community and potential volunteers. Other social media being used include: Face Book, Island Moms, email, etc.
- j) Collaboration: There is commendable collaboration between organizations. We can’t afford to operate independently. But more can be done. Need more face to face communication. IVC needs to be more involved with the City, City Council and other agencies for the betterment of the community, particularly those agencies serving seniors and others needing our services such as HRB, Helpline, Senior Center. Examples: “How can IVC make the argument that home sharing may make sense for some?” “More people asking for help from Helpline.”

4. Community Strengths and Needs

Participants were encouraged to identify what is happening in the community that gives them hope and to identify their wishes for an even better future. From this discussion, community strengths and future needs were identified.

4.1 Community Strengths

- a) Senior Leadership: People who move here are well educated, motivated energetic and have financial resources. Seniors have many opportunities for leadership. Many are retired but proactive and ready to give back. Seniors have the opportunity to model caring and engagement to younger families.
- b) Adult Activities: Great cultural and recreational opportunities for seniors; many opportunities at the Senior Center. Most seniors are active in the community in various capacities.
- c) Neighborly, caring community: Many examples were shared of neighbors helping neighbors. Many faith communities have structured programs to help. “Island nuclear population makes IVC work so well—the feeling of community is very strong.”
- d) Volunteerism: High percentage of people volunteering in the community. At recent City sponsored event, it was said that 17,000 (of 25,000) people on Bainbridge do some form of volunteering. “It’s important to nurture and appreciate volunteers; a lot of talent here.”
- e) Resources: Helpline, Senior Center, Housing Resources Board

- f) Housing: More downtown housing resources where people can walk.
- g) Transportation: Kitsap transportation providing more services and options; Dial-A-Ride, etc. But not all people can use these, because of special needs and/or schedules.

4.2 Community Needs

- a) Demographics: Bainbridge has more than the national average of seniors. “More 90 year olds than ever thought could be in one place.”
- b) Promote community caring: Need to identify the gaps and encourage more of neighbor-to-neighbor caring. This can become part of the community’s identity. “Can unlock something that is universal—to help and be of service.” “I wish that everyone on the Island had a neighbor to look in on them.” “Neighborhoods could organize like a neighborhood watch—organize who has what, who needs help.”
- c) Image of aging: “Wish our society had more respect for age—how do we start this in high school. If we have respect, privacy thing does not come into it. We could be more strengths based, honoring capacities as well as needs.”
- d) Asking for help made easier: This is a big issue for some people; it needs to be more normal and acceptable to ask for help as we age. As people age, they still have value and things to share. They just need help.
- e) Advocacy: Some individuals need advocacy and basic help like filling out forms for housing and other services. Engage with City and State on human service priorities.
- f) Barrier free environment: Need more non-motorized access including bike lanes, sidewalks that are level with ramps, instead of curbs. Difficult to find handicapped parking in Winslow.
- g) Senior employment: “Financial transfusion that they need. People could live differently, if they could use their skills.”
- h) Case management: People need help finding and coordinating services that will enable them to “age in place, with dignity and support.” 3-legged stool for help – family, volunteers/neighbors, paid help. Need to help people put puzzle together to age in place. “Could IVC help seniors put a package of services both volunteer and paid together for folks in life transition?”
- i) Mental health: We don’t have adequate mental health services for depression, anxiety and other aging related conditions
- j) Alternative living options: Convert some of the large homes into foster homes or places where older people and disabled can live together. “I wish we had a whole menu of options for housing, some we cannot even imagine, an affordable, personalized housing continuum.”
- k) Policy to support Aging in Place: Reignite discussion in the community on the importance of people’s ability to “age in place.” Need to define what this means here.

Need a community policy related to this. Put this in City's Comprehensive Plan as a high priority.

- l) Intergenerational opportunities: "Can we put something together between youth and care receivers?" Engaging local youth groups and children in volunteer service efforts. "These experiences can make life-changing impressions."
- m) Health care system: Need for opportunity to voice needs; perhaps strengthen partnership with health care system; "training for doctors and other health professionals in end of life care; many are trained to save lives and have blind spots."
- n) More global needs: Cure for Alzheimer's and all dementia and brain disease; no homelessness

Strategic Plan Individual Interviews

City of Bainbridge Community Engagement Specialist

- Her role: communication to and from City, volunteer management, emergency preparedness contact. Also works with economic development department.
- Trends: Sees more seniors looking to downsize and move closer to urban core for access to services. Need for more affordable housing.
- Positives in community: Level of volunteerism and community activism.
- Citywide volunteer website: None currently but would like to have space on City website linking to organizations that receive human services funding from City.
- Link to Comprehensive Plan: Feels it is very important for us to have role in updating the Comp. Plan. Safe ways to get around are going to be important, as well as access to specialists on the Island.
- City funding: Budget for 2015 includes 3% increase for all human service agencies funded by City. For 2016 she expects there will be conversations about how City does funding in future, i.e. neighborhood-matching grants. Performance measures will be important, as well as being involved in planning.

Catholic Community Services, Volunteer Chore Services

- Service areas: Kitsap and Jefferson Counties. No volunteers on Bainbridge but feels they are meeting needs in North Kitsap.
- Blue Bills are under CCS contract to do ramp building, installing grab bars, etc. Residents provide materials for ramps. They get some grants from Kitsap Homebuilders.
- Services provided: Transportation to medical appointments, shopping, housekeeping (very hard to get volunteers for this). Long Term Care division provides personal care services for low-income seniors and disabled.
- Income restrictions: \$1,000 monthly cap for single and \$1,600-\$1,700 for couple. No restriction for safety modifications or medical where they need a driver, i.e. chemo or radiation.
- Funding sources: Catholic Church, donations, contract with COPES for ramp building.

Kitsap County Human Services Director

- Trends: Huge need for transportation options and affordable housing, especially for seniors.
- New Freedom and SMART Funds: Was not familiar with these but will check with his grants people.
- Awareness of services for seniors: Did not realize the breadth of services IVC provides. Knows that Catholic Community Services and Lutheran Family Services provide some but only for essentials. Also have income restrictions.

- Governmental funding options: Div. of Aging and Long Term Care contracts for many services for seniors and those with disabilities.

Mayor, City of Bainbridge and Kitsap Transit Board Member

- New Dial a Ride Service: Hugely successful so far. We mentioned limitations of being curb-to-curb and limited service hours. She was not aware they were not going door to door.
- Opportunities for collaboration with Kitsap Transit: Perhaps use high school volunteers to tutor seniors on using bus services, volunteer ride the bus with a care receiver.
- Trends: UW and Children's doing some distance medicine by computer. More focus on village concept and bringing services to where people live.
- Name change: Thinks that was very good and need to continue to get the word out through speaking engagements, etc.
- Comp Plan: Very important that we be involved in updating. Need for more affordable housing, better accessibility and availability of medical services, especially for seniors.
- City funding: 3% increase for 2015. For 2016, thinks they may use different process such as citizen advisory council. Maybe Title X funds (Suquamish Tribe?). Not familiar with New Freedom Funds.

Virginia Mason Geriatric Nurse Specialist

- Awareness if IVC services: Familiar with medical transportation and shopping but didn't know about support groups, respite, and non-essential transportation.
- Trends: Works with only internist in practice. Have had to limit to new patients over 80 or 85 only due to aging demographic. More options for care management funding. Problems with fragmented care.
- Programs to prevent readmission: Intensive Primary Case Management. She and Dr. Rogers do visits to assisted living facilities. Specialists rotate through clinic here.
- Unmet needs: Non-medical case management. Phinney Neighborhood Association has option to pay for some services.
- Opportunities for funding/collaboration: Will arrange a meeting with clinic manager; feels there are definitely opportunities for funding as we help them maintain population health.

The Doctors Clinic Manager

- Awareness of IVC services: Knows we transport many of their patients to appointments but unaware of full scope of services. "Phenomenal resource".
- Trends: They are busier than ever but not sure it's related to Affordable Care Act. Probably aging population who are sicker and high utilizers of resources.
- Programs to prevent readmission: None at this time. Knows how important it is for patients to get to follow up appointments and have support at home.
- Unmet needs: Transportation an ongoing issue. ACCESS can be difficult, especially for frail elderly.
- Opportunities for funding/collaboration: No funding as charitable dollars generally go to areas where physicians are directly involved. She is going to be managing the Doctors Clinic in Port Orchard and was very interested in possibility of starting an IVC type organization in that community.

Summary of Board, Staff and Other Discussions

Strengths	Opportunities for improvement	Strategic Opportunities	Challenges/Threats
<p>Mission-driven leadership</p> <p>Positive, caring volunteer-driven culture</p> <p>Exceptional Board engagement and respect</p> <p>Highly competent staff</p> <p>Strong, positive community reputation</p> <p>Services unique and distinguished by personal care and support and enhancing social connections</p>	<p>1. Board development</p> <ul style="list-style-type: none"> • More diverse Board • Mentoring new Board members <p>2. Volunteers</p> <ul style="list-style-type: none"> • Recruit more diverse volunteers, younger, families, etc. • More special projects to engage volunteers • Additional Training Resources <p>3. Broader community awareness</p> <ul style="list-style-type: none"> • Strengthen ties with faith-based organizations, service clubs, etc. • Speakers Bureau, e.g., Oatmeal Club and SWERV <p>4. Broader range of services for care receivers</p> <ul style="list-style-type: none"> • More options for social connections • Responding to emergencies • Coordination of services • Better connections with care receivers • Stronger referral program <p>5. Organization development</p> <ul style="list-style-type: none"> • Elevate professionalism of organization, e.g. policy, procedures, coverage 	<p>7. Contribute to City comprehensive plan and implementation</p> <ul style="list-style-type: none"> • Lack of centralized volunteer recruitment resource <p>8. Community collaboration</p> <ul style="list-style-type: none"> • Neighbor Helping neighbor approaches (Village Concept), as senior population grows • Strengthen partnerships with Senior Center, HRB, Helpline, Community Foundation • Strengthen partnerships with healthcare organizations <p>9. Understand and respond to new service, funding and contracting opportunities</p> <ul style="list-style-type: none"> • Large need for transportation options for seniors • Lack of programs to reduce hospital readmission rates <p>10. Meeting other needs of seniors</p> <ul style="list-style-type: none"> • Case management needs, apart from medical • Helping mediate complicated situations for seniors, e.g., appeal a long term insurance benefit 	<p>Not become too bureaucratic –lose grass-roots feel</p> <p>Maintaining volunteer-driven culture of organization with growth</p> <p>Potential to become stagnant with no growth</p> <p>Lack of career ladder and challenge for staff</p> <p>Lose appeal for Board members</p> <p>Board member and staff burnout</p> <p>Future competition for government \$\$</p>

Strengths	Opportunities for improvement	Strategic Opportunities	Challenges/Threats
	<ul style="list-style-type: none"> • Performance data • IT Expert • Other <p>6. More diverse funding base</p> <ul style="list-style-type: none"> • Increase funding from current sources • Major donor cultivation • City, County, State, National funding 	<p>11. Need for services in Poulsbo, Port Orchard</p> <ul style="list-style-type: none"> • Collaborate with others to spawn other IVC's in neighboring communities • Become a training resource center (model/mentoring program for other agencies) 	

IVC Benchmarking Interview Guide

1. General information

- Name of organization & location:
- Contact person and telephone: (email and best way to contact)
- Geographic scope of work: North: Size of organization (paid staff and volunteers who do staff functions)

2. Background

- How did your organization get started? Initial funding
- How long have you been providing service?
- Are you part of a larger organization or a stand-alone organization?
- Do you have more than one office location?
- Have you expanded significantly since inception? Why? If so, how did you go about it and how was your expansion funded?

3. Services provided

- Core services
- Care receivers - Who they serve, how many: (explore depth of services; we will want to compare # of staff, with # of volunteers and # of care receivers)
- Care providers – staff and volunteers
- Other services e.g., flowers from the heart
- What would you like to do more of, less of?
- How have services changed over time?
- Significant trends in services

4. Key Successes and Strategies

- What do you think distinguishes your organization?
- How do you measure success? (New)
- What do you see as your most important successes?
 - Recruiting of care providers?
 - Retention of care providers? Care provider incentives (gas cards, therapeutic massage, etc.)
 - Marketing and communication?
- Processes you use that really work well?
- Other best practices

5. Funding

- Budget and source of funds, are they growing, staying even or shrinking?
- Most significant funding partners
 - Governmental funding?
 - Foundations?

- Annual giving?
- Legacy gifts?
- Events

6. Important Community Partnerships

- Who do you partner with in the community?
- How do you engage your community?
- Significant source of referrals for volunteers and care receivers

7. Board Roles and Responsibilities

- Size of Board? Type of board – advisory, policy, etc.?
- Extent to which the board is active in program, fundraising, marketing
- How has the Board changed over time?

8. Key Challenges you face

- Liability and risk management?
- Competition for Resources?
- What worries you most about the future?

9. Opportunities, Trends and Future Services

- Change in services other time
- Impact of Health Care Reform, e.g., Affordable Care Act
- Other trends and things to watch

10. Other (New)

- Is there anything else I should have asked that you think is important to say?
- Are there other people in your organization that you suggest we talk to?
- May we call you back if other questions come up?
- Would you like a copy of the final report?

Thank you for taking the time to talk with me !!

Interviewer Name & Date

Other Comments:

IVC Benchmarking - What we learned from similar organizations

Organizations Interviewed

1. New York: **(HH)** - Hearts & Hands, Western New York
2. Michigan: **(OC IFC)** - Oakland County Interfaith Council, MI
3. Oregon: **(VIA)** - Central Oregon Volunteers in Action
4. California: **(CPC)** - Community Partners in Caring –Santa Maria, Lompoc
5. Washington: **(EFS)** - Eastside Friends of Seniors (Seattle)
6. Conference Notes: **(CN)** - Additional information gained at conference

Profiles of Organizations

1. **HH:** Started in 2003 with RWJ grant and help of local churches; 4 full-time and 2 part-time staff; 2 full-time equivalent staff provided by Americore Vistas; one central office and two satellite offices; space donated by local churches; serve 11 townships in New York; vision to be covering all 8 counties in Western NY. Primary funding from New Freedom, transportation grant \$130,000 pr year; receive about \$160,000 from corporate and other funders; do no fundraising, also get funding from coalition churches. Annual budget may be close to \$300 K per year, given above information. Total budget not reported. Serve 586 care receivers; 358 volunteers.
2. **OC IFC:** 8 FTEs; 2 Title V Enrollees for another 1 FTE; regular office volunteers for about 2-3 FTEs; Budget \$326K per year; serves Oakland, Macomb; Centerline; Warren, Sterling Heights, Shelby, Troy Royal Oak, Clarkston, Pontiac Romeo and Washington –a vast service area; has space in Churches for local meetings; one main office; served 499 care receivers in 2013, demand up this year; approximately 5-700 volunteers a year.
3. **VIA:** Director 30 hours; one additional staff 10 hours; St. Charles Hospital major funding partner at \$60 K per year; also receive AAA money; has newly constituted Board; not involved in fund-raising; many are from health care field; serve 600 recipients with 150 volunteers; serves Redmond, Terrebonne, Sisters; Bend, Sunriver, LaPine.
4. **CPC:** 2.5 staff; 488 care receivers; 80 Volunteers; 4,500 requests; av. 10 per person; requests are growing;
 - Budget 250,000
 - Do more companionship and respite care than IVC; would like to do more
 - Board meets quarterly; has honorary board members; has an advisory council
 - Serve 3 cities in Northern Santa Barbara County;
 - Started 1997 – RWJ grant; 3 office locations
5. **EFS:** 2.2 staff; 4 part-time staff; 350 care receivers; 150 volunteers; \$150,000 annual budget; serve Sammamish, Issaquah, Bellevue, some Snoqualmie Valley; have expanded to meet needs in outlying areas with no additional funding, except capacity building grant of \$16,000 from Satterberg Foundation; very involved with faith communities

Funding sources being utilized – contracts, grants and matching

- Area Agency on Aging (AAA) source of funding for programs
- Other potential sources include: Medicaid waiver, hospitals that may be penalized for re-admissions
- CPC has contract with State; 50% local match
- CPC and EFS– Events and annual appeal
- Suggestion: City or State tax allocation – new idea perhaps \$10 each
- EFS used Satterberg Foundation for some expansion
- CN - An Arizona organization uses many volunteers to hold an annual garage sale that raises about \$47,000. People come from all over the country to go to it (especially snowbirds). Sounds similar to the Rotary Auction here but on a smaller scale.
- CN - One organization does “Adopt a Client” where relatives, friends, healthcare providers or others can underwrite the cost of care for a care recipient, which they put at \$420 per year.
- CN - Another organization sends letters to care recipients with a “suggested donation for services” such as \$10 for a ride or \$12 for a day of respite care for example. If people don’t respond after a couple of times they quit sending the letters.
- CN - Two organizations have fundraising events where they feature honorees and encourage people to attend to support them.
- CN - Many organizations I spoke with had office space that was in-kind donation from a faith community or at least a greatly reduced rate.
- CN - In-kind donations were accounted for in budget and on 990.
- EFS - King County started payroll deduction for employees; hope to increase funding; director likes to sell partnerships with businesses by point out common goals for residents; City funding from Sammamish and Issaquah (\$15 K); believes Puget Sound Regional Council has funding for transportation; most funding comes to IFS through individual donors; have annual event (\$30K)
- Federal grant for transportation based on matching funds, so they pay volunteers mileage and use this as part of their matching
 - New Freedom Monies/SMART transportation organizations
 - United Way? Have not heard of agencies using this source

Key agency best practices and processes

1. General

- Notification period between request and service given
- Letter to care receivers outlining expectations
- Care provider incentives; gas cards, therapeutic massage, etc. (CPC)
- Form available from Hearts and Hands regarding expectations
- Girl Scouts send valentine’s to care receivers (CPC)

- CPC has awards luncheon
- Use Assisted Rides Program for filling volunteer requests; has increased volunteers
- EFS – Referral network for needs they can't handle; don't make recommendations, just give referral information
- HH – has phone pals, companion visits and wellness checks; also provide letter writing, bill paying, hair care and more in home services
- HH has on line volunteer system; tract requests and volunteer data. Helps with securing funding.
- HH has “assisted rides” program – don't charge or limit services
- HH has memo of understanding for care receivers

2. Recruitment, retention, training of volunteers

- AmeriCorps is a potential source for IVC volunteers (HH)
- Central Oregon Volunteers gets a steady flow of volunteers from “Volunteer Connect” a local community website
- Having a personal touch with volunteers is a very effective retention tool
- EFS – Most volunteers still coming from faith community; recognition: personal feedback most effective; Brown Bear Car Wash coupons; gas cards, found volunteers very self-motivated; picnic for volunteers not well attended
- HH recruits volunteers primarily from cooperating faith based organizations; provides gas cards, pay mileage; therapeutic massage, etc.
- HH – believes that frequent phone contact with volunteers and care receivers key to success
- CN - One program has developed an online training module for volunteers who may not be able to come in to the office for scheduled trainings. This was developed with a grant from Pfizer Corporation and a local family foundation, as well as money from Federal Family Caregiver funds.

3. Intake and matching

- Matching needs to volunteers – searching database
- Partner with and referring to other care providing organizations with links on their website
- EFS – 80% of care receivers are matched with specific volunteer; they arrange own rides; volunteers report hours; rest of requested go out for volunteers to self-schedule.
- CN - Several organizations using Ride Scheduler and allow volunteers to self schedule (less staff time but not as much one on one matching or connection to volunteers)

How organizations measure success - metrics

1. Fulfillment rate

- Breadth of service - Ratio of caregivers to care receivers
- Depth of service - Average time per service
- Mean / average services per care receiver
- Volunteer calls care receivers each week to get feedback (CCP); call it reassurance call
- CPC measures % of increase in service
- EFS – no more than 1% unfilled needs; number of unfilled requests; volunteer and care receiver surveys; social bonds formed between clients and care receivers
- HH fulfillment rate currently at 97
- CN - Volunteers can also go online and enter own mileage and hours. Important to do measurement of impact, such as unfilled needs, surveys of care receivers, i.e., would they have missed appointments w/o our services, do they feel better able to stay in their home, would they have been able to get food w/o volunteer to take them to store or shop for them?
- CN - Several have volunteers who do surveys or call in checks with care receivers to see how things went; make sure they're doing okay. Many also do follow up calls with volunteers to see how their experience was.

2. Board and community support – most would like broader awareness

- They would like to have Board members beyond churches
- Rotary, Kiwanis, Lions Club and other service clubs
- Community awareness of the real value of the service to the community
- Impression: the more governmental money you get the more paperwork has to be done, the more staff is needed, the less Board involvement
- IVC Board seems more engaged than other Boards, particularly in fund-raising
- CPC Board – two founders honorary members; Advisory Council, past volunteer, funder, banker and attorney; meet once a year to review board decisions and get community buy-in
- Bend newly constituted Board includes more people from health care providers
- EFS –partners with Catholic Community Services who has means test of \$13K; also partners with Senior Services of King County
- EFS - Invite Opus Bank employees to do special projects; may get 15 people on a weekend special project
- HH – sees as best practice ability to collaborate with AARJP, meals on wheels, Alzheimer's Association, Hospice, Rural transit services, etc.
- HH - Board is policy board and “circle of influence”; not fund-raising

Other conference notes - emerging trends/programs

- Partnering with home care agencies to reduce hospital readmission rates. Home care program provides immediate service at the same time they receive referral to volunteer agency. Care receivers are turned over to volunteer org. after 2 weeks for services like grocery shopping, transportation, etc. Volunteer organization has received funding through the hospital foundation. Ongoing program “Anchor Grant”, which is a Community-based Care Transitions Program created by section 3026 of the Affordable Care Act. Communities must reapply every year and show impact on readmission rates. Focus is on how volunteer orgs can help healthcare partners meet their responsibility for “Population Health”.
- One organization established a new Therapy Pet program and secured funding through PetSmart and other businesses.
- One organization has a day respite program that is similar to Day Health but not certified. They found it hard to get volunteers to do respite in private homes but people were willing to go to a center and assist there. It’s about 6 hours twice a week and they do a variety of activities with participants, primarily with dementia. They receive funding through the Area Agency on Aging, some specifically for the respite program. (Paperwork is laborious but E.D. has had lots of experience with it so she pretty much does it all).
- Several organizations provide services such as building ramps, putting up grab bars and other safety measures.

IVC Strategic Planning Opportunities - Critical Issue Questions

1. Organization Culture/Board Development

- 1.1. How do we attract and develop a more diverse Board?
- 1.2. How do we continue to strengthen IVC's community-centered culture and Board involvement as we grow, diversify funding and bring on new Board members?
- 1.3. How do we increase Board involvement with major donor cultivation?

2. Organizational Development - Infrastructure and accountability

- 2.1. How do we elevate professionalism of the organization in matters such as policy, procedures, office coverage, risk management, I.T. support, etc.?
- 2.2. How do we continue to offer professional growth and career ladder for our staff?
- 2.3. How do we build and fund the necessary infrastructure to responsibly carry out our mission and strategic plan?
- 2.4. What accountability systems will be put in place to track and measure performance data and our progress and success?

3. Program development

- 3.1. How can we increase the number and diversity of volunteers to help with special projects and difficult to fill service requests? Examples include: Targeted recruitment, younger volunteers and families.
- 3.2. What are the most immediate tweaks we can make to our existing program, within existing resources, that can make a difference for our caregivers and receivers? Examples include: training, updated profiles, follow-up with care givers and care receivers, other.
- 3.3. What programs or services will be added to enhance our current capacity to help care receivers live safely in their homes while maintaining their dignity, health, independence, and quality of life, including social connections? Examples include: special projects, difficult to fill requests, social connections projects; responding to emergencies, coordinated services, better connections with care receivers, effective referrals, etc.
- 3.4. What will be IVC's future role be in the "patient centered care" health care reform environment? Examples might include: Case management services, collaborations with health care facilities and other health care organizations; programs to reduce hospital readmissions; participating in federally funded transportation and other governmentally-funded services.

4. Community engagement and collaboration – Bainbridge Island

- 4.1. What should be our role in the City's comprehensive plan development and implementation?
- 4.2. How do we build strong community partnerships and collaborations that foster a community culture of respect, compassion and caring for people who are elderly or have disabilities? Examples of potential partners include: faith-based organizations, non-profits, City, Community Foundation, Schools, Neighborhoods (HOA's), service clubs, businesses, other.

- 4.3. How do we strengthen our partnerships with other health care organizations?
- 4.4. How do we help to stimulate an even stronger neighbor-helping-neighbor culture in our community?
- 4.5. How do we help our community develop and implement viable “aging in place” policy?
- 4.6. How do we work with the City and other organizations to stimulate and support volunteer activity? A centralized volunteer resource data bank, etc.?

5. Expansion – North Kitsap, Poulsbo and beyond

- 5.1. How can we collaborate with others to understand and address the unmet needs for volunteer service for the elderly and disabled of Poulsbo and North Kitsap County? Examples Catholic Social Services, Lutheran Church, Service Organizations, City government, etc.
- 5.2. How can we assist the building of successful community-based, volunteer care giving organizations in other geographic areas? What should be our role?
- 5.3. What is the best way that we can help and not take away from our existing services, but complement them? Offer Training, mentoring; become a Resource Center?

6. Sustainable and diverse funding base

- 6.1. How do we develop a sustainable and diverse funding program that supports growth and still maintains the community-centered/owned/volunteer culture of the organization? Examples of potential funding sources include:
 - o Contracts
 - o Patient Protection and Affordable Care Act (Accountable Care Organizations, CCO’s)
 - o Area Agency on Aging
 - o Health care organizations
 - o City, County, State Allocations
 - o New Freedom monies/SMART Transportation Agencies (contracts)
 - o Major Donors
 - o Fund-raising events
 - o Foundation Grants
 - o Designated giving – One Call for All; Kitsap Great Give