



FINAL: Approved by Board of Trustees 7/11/2009

# Strategic Positioning 2009-2012

## INTRODUCTION

What follows is a synthesis of work conducted in the late winter and spring of 2009 as part of Cedarcrest Center's periodic strategic planning process. In this particular planning cycle, our process drew on the work of Thomas McLaughlin as presented in his 2006 book, *Strategic Positioning: Decide Where to Be, Plan What to Do*.

We engaged a broad spectrum of more than 60 participants in fact-finding committees, focus groups, brainstorming and visioning sessions, and in small group and one-on-one interviews to provide information, insight, and understanding of the social, political, educational, economic, and medical issues related to services for children with complex medical and developmental needs and their families.

Information is synthesized in six key areas: Demand for Services; Geography; Competitors and Collaborators; Funders; Labor Force; and Special Assets. Each of the sections that follow appears in the following format:

- One or more questions to guide exploration of trends and issues
- A summary of current circumstances in each key area
- Summary of information and feedback from various participant groups in response to trends and issues questions
- A summary of implications for Cedarcrest Center based on responses to questions
- A statement of desired strategic position for each key area

This document concludes with a restatement of our desired strategic position and a summation of key initiatives to frame our management work plan for the next three years.

This synthesis will guide and in some instances, perhaps, re-shape the direction of Cedarcrest Center in the coming years. We are grateful to all who offered their time, counsel, and thoughtful recommendations in this strategic positioning effort, and we welcome additional thoughts and insights as we put our plan into action in the coming months.

# PARTICIPANTS – STRATEGIC POSITIONING 2009-2012

We gratefully acknowledge the following individuals for their generous commitment of time and energy toward shaping Cedarcrest Center's future through strategic planning.

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## SECTION I. DEMAND FOR SERVICES

- What changes in community needs and resources will have an impact on the need for and nature of Cedarcrest Center services in the next several years?
- What medical and education trends will have an impact on the need for and nature of Cedarcrest Center services in the next several years?
- What policies or policy changes are on the horizon that will have an impact on the need for and nature of Cedarcrest Center services in the next several years?

**Present Environment** A review of research literature and statistical data from a range of national, state and local agencies involved in long-term care and/or services to people with developmental needs reveals the following themes or emphases:

- Person-centered care
- Family-centered care
- Community-based care
- Consumer choice

Evident among policy-makers and service providers is an overarching commitment to permanency planning, i.e., securing for people with disabilities permanent, ongoing relationships with caring adults.

At the national level the U.S. Department of Health and Human Services (DHHS) has urged development of strategies to reduce dramatically the number of people with disabilities living in congregate [residential] care facilities [*Healthy People 2010*].

At the state level here in New Hampshire, there has been a strong focus on integrating people with disabilities into their communities. Home-based care and community-based services have become the norm, with mandates to improve inter-agency care coordination for the state's most medically complex children and to ensure them access to medical homes. The Department of Education has set a goal to reduce the number of out-of-district placements for children with special needs.

The costs to support home-based care are increasing, as availability of in-home nursing care is decreasing. Demands and financial stresses on families of children with complex medical and developmental needs are growing, with many relying on their child's SSI benefits to ensure financial well-being. The premise that community-based care is less expensive than facility-based care is increasingly a questionable one.

At the local level, hospitals and families are the major sources of Cedarcrest Center's admission inquiries. Although inquiries have declined slightly over the past three years, requests for short-term stays or "respite care" have increased and represent the care option most frequently requested by families.

### **What changes in community needs and resources will have an impact on the need for and nature of Cedarcrest Center services in the next several years?**

- Increasing need for respite care/short-term stays to provide relief to parents, given decreasing availability of adequate in-home nursing services due to nursing shortages and funding constraints.
- Growing challenge of managing transitions and coordinating transitional care for older adolescents and young adults
  - Lack of access to adult services funding at age 21
  - Significant number of children who must make multiple transitions from childhood to adult services
- Increasing fragility of family support systems
  - Increase in single parent households
  - Decline in support from extended families
  - Increase in number of families below the poverty line
  - Increase in number of families caring for children with complex needs at home

- Increasing expectation for home care and community-based services as norm for children with special medical needs and developmental disabilities

**What medical and education trends will have an impact on the need for and nature of Cedarcrest Center services in the next several years?**

- Increasing number of premature births
- Increasing survival rate of “premies” and medically complex babies as a result of enhanced medical technologies
- Shortening of hospital stays for newborns and children with acute conditions
- Increasingly complex medical needs at time of discharge following hospitalization
- Continuing shortage of nurses and pediatric therapists, especially in rural communities, compounding stress for families caring for children with complex medical and developmental needs at home
- Growing expectations among medical professionals that families will care for children with complex medical needs at home
- Growing number of families assuming full care and support of medically-compromised infants
- Increasing incidence of children with non-accidental traumatic brain injuries
- Increasing number of children and young adults requiring ventilators as well as IV support, central line nutrition, and short-term rehabilitation
- Increasing incidence of prolonging respiratory death through advanced technology
- Increasing complexity of special education needs
- Increasing use of local school funds to create in-district experiences for children with severe disabilities, rather than sending children out of district

**What policies or policy changes are on the horizon that will have an impact on the need for and nature of Cedarcrest Center services in the next several years?**

- Application of Medicaid “cost-effective” test for care provided at home
- Focus on early recognition of and early intervention for developmental delays
- Implementation of consumer-directed services
- Potential changes in Medicaid eligibility and Medicaid pharmacy coverage as a result of healthcare reform at the national level

**Implications for Cedarcrest Center**

- As the only intermediate care facility in the state providing support to children with complex medical and developmental needs, and given the increasingly complex medical and developmental needs among that population, Cedarcrest Center should evaluate its capability to serve children on ventilators, IVs, or receiving nutrition via a central line.
- Given the impact of the economic downturn on families of children with special needs, and on the agencies who serve them, Cedarcrest Center should evaluate its capability and explore opportunities to collaborate with other organizations to provide a continuum of care for New Hampshire children with complex medical and developmental needs.
- Given the decline in inquiries for admission to the Center, Cedarcrest Center should evaluate its capacity to respond to increasing family stress by offering greater flexibility and providing the following additional supports:
  - Rooming in
  - Transportation assistance
  - Inexpensive hotel accommodations or alternative places to stay

- Given the impact of provider shortages, Cedarcrest Center should explore the need for and feasibility of additional outpatient and community outreach services to help address shortages of care providers and promote greater collaboration.
- Given the increasing reluctance of school districts to place children with complex medical and developmental needs out-of-district, Cedarcrest Center should evaluate its capability and explore opportunities for offering outreach programs and services to schools.
- Given the mandate for collaboration and community-based services, Cedarcrest Center should explore collaborative efforts as a means of integrating children from the Center into the community.
- Given the growing complexity of the medical and educational needs of the children it serves, Cedarcrest Center should respond with expanded and increasingly sophisticated training for parents and caregivers, as well as medical, human services, and education professionals.

## **DEMAND FOR SERVICES: STATEMENT OF STRATEGIC POSITION**

Cedarcrest Center for Children with Disabilities will continue to serve as both an extended and short-term residential care option for children with complex medical and developmental needs.

Cedarcrest Center will continue to serve children from infancy through teen years. Necessitated by increasing survival rates among infants and the growing medical complexity of children being referred to the Center by providers, the Center will adapt

- to serve children who depend on ventilators or require central line nutrition.
- to serve a growing number of children with non-accidental traumatic brain injuries.
- to support the increasing number of requests for short-term stays.
- to support the increased numbers of families with complicated relationships and social needs.
- to meet the educational needs of nursing professionals, educators, and caregivers who will require ever more sophisticated training in light of the growing complexity of children we serve.

Cedarcrest Center will collaborate with other community organizations and agencies to ensure a continuum of care for children with complex medical and developmental needs, by ensuring availability of training support for in-home caregivers as well as educational and therapy outreach and outpatient services.

## **SECTION II. GEOGRAPHY**

- What will be the impact of demographics and transportation patterns on the nature of Cedarcrest Center's services in the next several years?

**Present Environment** Cedarcrest Center serves children with complex medical and developmental needs primarily in the state of New Hampshire, with some referrals from medical centers outside the state (children referred are generally NH residents), and it does occasionally admit children from nearby Vermont.

Given that Medicaid reimbursement is administered at the state level, and that educational funding for children to attend Cedarcrest School derives from local school districts, there are limited opportunities to serve children from other states.

While north-south automobile travel in New Hampshire is fairly easy, east-west and regional travel often present serious challenges.

Public transportation in New Hampshire is minimal, with bus service linking a few New Hampshire communities with Boston and Burlington along north-south interstate corridors. Bus service links several towns in the Seacoast region of New Hampshire as well, but there is no bus service connecting that region with western parts of the state.

New Hampshire's Endowment for Health for the past several years has focused on addressing and resolving transportation issues as a means of ensuring access to healthcare.

### **What will be the impact of demographics and transportation patterns on the nature of Cedarcrest Center's services in the next several years?**

- A majority of Cedarcrest Center donors and all its trustees live in the Monadnock region, and many are Keene residents. Charitable gift support is regionally concentrated, and, as a consequence, constituent communication tends to be geographically narrow.
- Families increasingly find it a challenge to afford travel to Cedarcrest Center to visit their child, and to participate fully as a partner in their child's care planning
- Long distances from their home community and travel challenges for families are sometimes impediments to admission of new inpatients.
- Long distances diminish access to day education services and short-term stay options.
- Potential referral agencies include medical centers and practices beyond the Monadnock and Upper Valley regions of New Hampshire; admission marketing doesn't regularly reach widely enough, and it is unlikely that these sources are fully familiar with Cedarcrest Center and its programs.

### **Implications for Cedarcrest Center**

- Because Cedarcrest Center serves children on a statewide basis and receives referrals from organizations across an even wider geographic region, Cedarcrest Center should
  - assess opportunities for targeted marketing to referring agents and families throughout the state and in greater Boston.
  - develop a comprehensive communications plan to raise awareness of the Center, its expertise and services.
  - raise the profile of the Center in the disabilities community and among key medical professionals.
  - encourage exploration of Cedarcrest Center as a care option for families.

- Given Cedarcrest Center's non-central location coupled with a general inclination among human services professionals to encourage home-based care over facility-based care, Cedarcrest Center should consider ways to establish stronger relationships with area agencies and advocacy groups, as well as explore strategies for collaboration.
- Because travel issues are an impediment to admission and a stress on families of children living at Cedarcrest Center, the Center should explore ways in which it can facilitate low-cost housing (rooming in, deep hotel/motel discounts, or even using a Center-owned house as a low-cost guest house). The Center should also consider a strategy for offsetting or subsidizing parents' transportation costs (e.g., gas cards, vouchers, reimbursements).

## **GEOGRAPHY: STATEMENT OF STRATEGIC POSITION**

Cedarcrest Center will continue to focus on providing inpatient services to families and children from New Hampshire, extending services to children in other states occasionally as appropriate.

Cedarcrest Center will continue to raise awareness of its unique role and capabilities in serving children with complex medical and developmental needs and their families among medical professionals and human services professionals throughout the state and in the greater Boston area.

Cedarcrest Center will strengthen its support of families whose home communities are at significant distances from the Center to minimize transportation and housing barriers to their full participation as a partner in their child's care planning.

### **SECTION III. COMPETITORS and COLLABORATORS**

- What trends or potential policy changes will impact the way in which Cedarcrest Center is positioned to deliver services?
- What potential opportunities for collaboration will impact the way in which Cedarcrest Center delivers services?

**Present Environment.** Cedarcrest Center is unique in its licensure in New Hampshire. It is the only ICF/MR in the state, the only ICF serving children exclusively, and the only facility licensed to provide post-acute medical care for children under three. In that narrow sense, Cedarcrest Center has no competitors.

At the same time, the predominant model for providing services to children with special needs is home-based care with community-based services. An increasing number of local schools are seeking ways to provide appropriate educational support for children with complex medical and developmental needs in their home districts, and, given the tight economy, are increasingly reluctant to see money go out-of-district as tuition. Because Cedarcrest Center's service delivery model is viewed negatively by some human service professionals and advocacy groups, the Center's opportunities for collaboration with other organizations have been infrequent.

More recently, many organizations have embraced the concept of providing a continuum of care and services for children with special medical and/or developmental needs, urging that Cedarcrest Center expand its role beyond inpatient services to embrace regional outreach and outpatient services.

To avoid being marginalized, the Center will need to broaden marketing efforts and position itself as integral to any continuum of care for children with complex medical and developmental needs.

#### **What trends or potential policy changes will impact the way in which Cedarcrest Center is positioned to deliver services?**

- Increasing awareness of providers and families that Medicaid will fund short-term stays at Cedarcrest Center
- Growing efforts of school districts to serve children within rather than out-of-district
- Growing expectations among medical practitioners that even children with the most complex medical needs will be cared for at home
- Increased need for supports for caregivers and families re: use of medical technology
- Increasing complexity of medical and developmental needs
- Higher incidence of premature births among single mothers and families living at the margins
- Shortage of OTs, PTs, LNAs, and nurses, particularly with pediatric focus or experience
- Declining resources available for direct services through Area Agencies

#### **What potential opportunities for collaboration will impact the way in which Cedarcrest Center delivers services?**

- Relocation of Keene Middle School and the Keene YMCA to the Cedarcrest Center neighborhood will facilitate new volunteer opportunities, internship possibilities and even program partnerships.
- Increasing recognition of Cedarcrest Center as a training and information resource may extend the Center's capacity to support families caring for children at home.
- Increasing awareness of Cedarcrest Center as a potential collaborator for unique program options serving children at home or in school (e.g., infant playgroup).
- Growing potential for collaboration or networking with school districts on training for school nurses or shared therapy services.



### **Implications for Cedarcrest Center**

- Given that short stays are not the Center's core business and that the increase in short-term stay requests is likely to continue with ongoing marketing, the Center needs to frame some clear marketing messages.
- The Center should continue to reframe itself as part of a continuum of care options across the state, and as offering a continuum of options within its own scope of services
- The Center should explore opportunities to build collaborations with other organizations within the community and highlight those.
- The Center should seek collaborations that focus on family support issues related to medical complexity or transportation needs.

### **COMPETITORS & COLLABORATORS: STATEMENT OF STRATEGIC POSITION**

Cedarcrest Center continues to be unique in its licensure and range of services. Cedarcrest Center will strive to position itself as an organization embracing a continuum of whatever care options are in the best interests of children and their families by fostering collaborative relationships for service delivery, and by supporting children who remain in their communities through the Center's short-stay program.

## SECTION IV. FUNDERS

- What factors will impact funding support for Cedarcrest Center in the next several years?
- What factors will impact sustainability?

**Present Environment.** Cedarcrest Center relies on two primary funding sources: Medicaid and local school districts.

Because of the complexity of their medical and developmental needs, children served as inpatients at Cedarcrest Center are eligible for Medicaid on the basis of their disability. Medicaid is, therefore, the Center's primary funding source. Since the Center's reimbursement rate is a cost-based, prospective rate reflecting virtually all direct care and related support costs for each child, there is neither opportunity to cost-shift nor to establish its own rate structure for services.

All special education services, including therapies, one-on-one aides, individual-specific educational technology, and assistive technologies identified in each child's Individualized Education Program, are fully covered through tuition payments paid by each child's local school district.

The Center's charitable fund raising focuses on capital needs, with annual appeals addressing enrichment opportunities for children. Cedarcrest Center has an "endowment-like" fund of about \$6 million; in the last two years, realized bequests have averaged about \$150,000 annually.

### **What factors will impact funding support for Cedarcrest Center in the next several years?**

- Changes in available Medicaid funds or in the funding mechanism may be an outcome of federal health care reform legislation, entitlement reform, or economic decline and its impact on the state's ability to allocate sufficient Medicaid matching funds.
- The "provider tax" is a *quality enhancement* resource with no long-term guarantee from the Federal government.
- School districts increasingly resist sending funds out-of-district for tuition payment.
- Impact of economic downturn on charitable giving is increasingly evident in the decline of small business support particularly, and corporate support overall, and in increased competitiveness for foundation grants.
- Cedarcrest Center has a well-established fundraising program with a strong history of local support.

### **What factors will impact sustainability?**

- Cedarcrest Center has little diversification in its income streams.
- Cedarcrest Center has little ability to impact or change its own rates or to influence reimbursement rates.
- Opportunities for alternate income sources (e.g., outpatient therapies) may have negative implications for cost-based Medicaid reimbursement rates.
- Endowment-like funds (Board-designated) currently equate to approximately 18 months of operating expenses.

### **Implications for Cedarcrest Center**

- Lack of diversity in funding streams may limit the ability of the Center to initiate new programs, to innovate or to collaborate effectively.
- Lack of diversity in funding presents a long-term risk to sustainability.
- Lack of diversity in funding means there is no opportunity to generate a profit in the near term.
- Systemic crisis in the U.S. healthcare system could have unforeseen consequences for the Center.
- Downturn in the ability of some key segments to sustain financial support for not-for-profits suggests focusing on solidifying and nurturing relationships with current supporters.

- Cedarcrest Center’s experience with and significant results from bequests suggests a greater focus on bequests and bequest marketing.
- Given limits on our “case for support” implicit in the present Medicaid reimbursement formula, Cedarcrest Center should explore development and funding of enrichment programs, and collaborations with other organizations, neither of which is typically reflected in the funding formula.

## **FUNDERS: STATEMENT OF STRATEGIC POSITION**

Cedarcrest Center will continue to seek ways to diversify its sources of funding to hedge against changes in Medicaid funding policies or school-district education policies that would negatively impact the Center’s income, by

- building on the support of the community to expand voluntary contributions options.
- exploring opportunities to provide training, outpatient, and outreach services.

## **SECTION V. LABOR FORCE**

- What trends and issues will affect our continued ability to attract and retain a strong work force, and to provide needed services in the future?

**Present Environment** Cedarcrest Center has for many years enjoyed a stable workforce with low staff turnover, especially when compared with adult intermediate care facilities and nursing homes. Staff generally rates the Center's work environment as excellent.

### **What trends and issues will affect our continued ability to attract and retain a strong work force, and to provide needed services in the future?**

- The American work force is aging with result individuals remaining in the work force longer.
- An aging work force increases the risk of a precipitous knowledge and experience drain.
- Nationally, there is a shortage of nurses and therapists.
- Cedarcrest Center has, over the years, invested in competitive wages and benefits, and has made a commitment to retain its competitive position in the employment market place.
- The economic downturn may have some unforeseen effects on Cedarcrest Center's labor force, and, at the very least, creates anxiety among staff.

### **Implications for Cedarcrest Center**

- Cedarcrest Center should continue to invest in its staff (wages, benefits, staff development, position flexibility).
- Cedarcrest Center should consider succession planning and professional development in areas where its work force is particularly vulnerable to age-based transitions.
- Cedarcrest Center should be vigilant about maintaining the current small-scale of its operation; the caring, nurturing environment it has created for the children it serves is a significant element in attracting and retaining high-caliber staff.
- The Center should consider ways to expand its training programs, licensing/certification courses, internships, and staff development workshops.

## **LABOR FORCE: STATEMENT OF STRATEGIC POSITION**

Cedarcrest Center will continue to invest in its staff (through wages, benefits, staff development, and position flexibility) to sustain its history of low turnover and high job satisfaction, and to enable the Center to attract and retain nursing and therapy professionals in the midst of a general shortage of such professionals.

## **SECTION VI. SPECIAL ASSETS**

- Five-acre tract of land in a growing part of Keene
- 30,000 square foot building designed specifically for its current use
- 1,742 square foot home on Maple Avenue, “two doors down” from the Center; currently rented
- Five specialized vans and passenger cars
- Three outbuildings (storage building, maintenance garage, screened porch/pavilion)
- Adaptive playground and equipment
- Endowment-like fund (board-designated) of approximately \$6 million

### **SPECIAL ASSETS: STATEMENT OF STRATEGIC POSITION**

Cedarcrest Center will use its current facilities and resources to support families for whom travel to the Center is logistically difficult, and to provide age-appropriate residential options for older teens as they prepare to transition from Cedarcrest Center to other living situations.

# MISSION, VISION and VALUES

## Our Mission

Cedarcrest Center enriches the lives of children with complex medical and developmental needs, supports their families, and collaborates with other community providers to build a continuum of care.

## Our Vision

Cedarcrest Center will be the model for best practices in the care and education of children with complex medical and developmental needs.

## Our Guiding Values

- *We Provide Exceptional Care.* We strive to exceed expectations in the quality of our medical, therapeutic and educational programming and do so with warmth and caring in an effort to create a home-like setting for each and every child.
- *We Nurture Each Child.* We nurture children with complex medical and developmental needs and are passionate about providing all of our children the highest quality of life possible.
- *We Are a Valuable Community Resource.* We strive to be an important resource for children and their families, as well as members of our community, by offering resource information, training, support and services. We help families identify, choose, and sustain the best care option for their family at any given time.
- *We Value Relationships.* We value collaboration and partnerships. We are a voice for families with children with disabilities both at Cedarcrest Center and in the community.
- *We Act With Dignity, Respect and Compassion.* We are respectful of the privacy of each child and family, treating them with dignity and respect and, above all else, compassion.
- *We Foster Trust.* We recognize the awesome responsibility we have in serving children and families. We commit ourselves to continuous quality improvement and serving with integrity. We encourage families to be active partners in their children's care.
- *We Are Fiscally Responsible.* We are committed to assuring the financial support necessary to provide optimal care for the children and to invest in our staff, programs and facility for current and future needs.
- *We Are Resourceful.* We make every effort to remain a cost-effective option for children and families.
- *We Support and Encourage Our Staff.* We actively promote mutual consideration of each other's views, opinions, and ideas ... listening to both hear and understand. We strive to provide fair and equitable wages and benefits to all Cedarcrest Center employees. We encourage employee growth through educational programs offered at Cedarcrest Center and in the community.

# STRATEGIC POSITION and PROPOSED INITIATIVES

## STATEMENT OF STRATEGIC POSITION

### Demand for Service/Users

- Cedarcrest Center for Children with Disabilities will continue to serve as both an extended and short-term residential care option for children with complex medical and developmental needs.
- Cedarcrest Center will continue to serve children from infancy through teen years. Necessitated by increasing survival rates among infants and the growing medical complexity of children being referred to the Center by providers, the Center will adapt
  - to serve children who depend on ventilators or require central line nutrition.
  - to serve a growing number of children with non-accidental traumatic brain injuries.
  - to support the increasing number of requests for short-term stays.
  - to support the increased numbers of families with complicated social needs.
  - to meet the educational needs of nursing professionals, educators, and caregivers who will require ever more sophisticated training in light of the growing complexity of children we serve.
- Cedarcrest Center will collaborate with other community organizations and agencies to ensure a continuum of care for children with complex medical and developmental needs, by ensuring availability of training support for in-home caregivers as well as educational and therapy outreach and outpatient services.

### Geography

- Cedarcrest Center will continue to focus on providing inpatient services to families and children from New Hampshire, extending services to children in other states as appropriate.
- Cedarcrest Center will continue to raise awareness of its unique role and capabilities in serving children with complex medical and developmental needs and their families among medical professionals and human services professionals throughout the state and in the greater Boston area.
- Cedarcrest Center will strengthen its support of families whose home community is at a significant distance from the Center to minimize transportation and housing barriers to their full participation as a partner in their child's care planning.

### Competitors/Collaborators

- Cedarcrest Center continues to be unique in its licensure and range of services.
- Cedarcrest Center will strive to position itself as an organization embracing a continuum of whatever care options are in the best interests of children and their families by fostering collaborative relationships for service delivery and supporting children who remain in their communities through the Center's short-stay program.

### Funders

- Cedarcrest Center will continue to seek ways to diversify its sources of funding to hedge against changes in Medicaid funding policies or school-district education policies that could negatively impact the Center's income, by
  - building on the support of the community to expand voluntary contribution options.
  - exploring opportunities to provide training, outpatient, and outreach services.

## **Labor Force**

- Cedarcrest Center will continue to invest in its staff (through wages, benefits, staff development, and position flexibility)
  - to maintain its history of low turnover and high job satisfaction.
  - to enable the Center to attract and retain nursing and therapy professionals in the midst of a general shortage of such professionals.

## **Special Assets**

- Cedarcrest Center will use its current facilities and resources
  - to support families for whom travel to the Center is logistically difficult.
  - to provide age-appropriate residential options for older teens as they prepare to transition from Cedarcrest Center to other living situations.
  - for community-focused options.

**INITIATIVES** The Strategic Position outlined above suggests at least the following initiatives, centered on the components summarized below.

### ■ **Continuum of Care**

- Increase services available for children requiring high-tech support (vents, IVs, central lines)
- Respond to changes in family circumstances and needs (increase short-term stays)
- Increase capacity for post-acute care due to increased survivability of premature infants, non-accidental traumatic brain injury, and other medical needs
- Increase community-based services based on demand including outpatient/outreach therapies and training
- Collaborate with other organizations to address increased need for a range of care options and transition planning for older teens

### ■ **Collaborations**

- Increase the range of family support services (such as transportation assistance, accommodations, etc. when visiting)
- Provide training for families and caregivers (including support for those providing in-home care)
- Assume a stronger role as a community resource (professional training and workshops, and collaborations); market our services more deliberately to providers and service coordinators)
- Respond to emerging service needs (especially where combined expertise or connections are needed)

### ■ **Sustainability and Stability**

- Diversify funding sources (as a hedge against Medicaid changes or school tuition interruptions, as well as continued pursuit of appropriate additional income sources)
- Develop a long-term endowment strategy
- Increase targeted marketing efforts (reinforce Cedarcrest Center brand as a collaborative center of excellence and ensure meaningful market penetration)