

**Management Report on the Status of
FY 2011 Strategic Goals and Performance Measures
For the period 7/1/10 through 6/30/11
Final Report as of June 30, 2010**

Mission Statement:

Connections helps vulnerable and disenfranchised Delaware residents to improve their lives by providing a comprehensive array of affordable and accessible primary medical, mental health and substance abuse treatment, employment and housing opportunities that help our service recipients to become accepted and productive members of their communities.

Connections is dedicated to providing quality care and services. We fulfill our responsibilities to service recipients, employees and the community through continuous and systematic measurement, assessment, and improvement of its systems and processes. Connections' performance improvement and outcomes management (PI) program is designed to provide a coordinated, objective and systematic approach to organization-wide performance improvement activities. The PI program's purpose is to increase the probability of positive outcomes for service recipients.

During FY 2009, Connections conducted a strategic planning process and developed a set of goals and objectives to begin on July 1, 2009 and end on June 30, 2014. This is the report on the strategic goals and performance measures for the period July 1, 2010 through June 30, 2011. The attached pages detail the achievement of each performance measure. The details highlight areas of exceptional performance as well as challenges and opportunities for improvement. This report is distributed to the members of the governing body, to the staff Steering Committee, to the members of the Performance Improvement Committee, and to the relevant licensure and accreditation bodies. The report is provided to others for inspection upon request. A summary of the report will be posted on our public website, on our employee intranet and in our annual report.

Highlights and Opportunities

Connections continues to experience exponential growth: Between 7/1/2003 and 6/30/2011, **Connections total assets increased by 261%** from \$8 million to \$28.9 million and **annual gross revenues increased by 152%**, from \$10.3 million in FY 2003 to more than \$26 million in FY 2011.

In FY 2012, we anticipate revenues of more than \$27 million, despite the loss of some one-time stimulus dollars received during FY 2010 and the continued changes in the system of care for individuals with serious mental illness resulting from the ongoing investigation and subsequent settlement agreement between the State of Delaware and the U.S. Department of Justice. These circumstances have made contracting more tenuous as the system is changing constantly.

During FY 2011, (as in FY 2010) we raised more than \$1,000,000 in philanthropic support. This was made possible in part by the commitment of our volunteer Board

members, who, along with our staff, put together an enormously successful special event, known as the Perfect Pairing. The development committee and staff are owed a debt of thanks for pushing us along the path that will lead to ongoing and recurring fundraising efforts of a magnitude far beyond what we have accomplished in the past. The dedication of volunteers from Fulcrum Pharmacy and WSFS Bank has contributed tremendously to this effort. We hope to continue this trend as it is of key importance to our ongoing efforts to diversify our revenue streams and service offerings.

Connections has continued to be a leader in the development of new programs and services for special populations. During FY 2011, we initiated three new programs for youth and their families, including the Chris Sturmfels Youth Center, a residential alternative for youth who are involved with the juvenile justice system and have been ordered by the court to live away from home. We also initiated a family service center in Seaford, providing crisis alleviation, employment support and counseling for families to prevent out-of-home placement of children.

One of our most exciting ventures during FY 2011 has been the continued enhancement of our social enterprises and employment programs. 'Connect to Work' offers janitorial, maintenance and construction clean-up services, staffed by our service recipients. Our Culinary Futures program operates the A&G Steak Shop and an institutional catering business which produced more than 600 meals per day—double the volume of the previous year. Over the next three years, it is our goal to bring the annual revenue of Connect to Work/Culinary Futures to \$3 million, creating at least 125 new jobs for difficult to employ people including people with disabilities, reentering offenders, and others who are challenged by poverty and low educational attainment. During FY 2011, we made a very good start, placing 557 people in jobs, including 73 new jobs that we created through the expansion of our social enterprises. We established a pest control business, acquired new janitorial services contracts including the World Café Live at the Queen Theater, and partnered with the Boys and Girls Clubs to establish a Culinary Futures program in Seaford and an after school food program for at-risk children in New Castle County.

In 2010, we were awarded a contract to provide treatment services to persons who have been convicted of driving under the influence of alcohol in New Castle and Kent Counties. We expected to serve as many as 2,000 people in the first year of this program, but the numbers are actually lower. This appears to be an industry-wide trend, leading us to revise our estimates to 1,000 per year and to change our business model to enhance profitability. During the year, we co-located additional services with the DUI programs, including medication assisted treatment and other specialty behavioral health services, in order to increase revenues. At the end of the fiscal year, we completed renovations to a new clinic in Millsboro, an under-served area of Sussex County where we plan to offer full scale, integrated behavioral health services.

Delaware's Sussex County is experiencing a high level of population growth but a disproportionately low level of growth in the area of behavioral health treatment. According to the National Alliance on Mental Illness (NAMI), one in five people

worldwide have a mental or neurological disorder at some point in their lives. As many as ten percent of all Delaware residents have a diagnosable substance use condition at any point in time. Using these statistics, we can predict that there are as many as 60,000 adults in Sussex County alone who need services for mental health and/or substance use conditions. Many of these people will not pursue treatment because of stigma, lack of available services, and distance needed to travel. Behavioral health services for children and teens are also extremely limited. Sussex County suffers from a lack of available public transportation. These factors combine to limit its residents' ability to access effective treatment for medical and behavioral health conditions.

In September 2010, we began a partnership to provide mental health and substance abuse treatment services to patients referred by La Red in Georgetown and Seaford. We also opened an office at 123 Pennsylvania Avenue in downtown Seaford to help improve service access for Western Sussex residents. At the Seaford site, we provide education and financial assistance to families in crisis; counseling and psychiatric services; and employment services that help people with barriers to employment such as criminal justice involvement, disabilities and/or low rates of educational attainment, to get and keep a job. Working with the Department of Services for Children, Youth and their Families, we have established the only outlet in Western Sussex for the Department's Promoting Safe and Stable Families program which aims to prevent out-of-home child placement by strengthening each family's ability to provide a safe and stable home.

A service center in Long Neck--equally accessible to coastal Sussex, Milton and Millsboro--will bring treatment closer to the residents of eastern and central Sussex County than ever before. Currently there is only one provider of behavioral health treatment within 5 miles of this location, and they do not offer treatment for co-occurring mental health and substance use conditions or medication assisted treatment, which are specialty areas for Connections. To address this gap in services, in February 2011, Connections leased space in the Nanticoke Crossing Shopping Center at the intersections of Routes 24 and 5 near Millsboro. At that location, we are currently developing a service center for the delivery of mental health and substance abuse treatment and services for homeless and precariously housed individuals and families, including assistance to get employment, finish high school and obtain public benefits and housing.

The Long Neck service center, which will be fully operational in January 2012, will provide a full range of services including medication assisted treatment; specialty treatment for alcohol and other drug abuse and/or dependence for older adults and women who are over-represented among the nearby population; mental health treatment; and psychiatry including medication management. The towns that will be served by this location are Millsboro, Georgetown, Long Neck, Lewes, Rehoboth, Milton, Angola, Ocean View, Bethany, Fenwick, Dagsboro, Selbyville, and Ellendale. The location is also easily reachable from Seaford and Laurel via Route 24.

As health care changes and more people have access to insurance, and as word travels that our services are available, these clinics will become increasingly self-sustaining. However, there are still many people in Delaware who do not have insurance or other

means to pay for treatment, and a fragmented treatment system combines with poverty, stigma, lack of transportation and lack of service providers to keep people from getting the help they need.

Challenges

Unfortunately, at the same time that Connections has been growing and developing its service offerings, Delaware has experienced both budgetary and service delivery crises.

Between 7/1/2000 and 6/30/2011, Connections increased the number of persons served by more than 1000% (from 825 to 10,000); however, during that same period, the agency's revenues increased by a comparatively modest 271% (from \$7million to \$26million). At the same time, prices have increased for critical commodities including food, fuel and insurance. Our employees have worked with limited or no pay increases and have shared an increasing burden for health insurance, health care deductibles and out of pocket expenses for gasoline and other necessities.

The ongoing crisis and resulting Department of Justice law suit involving dangerous conditions and civil rights violations at the Delaware Psychiatric Center (DPC) continue to impact community-based providers such as Connections, whose core services address the needs of individuals with psychiatric and cognitive disabilities. The political and economic events of 9/11/2001 led to declining state and federal budgets, and conditions worsened as the result of the recession of 2008-2009. The national housing and banking crisis, and declining revenues in the state of Delaware, have led to unprecedented demands for services without funding to address the needs. Connections is proud to have been a key player in improving the system of care in Delaware during these difficult times, although we are concerned about the future if the state does not resolve some of its issues, including the ongoing fiscal crisis. We are not sure yet what the settlement between the State of Delaware and the U.S. Department of Justice, reached at the end of FY 2011, will mean for Connections, but we know that it poses both threats and opportunities to Connections' usual business with the state. We continue to monitor the environment, and to look for ways to diversify our revenue streams and our services, but have limited venture capital and infrastructure with which to face these challenges.

All successful companies face the challenge of concurrently managing their mature products, locations and service offerings while finding and developing tomorrow's businesses. This has been recognized in the for-profit arena for some time; however, the not-for-profit sector has been slow to adopt this principle. Too often, not-for-profits have assumed that the world as it exists today will be the same world tomorrow, requiring the same solutions that have worked in the past. For this reason, not-for-profits may fail to develop the new business lines that will replace those business lines that become obsolete. All successful companies face the challenge of re-inventing themselves before something more innovative takes their place.

The successful innovator generally has two types of businesses in its portfolio: 'cores' and 'protocores'. Cores are fairly mature and generate sufficient surpluses to cover their direct costs and administrative overhead as well as to provide venture capital for

protocores. Protocores will be the businesses of the future and, ideally, will be arriving on the scene as the older, mature cores are ready to be replaced. Innovative companies frequently have several of these new business protocores that they are managing to future core status.

But managing a new business (or protocoire) in the same way that fully operational core businesses are managed is likely to prevent successful launch and deployment. Just as parents handle older children differently than they do infants and toddlers, so protocores need to be nurtured and measured with metrics that are different from the core businesses. Protocores require capital investment and concentrated effort, and measure success incrementally as they mature and become viable.

In the for-profit world, core businesses are cash generators rather than cash consumers. They are expected to generate sufficient cash to fund the development of protocoire businesses. Unfortunately, not-for-profit core businesses are not intended to, nor do they usually, generate sufficient surplus revenue to provide venture capital to start new lines of business. For the not-for-profit, foundations and other grantors are the primary source of venture capital for protocoire development.

Connections is in the process of developing several 'protocoire' businesses which will

- 1) expand services to unserved geographic areas of Delaware
- 2) create new jobs and educational opportunities for individuals with barriers to success by using technology and partnerships to leverage strategic investments
- 3) improve food and nutrition opportunities for families in impoverished communities.

These protocores need venture capital and infrastructure to succeed, and these have been scarce in recent years. Although we have continued to have surpluses, they have been harder to achieve and have required skimping on personnel and other important activities.

The political and fundraising climates have remained challenging. We continue to face challenges to the location of our services and tight capital markets are making real estate and other new ventures more difficult to carry out. We would like to raise more capital and operating funds to complete all of our needed repairs and renovations, to provide venture capital for future endeavors, and to fill gaps in funding of ongoing programs and services.

The circumstances in which both the individuals we serve and some of our more poorly compensated employees find themselves continue to cause us concern. Persons with mental health and substance use conditions smoke tobacco in disproportionately high numbers relative to the general population. They also experience high rates of poverty, homelessness, and co-morbid medical conditions, such as metabolic syndrome, which are related to their mental health conditions and the treatment of them. Because of these combined factors, the age of death for persons with serious mental health conditions is as much as 25 years earlier than for persons in the general population. Recognizing that smoking has an adverse impact on health, especially among this population, Connections

has embarked on a performance improvement initiative to continue to reduce smoking outside of our buildings and by our customers and employees (there is no indoor smoking permitted in Delaware, but smoking in outdoor areas in close proximity to the facilities remains a problem). Although we have achieved complete freedom from tobacco use at 13 of our locations, this is an ongoing struggle.

Finally, we continue to recover from the events of February 25, 2010, when we suffered the devastating loss of two of our senior staff members in a terrible motor vehicle accident, caused by an impaired driver. Chris Sturmfels, director of addictions services, and Mike Kriner, clinical director, were highly skilled and dynamic contributors to our work at Connections, and will be missed forever. Sadly, shortly after the accident, the Delaware Division of Substance Abuse and Mental Health reorganized some services, causing a temporary loss of business to Connections which intensified the sense of loss. Although we are recovering, the impact of a series of events such as these cannot be underestimated and will continue to have a ripple effect into the future. Several months after these events transpired, we set a goal to develop services to at-risk youth to carry on the memories of our lost friends and to bring the spirit represented by their lives and contributions to a new group of individuals. We were inspired to create what is now known as the Chris Sturmfels Youth Center, a residential alternative to detention for boys and girls between the ages of 12 and 17 who are involved with the juvenile justice system and cannot return home. The purpose of the center is to provide hope and continued connectedness to community activities, school and family life while the young people are living away from home. We were fortunate to acquire and renovate the former Seton Villa, which had served a similar purpose under the Catholic Diocese of Wilmington for many years, but which had fallen into disuse and disrepair. We are delighted to have revitalized and repurposed that facility and to have had the honor to name it for and dedicate it to Chris Sturmfels, who was our colleague and friend for nearly a decade. His life and work will live on through the center far into the future.

**Goals & Objectives for 2009-2014
With Performance Measures for FY 2011**

Goal 1. Maintain existing quality and current level of services while maximizing opportunities to increase services in strategic locations and to strategic target populations in strategic locations.

- 1.A Maintain and strengthen position with all government funding sources through expanded and enhanced relationships with key agencies including U.S. Departments of Health and Human Services, Department of Labor, and Department of Housing and Urban Development; Delaware Division of Developmental Disabilities Services, Criminal Justice Council, Department of Corrections, Department of Labor, Department of Homeland Security and the Delaware State Housing Authority; New Castle County Department of Community Services; Wilmington Housing Authority; City of Dover; and others as new opportunities arise.
- 1.B Expand and grow services in Kent and Sussex Counties and in underserved areas of New Castle County, focusing on high growth areas such as Bear, Middletown, Smyrna, Selbyville and the underserved communities in Western Sussex.
- 1.C Continue to expand patient base in integrated primary care clinic services for persons with primary behavioral health conditions, and seek alternative funding sources for them, including possible designation as a federally qualified health center.
- 1.D Develop plan for expansion of targeted services including residential and day services for individuals with cognitive disabilities, DUI treatment services, prisoner reentry services, and services to older adults and people with disabilities in their own homes.
- 1.E Continue to expand housing and employment opportunities for vulnerable and disenfranchised Delaware residents, including social enterprises that provide new employment options and Oxford Houses, which offer affordable, sober housing for people recovering from substance use conditions.
- 1.F Expand outreach and services in collaboration with other appropriate partners, such as those within the criminal justice system, community and faith-based organizations.
- 1.G Separately incorporate and develop a social venture entity, Connect to Work, which will develop employment opportunities and financial resources for the persons served by Connections.
- 1.H Improve staff retention and recruitment efforts, especially in Kent and Sussex Counties.
- 1.I Actively and aggressively manage existing and potential workers compensation and liability claims.

FY 2011 Performance Measures

<i>Result</i>	<i>Measure</i>
Exceeded (\$11,307,757)	Maintain contracts at existing levels with DHSS (\$10 million)
Revenue target exceeded (average monthly \$34,890); referral target exceeded (average 68); conversion rate needs improvement at 63% average.	DUI monthly revenue target of \$32,500.00 with 50 referrals and 90% admission rate per month.
Intake rate averaged 99%; follow-up rate averaged 86%. Goals were met, but performance was declining at year end because of staff turnover.	Maintain compliance with federal requirements for intake and follow up reporting for the Connect to Success treatment for homeless persons federal grant program, admitting at least 44 additional persons and maintaining 80% or higher rate of follow up reporting.

<i>Result</i>	<i>Measure</i>
CTW created 73 new jobs in FY 11, below the aggressive target, but acceptable in the current economic climate.	Expand and enhance the Connect to Work social enterprise to create a minimum of 105 new jobs by 6/30/2011.
Three properties were completed by June 30. One additional property will be complete by 10/31 and the final property will be complete by 12/31.	Complete acquisition and renovation of NSP properties in New Castle Co. and City of Dover by 12/31/2011
Exceeded—audited total revenue was \$26,408,317.	Achieve total revenue target of no less than \$20,000,000 in FY 11
Met—Marcella’s and Judy’s House are open and fully occupied at 31 beds.	Complete construction on tax credit projects with 100% rent-up by 12/31/2010.
Exceeded—the clinic increased revenue by 32% over FY 10 while expanding services to the MAT clinic in Newark.	Maintain the performance of the primary medical clinic by increasing the billing by 10% over FY 2010.
Exceeded—33 were served.	At least 25 residents will be served by the Cornerstone RTP during FY 2011.
Met—81% stayed for 90 days or more.	Mean retention during the first 90 days of treatment at CRTP will be 80%.
Exceeded—Average of 73%; high of 94%.	Mean retention during the first 180 days of treatment at CTRP will be 65%.
Met	100% of persons admitted to the Cornerstone RTP will receive a full medical and psychiatric examination within 14 days of admission.
Exceeded at 100%.	90% of all residents being discharged from CRTP will have completed all necessary preventative medical care and be successfully transitioned to a community psychiatrist and primary care physician.
Needs improvement—average of 65%; 81% in last quarter shows improvement.	At least 75% of the residents will successfully complete treatment at CRTP as defined by the achievement of goals described in their individual treatment plan.
Exceeded at 97%.	At least 50% of residents at CRTP will achieve and maintain abstinence from alcohol and illicit drugs for at least 90 days.
Substantially Met—average of 87%; 91% in last quarter.	At least 90% of persons served at CRTP will have income supports from employment and /or entitlements sufficient to meet his/her basic needs at the time of discharge from the RTP.
Met at 36%; 66% in last quarter.	At least 35% of residents of CRTP that have successfully completed treatment will obtain employment in their home community before they are discharged.

Result	Measure
Exceeded at 100%.	At least 90% of the persons who successfully complete CRTP will obtain transitional or permanent housing that is safe and affordable for them upon discharge.
Exceeded at 100%.	At least 90% of the persons who successfully complete the CRTP will transition to outpatient services at the appropriate level based on their exiting LOCUS and ASAM patient placement criteria scores.
Exceeded at 100%.	At least 70% of those persons who leave the CRTP AMA will be linked to after care services at the time of discharge.

Goal 2. Improve the Quality and Outcomes of Current Services

- 2.A Maintain accepted clinical benchmarks regarding hospital admissions, employment, housing and primary medical care for persons served
- 2.B Continue cultural shift toward recovery and full participation of persons served
- 2.C By fully implementing and disseminating electronic recordkeeping systems including LINK and DE-HMIS, ensure that medical records clearly reflect services provided and outcomes attained and are compliant with government and accreditation standards and requirements
- 2.D Continue Staff Training Institute, including full implementation of Essential Learning to include defined basic training for required competencies established for each position and career-ladder training for competencies required for advancement.
- 2.E Improve recruitment practices for professional positions including physicians, nurses, counselors, social workers, addictions specialists and administrative staff by establishing and maintaining relationships with designated institutions of higher learning and professional associations.
- 2.F Develop capital resources to maintain the conditions of properties that are owned and operated by Connections
- 2.G Develop a culture of accountability for all staff while at the same time recognizing and rewarding exceptional performance

FY 2011 Performance Measures

Result	Measure
Mostly exceeded at .07% overall average/CCCP rate is at .39; ACT teams need improvement at .53. Group homes, CRES and SAPs are at 0.	Psychiatric Hospitalization rate below .35% in CCCP and GH
Mixed: HUD 2, Next Step, BBL are above the mark; CCCP is improving. Still Road, Roxana, HUD 4, Delthine House need improvement.	Employment among consumers age 65< to no less than 35% in the CCCP and GH

Result	Measure
Exceeded--560 people placed in employment; 100% completion of financial literacy	Employment services job starts (50/month) vs. closures (26/month). Financial Literacy enrollments (20/month) vs. completions (14/month). Culinary Arts enrollments (10/per class) vs. completions (8/per class).
Far exceeded at 7 month average of 1104.	Avg Daily Census in the Outpatient programs of 880 (includes PATH, see Attachment I).
Ongoing—met through June 30 at 113.	At least 121 cumulative persons enrolled in Connect to Success by September 30, 2011
Exceeded	At least 1,000 people seen at PATH and logged into HMIS (at least 500 new)
Met/exceeded in HUD 2, Next Step, Womanspace	At least 20% of persons in HUD SHP and HOPWA programs will obtain employment
Exceeded except for Womanspace with average of 88% and 84% respectively	80% of persons in HUD housing will maintain perm housing for 7 months. 75% of persons in existing transitional housing will move to perm housing
Exceeded at 99%	95% of persons in CCCP and GH will receive primary medical care
Partially met--Achieved at 13 sites	At least fifteen program sites will be completely smoke- and tobacco-free by June 30, 2011
Measure has not been calculated.	Maintain consumer satisfaction scores of at least 93%
Needs Improvement--data is not being collected and reported as agreed. This needs to be evaluated for reloading.	Achieve 95% compliance with Essential Learning online staff training, ensuring that staff meet their individualized development objectives to achieve basic competencies by 12/31/2011
Ongoing—100% of licensed/certified programs have full licenses with no repeat deficiencies and number of citations reduced from prior year	Maintain full licensure and certifications with no more than 5 citations in any program
Met	Performance Improvement Teams will complete at least two cycles of improvement in the areas of Safety/Risk Management, Falls Prevention, Smoking Cessation, Med Errors, Staff Development, Electronic Med Records
Ongoing—Electronic Medical Record for Meaningful Use is underway with benchmarks defined by CMS	Continued refinement and automation of a consumer-driven treatment planning process, incorporating a holistic approach to physical, spiritual and emotional needs of persons served.
Ongoing—TIC evaluation has been completed and we have applied to SAMHSA for funding of the training and implementation component	Implement Trauma Informed Care strategies in at least 5 sites--assessment, evaluation and training.
Met	100% of medication errors will be reviewed.

<i>Result</i>	<i>Measure</i>
EMR development is proceeding according to Meaningful Use benchmarks. This project will cost close to \$1 million to implement and timeframe to complete all 6 phases is 6/30/2013.	Identify and implement an EMR that can be used across all programs by 6/30/2011.
Ongoing—13 sites were smoke free at year end and an additional smoke free site (CSYC) has been added.	Reduction in smoking by both staff and persons served, ultimately resulting in a smoke-free organization.
Exceeded	At least 5% of persons enrolled in group homes and CCCP will transition to a lower, less restrictive level of care.
Outcomes exceeded at 93%; admissions down over prior years because of increased lengths of stay	Chance House—at least 100 admissions and 80% positive outcomes (either to transitional or permanent housing with outpatient treatment or to residential treatment)

Goal 3. Enhance infrastructure in the areas of financial management, fund development, human resources management, technology and management of property and equipment assets

- 3.A Support ongoing staff communications through improved use of intranet access to approved policies, procedures and forms, and web-based training and recordkeeping applications.
- 3.B Enhance the financial management units to ensure optimum profit and loss performance and compliance with all governmental and other regulations
- 3.C Enhance property and equipment management practices, by implementing a database containing detailed information, preventative and ongoing maintenance plans for all owned buildings and equipment.
- 3.D Implement plan for best management of HR, financial and clinical record keeping
- 3.E Establish a regular forum (at least once per quarter) for leadership to receive feedback and input from internal stakeholders—employees and persons served.

FY 2011 Performance Measures

<i>Result</i>	<i>Measure</i>
Met	Implement electronic timesheets and pay stubs by 6/30/11.
Met	Complete succession planning for the Finance Department by 12/31/10.
Needs improvement especially in the area of medical personnel. Human Resources/Staff Development is an opportunity for improvement.	Complete the development of a process to address recruitment by 6/30/11.
This measure has been replaced as a result of the ongoing Meaningful Use effort. The integration of the EMR with DE-HMIS is an objective of Connections Meaningful Use project which is ongoing.	Complete integration of LINK and DE-HMIS by 12/31/10

<i>Result</i>	<i>Measure</i>
Met/ongoing—Will continue to work on this as a component of the EMR effort, internal marketing and HR/Staff Development re-tool.	Continued development of intranet
Met/ongoing	Maintain ongoing monthly tracking of all performance measures with a report to Steering Committee on the status of each at least once per quarter
Not met—needs re-evaluation; current infrastructure is not adequate to achieve this.	Complete property database by 6/30/2011.
Not met—need re-evaluation; current infrastructure is not adequate to achieve this.	Fully implement fixed asset module in Solomon by 6/30/2011.
Met	Conduct a minimum of one input forum per quarter for persons served in all three counties.
Not met. Infrastructure in FY 2011 was not adequate to achieve. Two meetings were held.	Conduct a minimum of four ‘all-hands’ managers meetings by 6/2011.

Goal 4. Advocate to solidify and preserve Connections’ position in the community and to enhance its ability to achieve strategic goals

- 4.A Engage in advocacy and public awareness activities to reduce stigma and negative public perception about client groups, and to increase support from elected officials.
- 4.B Educate opinion leaders and elected officials about Connections and its need to maintain and preserve assets through a mix of government and private funds; clarify the reality that maintenance of capital assets, and private funding through the fundraising is essential to continued operations and expansion.
- 4.C Enhance and expand fund development and public relations practices to maximize philanthropic and other support for continuation and expansion of services.
- 4.D Promote Connections’ brand identity and increase awareness in the community of the unique quality services it provides in Delaware

FY 2011 Performance Measures

<i>Results</i>	<i>Measure</i>
Exceeded	Make at least 4 contacts a month with legislators
Exceeded—Committee has staged two events which exceeded expectations and continues to meet at least monthly.	Expand fundraising committee to aggressively pursue development plan
Exceeded at \$535,509	Raise at least \$480,000 in operating support
Exceeded at \$932,594	Raise at least \$ 545,000 in capitol support
Met	Continue participation in Delaware Interagency Council on Homelessness and Governor’s Advisory Council on Substance Abuse and Mental Health, attending at least four meetings of each per year

Met	Attend a minimum of three meetings of Downtown Visions by June 30, 2011
This objective needs evaluation in terms of target audience which is largely not receptive. Efforts to reach merchants, police, Downtown Visions have been more productive. West Center City Interfaith Coalition, which helped us to meet this goal, has been disbanded for lack of interest.	Attend at least 4 meetings of Wilmington City Council or its committees and/or Quaker Hill, Trinity and WCCNPAC neighborhood associations/West Center City planning committee by June 30, 2011.
Exceeded per contact logs.	Present information about Connections and the needs of the individuals we serve to at least 6 gatherings of other organizations including hospitals, social service agencies and criminal justice organizations by June 30, 2011.
Met	Implement an ongoing fundraising plan for the development of financial resources needed to expand and enhance community-based treatment and affordable housing options for persons with incomes below 30% of median
Met—The Perfect Pairing netted almost \$50,000 and was well attended and received.	Complete special event in October 2010.