



Community Goals

2006 - 2009

**Strategic Vision Council for Larimer County  
Community Goals 2006-2009**

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## **Strategic Vision Council for Larimer County Community Goals 2006-2009**

### **Acknowledgements**

Several people and organizations deserve recognition for their contributions to the first phase of the Larimer County Strategic Vision Council, including the United Way of Larimer County Board of Directors, Healthier Communities Coalition of Larimer County (HCC) Board of Directors; Gordan Thibedeau, United Way of Larimer County (UWLC) executive director; Samantha Murphy, former UWLC director of community investment; Carrie Thompson, UWLC community investment associate; Kim Sharpe, HCC coordinator; and all the Vision Council participants. (See Appendix 3 for a complete list of names.)

The American Red Cross – Centennial Chapter, Foothills Gateway, Fort Collins Public Library and Poudre Valley Hospital provided meeting space for Vision Council sessions.

We would like to extend a very sincere thank you to all!

# Strategic Vision Council for Larimer County Community Goals 2006-2009

## Executive Summary

**"We go where our vision is."**

*Joseph Murphy, author*

**"Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world."**

*Joel A. Barker, independent scholar and futurist, was the first person to popularize the concept of paradigm shifts for the corporate world, thus earning him the title of "The Paradigm Man."*

Aware that having a vision is a vital component of a healthy community, the Healthier Communities Coalition of Larimer County (HCC) and the United Way of Larimer County (UWLC) partnered to facilitate the generation of such a vision for the health and human service delivery system in Larimer County. The two organizations joined forces to develop a strategic vision council, meant to guide a process that will result in a community-wide road map that is intended to bring our community from where it is now, in terms of health and human service-related issues, to where we would like it to be in the future.

A strategic vision council is a group of community stakeholders with issue-area expertise who identify the most pressing community needs and develop a vision of what our community could look like, if those needs were met. This is a process through which the community defines its future – what we want it to be rather than what it has been – in a collaborative effort to improve the *quality* of life in Larimer County.

In 2002, the United Way of Larimer County conducted a visioning process internally. It is the purpose of this present council to build on what this first process initiated, through greater collaboration and broader participation. The end result of this process will not only benefit UWLC; it will also serve as a valuable tool for agencies and funders in their attempts to improve health and human services in Larimer County.

In 2004, Larimer County was home to nearly 267,000 individuals. Projections indicate that by 2010, our population will be almost 300,000. In the health and human service sector, our organizations deal with a barrage of needs common to this size community. Until now it has been up to the health and human service providers – those who work directly with people in need – to meet the needs as they arise. Through this visioning process, however, we shall provide a more objective and coordinated community effort in the health and human service arena.

In June, 2005, 70 health and human service representatives were invited to participate in this process. The invitation list was a compilation of suggestions from HCC's board of directors, United Way-funded agencies and United Way volunteers. Thirty-two individuals who provide basic and emergency, prevention and intervention, and treatment services were involved in the first phase of the Larimer County Strategic Vision Council. (Note: Even though participants were separated into three groups by service area, it was recognized that there is considerable overlap among the areas.) Exacting care was taken to make sure all targeted health and human service areas were represented. To supplement their knowledge, participants were encouraged to gather

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input from colleagues who were unable to participate in the process and to bring the information back to the Vision Council.

The first phase of the Vision Council began with an orientation meeting for participants on Tuesday, August 2, 2005. The participants were separated into three groups, based upon their areas of expertise. Each group met four times through the end of September, 2005. During these working sessions, each group of participants identified measurable human service issues (conditions) that exist in our community, considered local data that pointed to the existing conditions, and then grouped the conditions by common themes; formed problem statements and came up with ideas about how the community could address the problem statements; and finally developed measurable goal statements. The goal statements developed by each group are in Section 4 on page 5.

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### Why a strategic vision?

“The identification of the most pressing...needs of Larimer County residents helps drive both program development and the allocation of funding.”  
2003 COMPASS Report - *Local Service Needs Identified*

Why do we need a strategic vision?

Many surveys resulting in useful data have been conducted in recent years by various entities throughout the county to assess needs. Now, it is time to bring all stakeholders together not only to assess needs, but also to define a *comprehensive*, community-wide guide for addressing them.

We share community-wide problems. Why not share a vision and resources for solving them?

Cooperation and efficiency are created when an entire community comes together and agrees on a common understanding of its needs. It is necessary, particularly when resources are limited, to pool the resources that are available in order to create a greater impact through unduplicated services. When service agencies develop their individual work plans and programs based on a community-wide vision, *consistency* is infused into the way community needs are met.

What are other benefits of a shared, strategic vision?

Establishing a community vision provides a common language and method for communicating issues. When the same language is used, the comparison of human service provider and funder priorities will lead to a higher, more effective level of service coordination and collaboration. Better coordinated services help build capacity for those services and deliver higher-quality outcomes.

Ultimately, if we operationalize this visioning process and make it sustainable and viable for years to come, Larimer County will reap the rewards of having a perpetual quality improvement system in place.

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### Goal Statements and Supporting Thoughts

Each group of participants – basic and emergency, prevention and intervention, and treatment – developed goal statements to address the most pressing health and human service problems that exist in Larimer County.

Throughout the process, a consistent message among all groups continued to surface: A desire to obtain more effective and efficient service delivery through multi-sector interagency collaboration.

Although it was not a prescribed outcome of the first phase of this visioning process, the participants developed sub-goals which appear to naturally flow from broader goals. The sub-goals add a richness and depth to the broad goals and are listed so they can be used in the next visioning process phase: Development of objectives.

#### ***Basic and Emergency Goals***

The basic and emergency group emphasized one overarching goal statement under which the remaining goals seemed to fit:

Increase the availability, accessibility, affordability, awareness, and utilization of resources that meet basic and emergency needs (such as food, shelter, clothing, safety, utilities, health care and medicine).

Beyond that overarching goal, the basic and emergency group's goals and sub-goals include:

1. Increase the number of people who can get to where they need to go.
  - a. Increase the number of rides provided.
  - b. Broaden the service areas and times of the transportation systems.
  - c. Increase personal multi-modal transportation self sufficiency.
2. Reduce the number of families and individuals at risk for hunger and/or poor nutrition.
3. Decrease the number of adults and children in Larimer County living in unsafe environments.
4. Ensure that if adults and/or children are not in a safe environment, then they have a safe place to go.
5. Decrease danger for chemically impaired individuals and for potential victims of substance abuse.
6. Increase the level of response to and support for victims of violent crime.
7. Increase the availability, accessibility, affordability and utilization of health care (e.g., medical, dental, medication, vision, specialists, mental health).
8. Increase awareness about medical insurance alternatives.
9. Increase availability, accessibility, affordability and acquisition of adequate, appropriate housing and utility services.
10. Meet the demand for available and accessible safe shelters for people without a permanent residence.

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11. Increase the basic and emergency services available to unaccompanied homeless teens.
12. Increase the number of unaccompanied homeless teens who know about services available to them.

### ***Prevention and Intervention Goals***

The prevention and intervention group's goals and sub-goals include:

1. Increase public awareness of at-risk actions and preventative measures to enhance public safety.
2. Build capacity and remove barriers so that adults and youth in Larimer County are able to secure and maintain living-wage employment and a basic standard of living.
  - a. Increase the availability and affordability of educational and training programs that match labor market needs and lead to living-wage employment.
  - b. Increase (non-product related) training programs; access to and enrollment in existing programs in money management (short- and long-term); and the understanding of public programs (what they will and will not do for individuals).
  - c. Sustain lifelong self-sufficiency through programs, including K-12 education, employment-based, and community colleges.
  - d. Reduce barriers to lifelong learning (childcare, transportation, affordability)
3. Help Fort Collins obtain the designation of "Well City," and serve as an example for other Larimer County communities. (See Appendix 1 for definition.)
  - a. Promote a community norm of healthy living by increasing the number of individuals who participate in at least 30 minutes of physical activity most days of the week.
  - b. Improve the adherence to government guidelines for daily intake of nutritional food.
4. Improve the health of all citizens through successful local initiatives.
  - a. Increase access to and utilization of health care, regardless of ability to pay (including people who are un/under-insured and the use of sliding fee scales).
  - b. Improve the health of insured populations and reduce the cost of health care to individuals and employers, by building incentives into premiums for healthy lifestyles.
5. Improve the capacity of local infrastructure to deal with health promotion and disease prevention.
  - a. Ensure that new HIV/Aids infection rates will not exceed more than a 5% annual increase of the existing infected population.
  - b. Have immunization rates that are equal to or better than Healthy People 2010 goals.
  - c. Increase quality mental health/dual diagnoses (substance abuse) services for all ages, income levels and sectors of the population.
  - d. Decrease rates of alcohol, tobacco and other drug abuse.

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6. Ensure that all children receive the “Five Promises” of Larimer’s Promise. (See Appendix 1 for definition): Caring Adults, Safe Places, a Healthy Start, Marketable Skills through effective education and Opportunities to Serve.
  - a. Promote children’s academic and social success.
  - b. Assure that parents will create nurturing environments and serve as appropriate role models for their children.
  - c. Increase peer based programs for children to increase academic and social capital.
  - d. Encourage school districts and/or other organizations to incorporate life skills training (family living curriculum; i.e. money management, relationships, parenting, etc.)
  - e. Improve school performance, with an emphasis on those populations that show the highest drop out rates.

### ***Treatment Goals***

The treatment group’s goals are:

1. Increase the number of people who achieve individualized personal health and human service-related positive outcomes within an integrated, least restrictive, continuum of care.
2. Provide community-based treatment and case management services to families and youth involved in the juvenile justice system.
3. Increase health and human service (treatment) providers’ knowledge about occupational risks and safety precautions.
4. Increase capacity for treatment for un/underinsured and those unable to pay (indigent services).

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## Appendix 1 – Definitions of Terms

**Condition** – events, matters, and circumstances that change over time, or measurable facts that show the status of social health in Larimer County

**“Five Promises”** - The Five Promises are the cornerstone of America’s Promise-the Alliance for Youth and its local affiliate, Larimer’s Promise. America’s Promise was founded in 1997 by U.S. General Colin Powell, to help build the character and competence of the nation’s youth. Larimer’s Promise is coordinated by the Healthier Communities Coalition of Larimer County (HCC). The Loveland and Fort Collins communities jointly received from America’s Promise the designation as being one of the *100 Best Communities for Young People* in America, for their collaborative programs on behalf of children and youth. Both cities also are considered a “Community of Promise,” because each resolved to deliver the Five Promises to its children.

**Goal** – the desired future of problematic conditions

**Problem** – the *perception* of the status of the conditions, created when there is a belief that the performance or existence of a particular condition is seen as negative or as an area of concern

**Strategic Vision Council** – a group of community stakeholders with issue-area expertise who identify the most pressing community needs and develop a vision of what our community could look like, if those needs were met

**“Well City”** - The Well City initiative is a community-wide, worksite wellness initiative which encourages employers within a community to develop employee wellness programs that meet a set of excellence standards, as defined by the Well Workplace model. To become a Well City, a minimum of 20 companies must follow the Well Workplace model, and a minimum of 20% of the community’s workforce must be employed by a Well Workplace.

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### Appendix 2 – The Process

In 2004, Edward Pawlak and Robert Vinter published *Designing and Planning Programs for Nonprofit and Government Organizations*. Their text provides a comprehensive framework for developing goals and objectives as a first step in creating successful nonprofit programs. Their model was chosen as a starting point for the strategic visioning process in Larimer County because of its applicability to the health and human services arena.

#### ***Orientation***

The goal-setting process began with an orientation of all key participants who committed to the time requirements. The orientation allowed members to acquaint themselves with the process framework and the expected end results; additionally, it provided input for the direction they were set to move in, including the development of ground rules to which all groups would adhere. One of the rules was to review work from each previous work session at the beginning of each new session, to remind everyone of the ground already covered and to keep the process moving forward. The participants also self-selected themselves into three sub-groups for work session purposes: Basic and Emergency, Prevention and Intervention, and Treatment.

(Note: Not all of the 32 participants could attend the large-group orientation; therefore, because it was vital for everyone to understand the process, two small orientations and three individual orientations were held.)

#### ***Identifying “Conditions”***

The first step of any process should be the identification of current conditions. During the first working session, Vision Council participants identified conditions that exist in Larimer County: Events, matters and circumstances that change over time, or measurable facts that show the status of social health in Larimer County (Pawlak & Vinter, 2004). They began with information from the COMPASS Web site ([www.larimer.org/compass](http://www.larimer.org/compass)) and then added data from a variety of other sources, such as the 2004 Community Health Survey from the Health District of Northern Colorado.

Participants of each group also developed parameters for themselves, to help them stay focused on their area. These parameters included a group definition, which selected what piece of the health and human service continuum they would address within their group.

An exercise was completed which allowed the participants to identify problems and then ask themselves the question:

*What are the measurable influences (conditions) that affect this problem?*

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### *Discovering Themes*

According to Pawlak and Vinter, once conditions are identified, they should be clustered into groups by similar, related or complementary findings (2004). Vision Council participants revisited the conditions identified in the first session and then grouped those conditions into broad categories, based on their inter-relatedness. Then they further grouped the conditions by answering the question:

*What conditions are even more similar within each category?*

This allowed the group to create subcategories of conditions which would lead to the creation of problem statements.

### *Crafting problem statements*

The third step in Pawlak and Vinter's planning framework involves using collected data and identified conditions to construct problem statements. As opposed to a condition – a specific and measurable circumstance occurring in the community – a problem is defined by Pawlak and Vinter as the *perception* of the status of the conditions (2004). The problem is created when there is a perception that the performance or existence of a particular condition is seen as negative or as an area of concern.

Before crafting problem statements, the Vision Council reviewed the grouped conditions and decided whether health and human service organizations could affect or influence the condition noted. Influence could range from providing direct service to establishing collaborative partnerships. Only conditions that could be affected by health and human service organizations were retained and used to develop problem statements.

To help Vision Council participants develop concise problem statements, they were asked the questions:

*What do these conditions lead you to believe?  
What larger problem do these conditions create?*

Care was taken to look beyond only gaps in service provision when brainstorming problem statements. This allowed for a broader scope when determining ways in which to word each statement.

### *Actions*

Health and human service professionals are often action-oriented in their approach to problem solving. Knowing this, facilitators intentionally allowed the Vision Council participants to think through the problem statements and mull over possible actions necessary to address the problems, before asking them to craft goal statements. Vision Council participants were asked:

*What is our influence?  
How can you affect the identified problems?*

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## Goal Statements

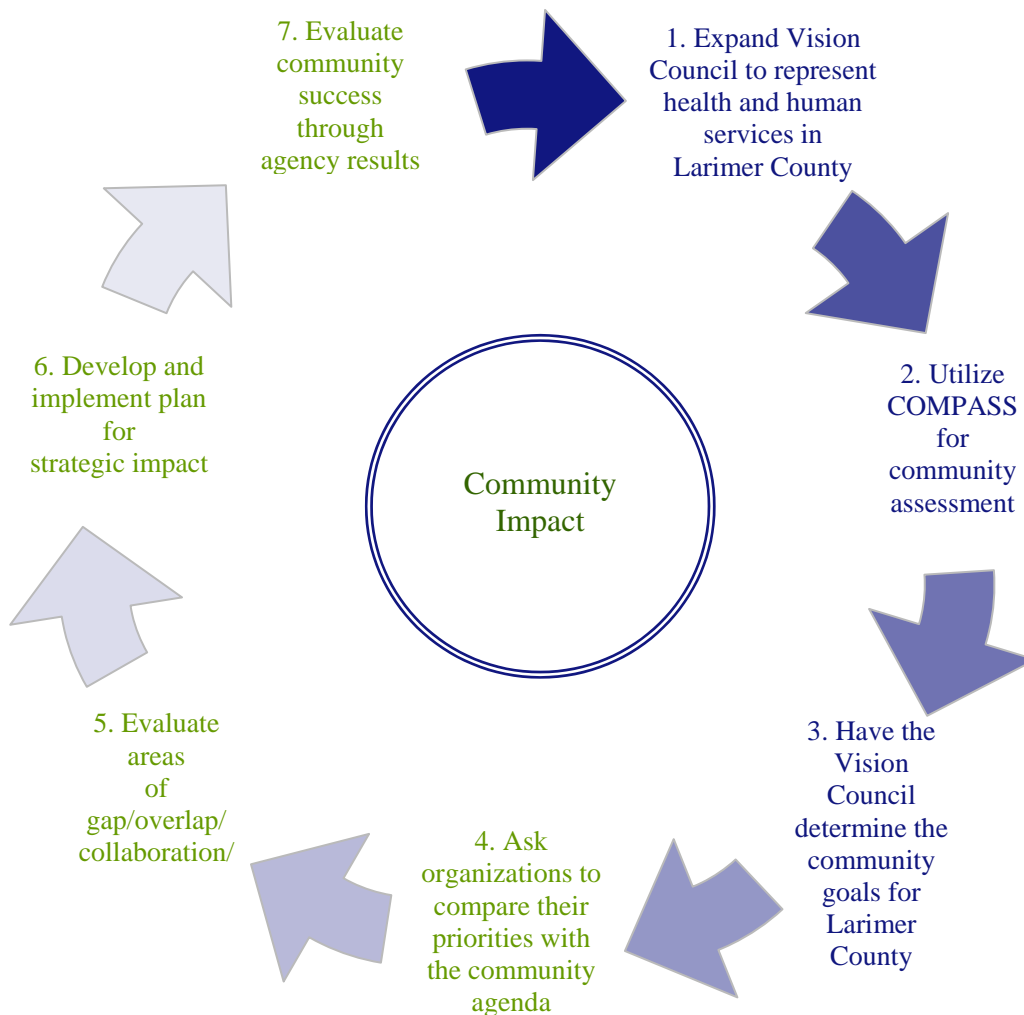
To arrive at goal statements, Vision Council participants considered the actions they previously identified and were asked:

*What is it about each problem statement that you can affect?  
What will be accomplished if the actions identified previously are implemented?*

Participants also were introduced to the concept of "SAM," or the idea that goals should be Specific, Attainable and Measurable. It is important to note, particularly with the "Measurable" concept, that participants were asked not to focus on whether the goal was being measured at this point in time, but rather whether the goal was measurable at some point in time.

## Next Steps

After completing the first phase of the Vision Council process, we are by no means reaching closure for the Vision Council as a whole. The following diagram illustrates the steps that have been taken so far (steps 1 through 3) and those yet to be taken (steps 4 through 7) to implement fully a community-wide agenda and delivery of service:



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What does each of the future steps mean and include?

- Ask organizations to compare their priorities with the community agenda

During the orientation of the goal-setting process, facilitators acknowledged that health and human service agencies and organizations will maintain their own focus, based on what they have provided in the past, even with a community agenda in place. The development of a community agenda does not stifle those individual priorities. Instead, a community agenda provides a framework from which organizations can select the goals they are able to address within their organizational mission. This initial selection is the immediate next step in the Vision Council process.

- Evaluate areas of gap/overlap/collaboration/funding

Following the initial selection by organizations of what they will address, an evaluation process will take place whereby available programs and initiatives will be laid out on a matrix, to investigate which needs are being addressed and to determine where gaps still exist. Opportunities for collaboration also will appear, as multiple organizations overlap in whom they serve and why. The purpose of this step will be to set the stage for a service-delivery plan that improves the efficiency and effectiveness of Larimer County in addressing its health and human service needs.

- Develop and implement plan for strategic impact

This phase will involve broader representation from Larimer County, beyond the initial participants. The developed plan will outline how our community will address the gaps identified in the previous step, as well as the methods through which effective service delivery will be implemented.

- Evaluate community success through agency results and COMPASS analysis

This is the measurement step that will allow our community to continually evaluate our progress and set the stage for future visioning processes. As we effectively address the needs in Larimer County and collect data that shows we are working toward meeting the goals, we can track new needs that emerge and have solid evidence that other issues still need to be addressed.

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## Appendix 3 – Participants and Facilitators

### *Participants*

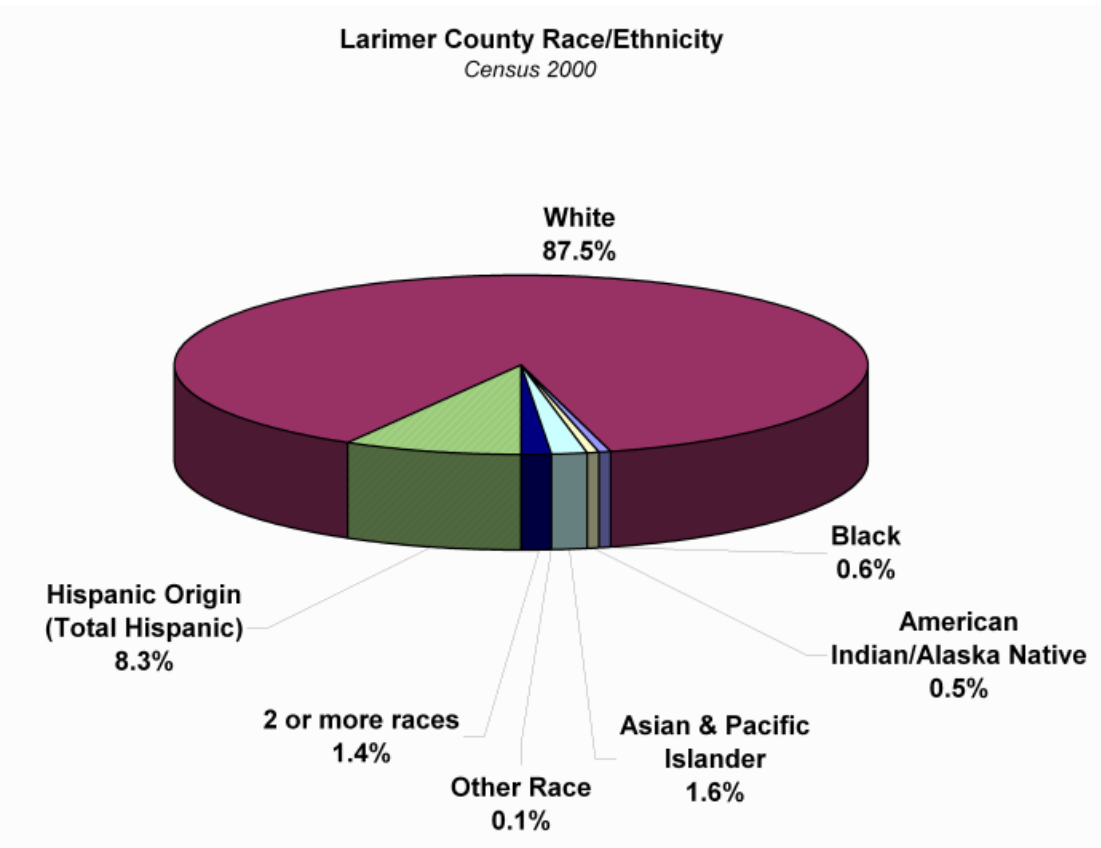
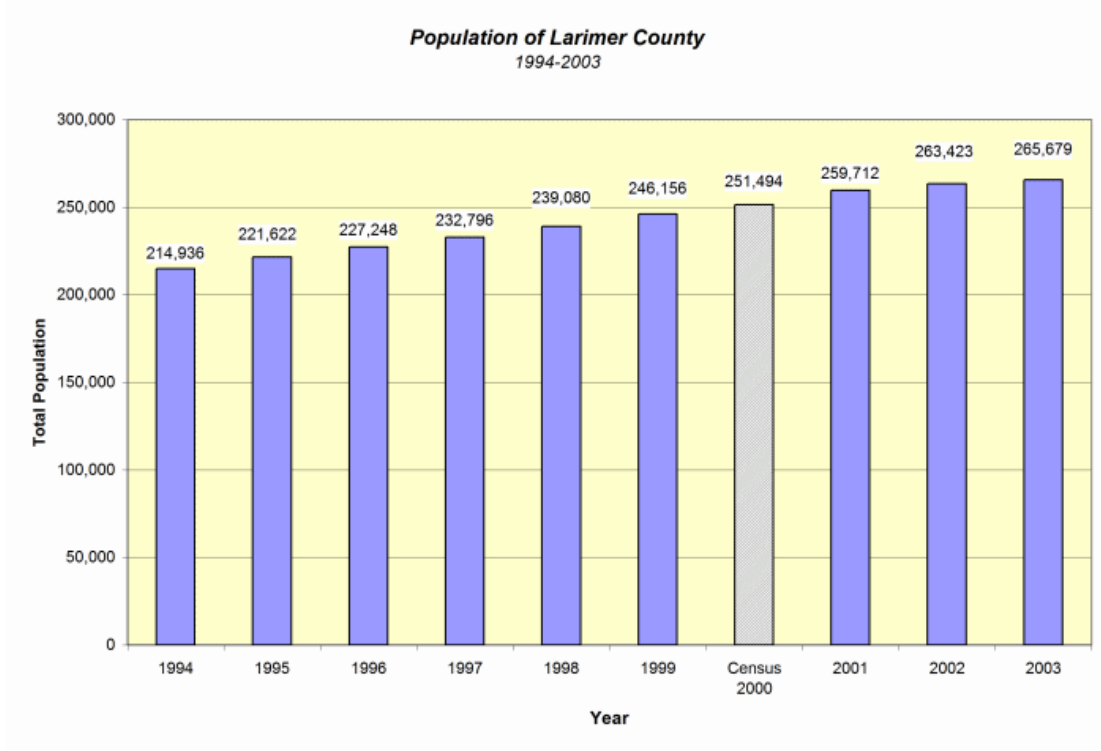
Linda Alvine, United Way of Larimer County volunteer  
Betsy Baier, Lutheran Family Services program director  
Steve Bolton, Wingshadow Inc. executive director  
Mary Carraher, Project Self-Sufficiency executive director  
Mary Cook, Children's Clinic/Salud Family Health Center  
Tracy Cornutt, Partners of Larimer County executive director  
Crystal Day, RVNA Home Care Services executive director  
Joni Friedman, Larimer County Workforce Center director  
Craig Halbower, Education and Life Training Center executive director  
Kerry Humphrey, United Way of Larimer County volunteer  
Gay Israel, CSU Department of Health and Exercise Science department head  
Nancy Jackson, Disabled Resource Services executive director  
Douglas Johnson, United Way of Larimer County volunteer  
Joanne Johnson, Elderhaus Adult Day Programs executive director  
Vicki Lutz, Crossroads Safehouse executive director  
Sherry Pelton, Respite Care, Inc. executive director  
Amy Pezzani, Food Bank for Larimer County executive director  
Linda Preston, B.A.S.E. Camp Inc. executive director  
Randy Ratliff, Larimer Center for Mental Health executive director  
Cindy Richmond, United Way of Larimer County volunteer  
Mary Robertson, United Way of Larimer County director of community investment  
Rex Rorex, Crossroads Ministry of Estes Park executive director  
Tracy Schwartz, Neighbor to Neighbor resource development director  
Helen Somersall, Catholic Charities Northern regional director  
Christiano Sosa, Northern Colorado AIDS Project executive director  
Karen Spink, Health District of Northern Larimer County director of community impact  
Diane Stobnicke, Volunteers of America associate division director  
Averil Strand, Larimer County Department of Health and Environment community health services director  
Gary Thomas, SAINT executive director  
Lucas Walker, Northern Colorado AIDS Project volunteer coordinator and program assistant  
Ken Williams, American Red Cross-Centennial Chapter executive director  
Joan Woodbury, Colorado Legal Services staff attorney  
Kathi Wright, Boys and Girls Clubs of Larimer County executive director

### *Facilitators*

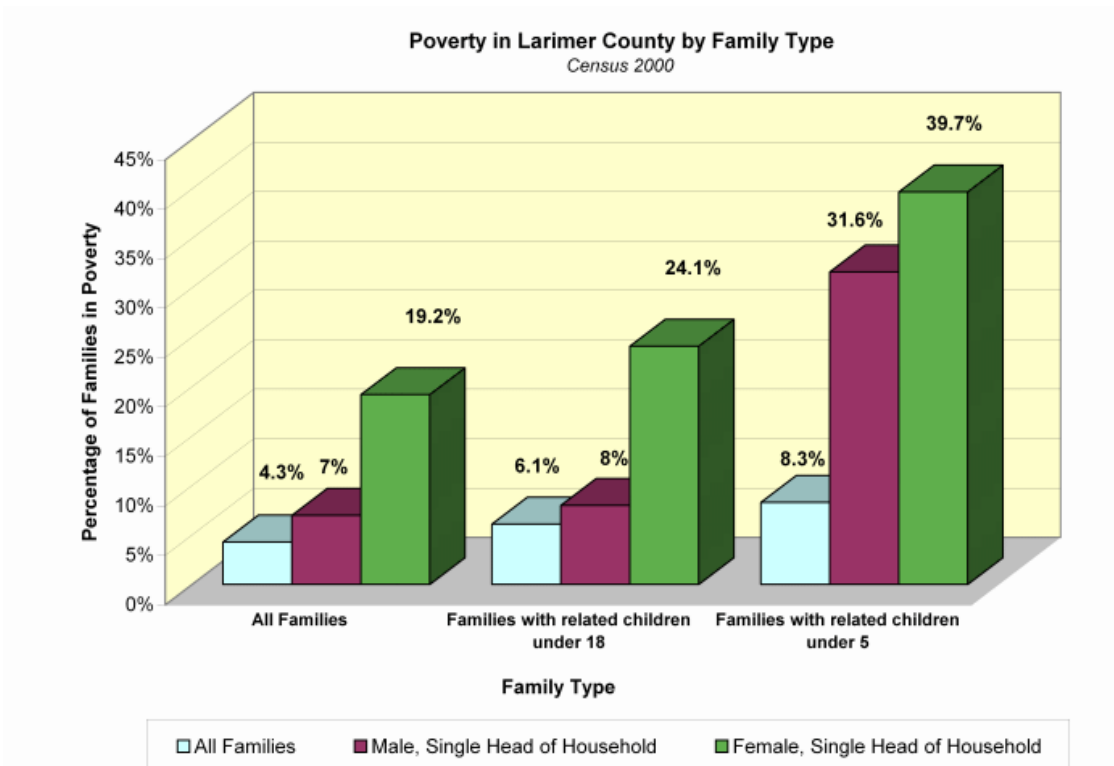
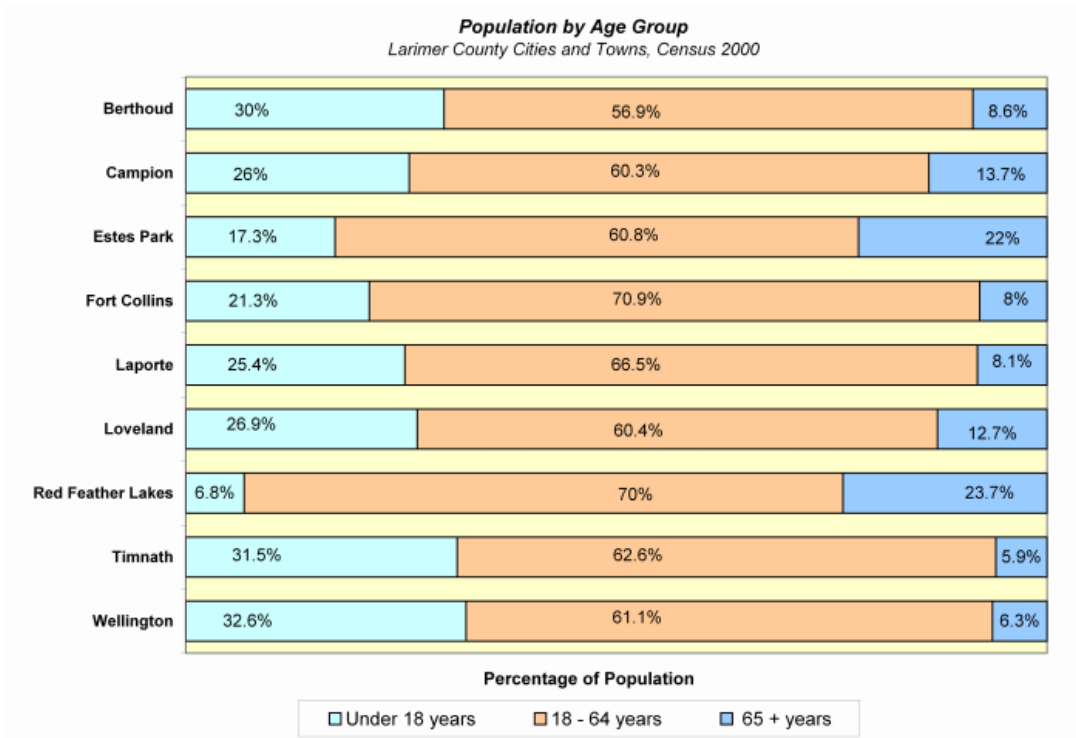
Samantha Murphy, former United Way of Larimer County director of community investment  
Kim Sharpe, Healthier Communities Coalition of Larimer County coordinator  
Carrie Thompson, United Way of Larimer County community investment associate

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## Appendix 4 – Overview of Larimer County Demographics



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**Appendix 5 – Resources**

***Literature***

- Pawlak, E.J. and Vinter, R.D. (2004). *Designing and planning programs for nonprofit & government organizations*. San Francisco: Jossey-Bass.

***Websites***

- Sustainable Seattle ([www.sustainableseattle.org](http://www.sustainableseattle.org))
- The Boston Foundation ([www.tbf.org](http://www.tbf.org))
- Larimer County and United Way COMPASS website ([www.larimer.org/compass](http://www.larimer.org/compass))