



Our Work in 2016

Housing is Health Care



In **2016**, we cared for **10,000** people experiencing homelessness in Baltimore—for the second straight year.

1 in 4 has high blood pressure
1 in 5 has depression
1 in 10 has diabetes
1 in 12 has hepatitis C
1 in 20 has asthma

**Homelessness makes you sick.
Being very sick can lead to homelessness.
If you're sick, homelessness makes you sicker.**

CLIENT VISITS*

28,242 primary care
18,674 addiction treatment
13,481 therapy
6,758 psychiatry
10,346 case management
3,762 dental

** These numbers are unaudited*

We are redefining health care.

Put simply: We care for the whole person. To help individuals move from crisis to stability, we consider all aspects of life—starting with their housing status.

Together in 2016, we worked to house more people—and help more people stay housed.

- 21 housing services team members:
- manage 200+ housing vouchers
 - support 150+ housed clients with persistent behavioral health needs
 - take clients to appointments and grocery shopping
 - coordinate in-home medication administration
 - help people move into housing

We are committed to social justice, and fight against those policies that cause and perpetuate homelessness. We advocate for universal health care, housing and incomes for all.



< James

Concessions vendor at Oriole Park at Camden Yards. Mantra: “Each problem you face is a hurdle. You jump over that hurdle, then you concentrate on the next one.”



< Stephen

Former horseback riding instructor and warm-hearted humorist. Gives the Zeke’s coffee team at the Farmer’s Market a riddle each Sunday in exchange for his morning joe.



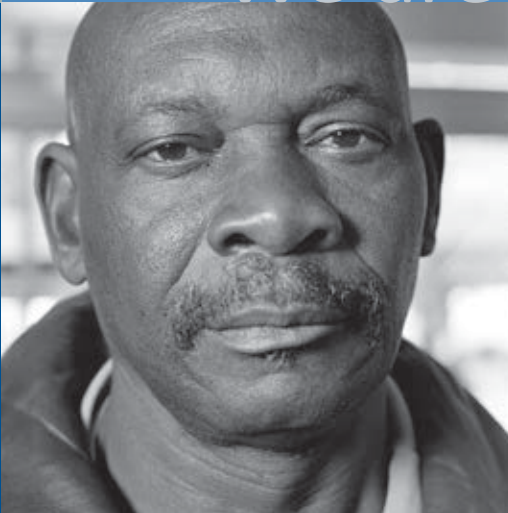
< Joann

Self-ascribed vocation: grief counselor. Helps people heal and hold on after suffering devastating losses.

We are
the people
we care for.

> Onumonu

“I had an aneurism and Stage 3 rectal cancer. I’m happy now. I’m doing great.”



> Bill

Resident voter registration volunteer at Health Care for the Homeless. “I am a person who wants to help others as much as possible to achieve their dreams.”



> Mary Beth

Used to manage government software projects. Currently shares an apartment with cats Milan and Sasha, and volunteers at the giraffe feeding station at the Maryland Zoo.



< Armstead

Former construction worker and trained prep cook. Is now reconnecting with family after decades of separation.



< Walt

Lost job installing furniture for government office buildings due to complications from congestive heart failure. Currently cuts grass and brings Health Care for the Homeless staff cookies “to fatten them up.”



< Thomas

Mechanic. Built first hot rod at 16: a ’70 Chevelle. Lover of jazz and R&B. Writer.

In all that we do, we are guided by our core values.

HOPE *Finding and focusing on people's strengths*
10,000+ clients engage in care that moves them toward health and stability

DIGNITY *Fostering respect and compassion*
250 staff members provide care and support for clients—on our clients' terms

AUTHENTICITY *Practicing open and honest communication*
Of **30** Board of Directors members, **5** have experienced homelessness first-hand

BALANCE *Caring for ourselves and helping others to do the same*
Nearly **2,000** members of our community made personal contributions to improve the health and circumstances of our neighbors without homes

PASSION *Challenging the world and those around us*
500+ volunteers step foot into our clinics each year with expertise, time and talents that strengthen our work and stretch our thinking

JUSTICE *Building a healthy community that includes everyone*
Together, we advocate for what is good, right and just for all—each and every day

For 32 years we have pushed ourselves and others to ensure access to the highest quality care possible for our neighbors without homes. And we're not letting up.

ACCESS and QUALITY. These are our touchstones.

In 2016, we created the role of Chief Quality Officer to lead a team whose sole focus is on how we are doing—and how we can do better.

4 key components of our work to ensure the best possible care:

Health informatics: Equipping staff to capture and use integrated clinical and administrative data to inform delivery of care

Population health: Caring for our clients in ways that also help prevent disease and prioritize those with chronic conditions

Compliance: Ensuring that we meet—and exceed—all standards for safe and effective care

Performance improvement: Monitoring, evaluating and improving—objectively and continuously—the quality of all that we do



Demand for our services is rising—and we are growing and expanding to meet that need.

In 2016, our clients made **111,177** visits to our clinics—nearly **10% more** than in 2015.

That's an average **9,265** visits a month, with an unprecedented **10,000+** visits in both March and August.

2,304 of those visits took place on our mobile clinic in the community with people who can't come to us—**13% more** than in 2015.

We opened our second full-service clinic in West Baltimore in December, 2015.

In October, 2016, we opened a two-chair dental suite at the Our Daily Bread Employment Center—making it possible for us to see **45** more dental clients a week.

Through a new partnership with area hospitals, our convalescent care program at the city shelter will be fully staffed and operating at full capacity (25 beds) in 2017.

Our housing services team of 21 helped **325** people get and stay housed in 2016.

Growth in our programs has been so dramatic, we are relocating a portion of our administrative staff from our main clinic at 421 Fallsway to new offices at 201 E. Baltimore St., and in 2017 our Baltimore County clinic will move into a space three times the size of its current location.

> Sherry Golden *Senior Client Access Manager*

During her 20 years at Health Care for the Homeless, Sherry earned her bachelor's degree and is now enrolled in a master's program in human resources.

At Health Care for the Homeless, we invest in our staff through professional development and tuition reimbursement programs. And our staff members never stop learning, striving, growing.

Going above and beyond...

< Montse Ferrer *Behavioral Health Therapist*

Montse interned with Health Care for the Homeless for a year as a student at the University of Maryland School of Social Work. But she never really left us. After graduating in spring 2016, she joined our behavioral health team as a staff therapist.

Our providers inspire and grow the next generation of providers. Through a range of partnerships, Health Care for the Homeless provides internship and residency opportunities for physicians, nurse practitioners, social workers and psychiatrists in training.





It is unimaginable.
Impossible, even.

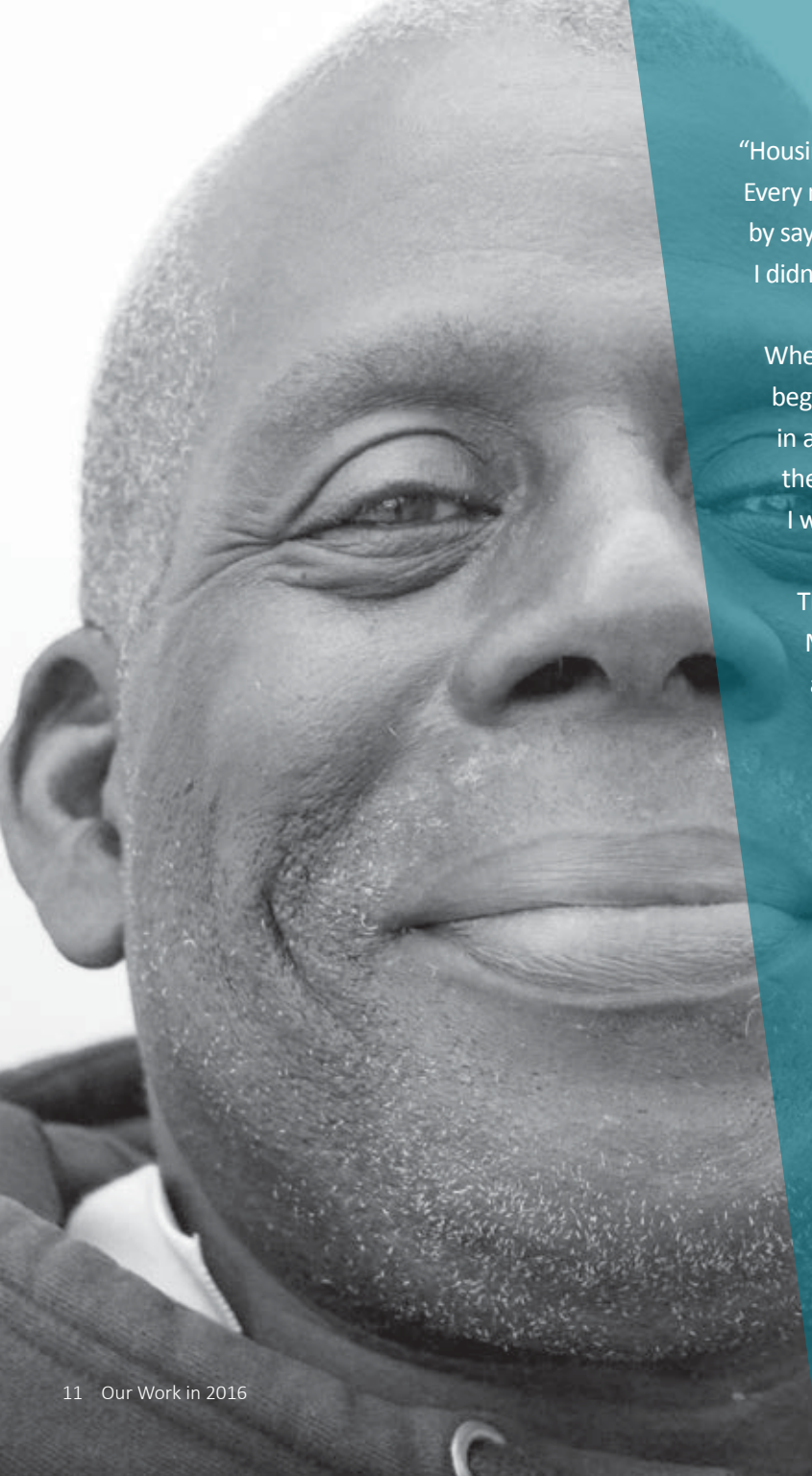
Imagine...

managing your diabetes...
caring for your family...
healing from trauma...

on the streets.

Housing is health care.





“Housing is very important. I’m so grateful. Every morning when I wake up I start my day off by saying thank you. There was a time when I didn’t want to live.

When I was homeless I slept on the streets, begging on street corners, eating out of trash cans, in and out of shelters. It was rough. I came to the point where I didn’t want to live anymore. I was like, what’s the purpose?

The turnaround was when I got off the streets. My therapist, my psychiatrist—all came together and got me a place to stay.

What housing did for me is it changed my way of living. I am a better person now. I am more responsible now. I care now. It’s different. It’s like I made a complete turnaround. It changed my way of thinking. I take better care of myself. I can take a shower, I can lay down and eat without having to worry about anyone telling me when to get up, when to lay down. It’s different.

I’m happy now.”

— **Alvin Jones**
Client

“The kind of torture people go through when they have no place of their own—it never gets easier for me to comprehend. But to see people start to recover from their trauma, start to plan out shopping lists, make choices about what to do...People may still be scared, but at least when housed, they have a place to hide and begin to recuperate. It is next to impossible for a person to get sober or mentally stable when they don’t know where they will lay their head.”

— **Jan Caughlan, MSW, LCSW-C**
Vice President of Behavioral Health

“I have a collage of work from our client art group. The words ‘once I was lost...but now I am home’ are painted across it. To me, this shows that access to stable income and housing has a more profound impact on minimizing health risks and improving quality of life than any other intervention we can offer people experiencing homelessness.”

— **Bilqis Rock, LCSW-C**
Coordinator, Disability Benefits Program

“Housing and health care go hand and hand. But as we see on a day to day basis, it does not work that way for so many people. When I unlock the doors of Health Care for the Homeless each morning, it saddens me to see people so eager to get housed back on our front porch for another night, huddled up under a blanket, because this is the place they call home.”

— **Reggie Avery**
Lead Security Guard

Housing is health care.

“It’s very difficult to take care of yourself when you don’t have a home. And you have to be able to take care of yourself to take care of your health.”

— **Theresa Free Storer, LCSW-C**
Behavioral Health Consultant

Our community funds nearly half of our services through grants and donations.

Your financial, professional and personal commitment make this work possible.

In 2015 we had **\$21,401,130** in revenue*

- **41% (\$8,849,441)** insurance reimbursements
- **36% (\$7,684,668)** public grants and contracts
- **15% (\$3,253,229)** other sources
- **8% (\$1,613,792)** contributions

In 2015 we had **\$19,105,326** in expenses*

- **85% (16,292,609)** services to clients
- **10% (\$1,882,067)** general and administrative costs
- **5% (\$930,650)** fundraising efforts

Due to our strong financial position, our board of directors created an endowment in 2016 and began to invest funds—all to better position the board to support our ability to reach more people with more services.

*This financial data is from our most recent financial audit in summer 2016.



“All people should have access to both housing and health care. These are basic human needs that should be afforded to all regardless of economic status. I am thankful to similar agencies like the International Red Cross and Jewish Distribution Committee that provided my father with both after being liberated from a concentration camp in April 1945. If not, I would not be here today.”

— Mark Smolarz

*Chief Operating and Financial Officer
The Associated: Jewish Community Federation of Baltimore
Member, Board of Directors
Health Care for the Homeless*

Thank you



< Jan Caughlan, MSW, LCSW-C
Vice President of Behavioral Health

In fall 2016, Jan marked 25 years
with Health Care for the Homeless.

*Our staff members' commitment
runs deep.*

Going above and beyond...

> Leonard Croft
*Client Access Associate, and our 2016
"Justice" core value staff awardee*

Leonard led conference workshops on
race at both the state and national levels
in 2016—and a series of staff discussions
about racial justice here at Health Care
for the Homeless.

*Our staff members are leaders: 22 of
them, including Leonard, presented at
the 2016 National Health Care for the
Homeless Conference—leading nearly
20% of all conference workshops.*



Thank you to all who advanced our mission through financial contributions

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> **Lawanda Williams, LCSW-C**
Director of Housing Services

Lawanda represents our agency and city on the Clinicians’ Network Steering Committee of the National Health Care for the Homeless Council, where she and fellow care providers and researchers from across the country share best practices and expertise.

Our staff members are part of a vital national learning community on poverty, health care and homelessness through year-round participation on committees and panels, and in conferences and webinars.

Going above and beyond...

< **Dan Hendricks**
Lead Benefits Specialist

Dan’s testimony in Annapolis during the 2016 legislative session compelled those running the state’s Health Benefits Exchange to collaborate with providers to make improvements.

Our staff members are educators: from informing lawmakers about health and homelessness to leading safe sex and HIV prevention education sessions in the community and training clients in the administration of naloxone, a medication that temporarily reverses overdoses from opioid drugs.

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“I take Mason to the park— it’s three blocks up Garrison Boulevard. We go on the monkey bars. He likes going down the slide. Then we go across the street to get a juice and come home.”

— Britney Dancy and her son, Mason, experienced homelessness from late 2015 to summer 2016. The future is filled with possibilities, now that they are in a home of their own.

Health Care for the Homeless

www.hchmd.org

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Everyone deserves to go home.

Health Care for the Homeless is
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and as a Primary Care Medical Home.



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