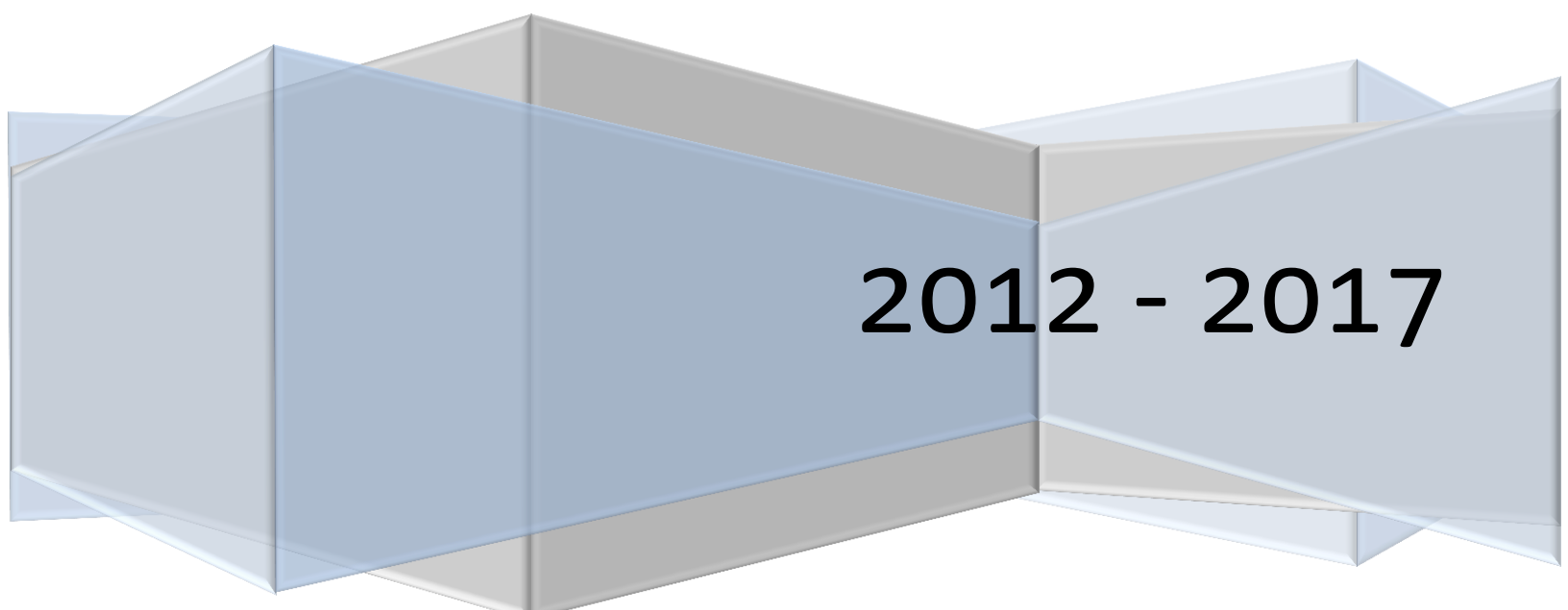




Five-Year Strategic Plan

*Presented by the Strategic Planning Steering Committee and
approved by the Board of Directors on July 24, 2012*



2012 - 2017

Strategic Planning Steering Committee Members

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Simon Robinson, *Chair, Strategic Planning Committee*

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Jan Caughlan, *Director of Supportive Housing*

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James Crawford, *Board Member*

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Health Care for the Homeless 2012 Strategic Planning Process

I. Introduction

During the first six months of 2012, Health Care for the Homeless (HCH) engaged in a critical strategic planning process to revisit our mission, assess the broader environment, and determine the strategic direction of the organization for the next five years. The process was time-limited and participatory – with a strong focus upon gathering input from a full range of internal and external stakeholders.

From the beginning of the process, participants recognized two fundamental realities:

- 1. The agency was challenged by the absence of a current strategic plan and needed a shared vision to guide its activities; and*
- 2. “Strategic Planning” in the current environmental context required a different approach and product than HCH had developed in the past – higher-level, less tactical, and flexible enough to guide us through an uncertain and unpredictable future.*

Benefiting from a two-month period of stakeholder input, the Strategic Planning Steering Committee quickly agreed upon the most important areas of focus for HCH: internal infrastructure & staff support; opportunities presented by health reform; exploration of successful supportive housing models; community engagement to end homelessness; and financial stability.

This document results from an intensive planning process totaling more than 25 hours of committee work, extensive input from internal and external stakeholders, a review of our organizational history, and an understanding of our current functions in the broader community.

By design, this plan lacks the detailed benchmarks and timelines of past strategic planning efforts. For example, the vagaries of health reform make specific predictions three, four, and five years from now mere guesses, at best. Nonetheless, the Steering Committee aspired to a compelling mission; meaningful and measurable goals; an analysis of our strengths, weaknesses, opportunities, and threats; and a strategic narrative that could guide HCH amid environmental uncertainty. Taken together, these key elements – mission, goals, SWOT analysis, and strategy themes – comprise the strategic framework HCH will use to guide the development of annual implementation plans, inform organizational decision-making, and navigate ever-changing social, political, and economic environments over the next five years.

II. Context of Strategic Planning

Background: Since our creation in 1985, HCH Board and staff generally have completed a formal strategic plan every three-to-five years. Each plan has guided HCH through important periods of growth and organizational maturation – leading to our current range of Joint Commission-accredited interdisciplinary clinical services, a commitment both to direct service and public policy advocacy, service sites outside of Baltimore City, and innovative supportive housing approaches. Our last strategic plan – completed in 2005 – envisioned our current facility at 421 Fallsway, the range of services possible in our new location, and the enhanced community relationships necessary to sustain our work and shape public policy.

The urgency of now: Having successfully completed our 2005 strategic plan, HCH faces uncertain political, social, and economic environments. Homelessness continues to increase in Maryland and throughout the country. Low-income and middle class households experience restricted access to comprehensive health services, affordable housing, and livable incomes – leaving more at risk of homelessness and driving many, notably children and families, to seek our services for the first time. The health care environment is equally uncertain. Reform measures to be implemented within the next year and a half have the potential of dramatically improving access to care for vulnerable populations and transforming the mechanisms through which HCH and other providers pay for services. At the same time, sharp political divisiveness creates great uncertainty around the ultimate implementation of these measures – even as the recent Supreme Court decision to uphold the Affordable Care Act moves us closer toward Medicaid expansion. The organizational environment is also challenging after years of programmatic growth, transition to a larger facility, insufficient growth in administrative support, and significant leadership transitions. HCH must develop overarching strategies and objectives to fulfill our mission in these uncertain environments and to help shape programs and policies capable of ending homelessness.

Strategic Planning Steering Committee & Consultant: The HCH Strategic Planning Steering Committee consisted of 23 individuals and was broadly representative of staff and Board. One seat was filled by an individual with the past experience of homelessness; two seats were filled by non-management staff members elected by their peers; and one was filled by an external community member. HCH engaged a highly-qualified strategic planning consultant to facilitate the process. **Robert Sheehan Jr.** is the Academic Director of the Executive MBA program at the Robert H. Smith School of Business at the University of Maryland, College Park and the Principal of Sheehan Nonprofit Consulting. Rob has more than 30 years of executive management experience, including 18 years as the CEO of two national nonprofits. His PhD research focused upon nonprofit organizational excellence. HCH was drawn to Rob by his focus upon helping

organizations fulfill their missions in challenging environments by developing aspirational goals. (For more information on Rob’s process, see **Appendix B.**)

III. Strategic Planning Timeline

Timeline: The Strategic Planning Process took place between February and July 2012 (see **Appendix A.** for a summary). Stakeholder input was gathered during the months of February and March. The Strategic Planning Steering Committee met for two full days in April followed by additional communication with stakeholders. The group convened again for one full day in late May and concluded its work during an afternoon/evening meeting in early June. Following the finalization of the strategic themes, the group met by conference call to affirm the final report before its presentation to the full Board on July 24.

Friday, February 13	Communication marking the beginning of Strategic Planning
February and March	Stakeholder input
Thursday, April 12	Steering Committee – 1:00 p.m. to 8:00 p.m.
Saturday, April 14	Steering Committee – 9:00 a.m. to 4:00 p.m.
Late April, early May	Additional stakeholder input
Thursday, May 24	Steering Committee – 1:00 p.m. to 8:00 p.m.
Thursday, June 7	Steering Committee – 4:00 to 8:00 p.m.
Thursday, July 19	Steering Committee conference call about final document
Tuesday, July 24	Presentation of Strategic Plan to Board for adoption

IV. 2012 – 2017 HCH Strategic Plan

a. New HCH Mission Statement

“Health Care for the Homeless works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement.”

This replaces our old statement in effect from 2000-2012: “Health Care for the Homeless provides health-related services, education, and advocacy to reduce the incidence and burdens of homelessness.”

Goals in Mission Revision

- Avoid a complete rewrite
- Maintain concision and simplicity
- Better reflect the range of our work – both principal issues and methods
- Inspire by focusing upon impact and populations served

Analysis of Language in New Mission Statement

What’s our goal? What’s our impact? Health Care for the Homeless works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing, and sustainable incomes through direct service, advocacy, and community engagement.

Who’s our focus? Health Care for the Homeless works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing, and sustainable incomes through direct service, advocacy, and community engagement.

What are our principal means? Health Care for the Homeless works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing, and sustainable incomes through direct service, advocacy, and community engagement.

What are our principal methods? Health Care for the Homeless works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to by providing quality, integrated health care and promoting access

affordable housing, and sustainable incomes through direct service, advocacy, and community engagement.

b. Top Five Strategic Goals

The Steering Committee, drawing upon stakeholder input and structured subgroup activities, agreed unanimously on the top five strategic goals that, if achieved over the next five years, would best position Health Care for the Homeless to effectively advance our mission.

1. **Empowered and engaged workforce:** Develop and retain a highly empowered, engaged, and trained workforce through enhanced Human Resource capacity, interdisciplinary teamwork, and transparent communications. Achieve staff satisfaction rates above 90% by December 31, 2014, through the promotion of career-development, competitive compensation, and work-life balance.
2. **Integrated health care services:** Improve the health of vulnerable individuals and families by implementing a patient-centered multidisciplinary model of care, as measured by achieving formal PCMH accreditation by December 31, 2013. Develop specific metrics by December 31, 2014 to target increases in the number of persons served through enhanced community partnerships and integrated health services.
3. **Expanded continuum of housing opportunities:** Pursue public and private partnerships and advocacy initiatives to improve access to affordable housing. Develop specific long-term metrics by December 31, 2013.
4. **Community engagement to end homelessness:** Shape public policy more effectively through coalition building, advocacy, volunteerism, and consumer engagement. Develop specific long-term metrics by December 31, 2013.
5. **Financial sustainability:** Secure and maintain greater financial sustainability by achieving 100 days of cash operating reserves by December 31, 2016. By December 31, 2017, 80% of total revenue will be derived from unrestricted sources such as third-party payments and private contributions.

c. Committee SWOT Analysis

The Steering Committee reached consensus upon the top five strengths, weaknesses, opportunities, and threats facing Health Care for the Homeless in relation to our top five strategic goals. What are the strengths we need to leverage in order to accomplish our goals? Which weaknesses are most in need of fortification? What are the opportunities that, if we embraced them, would most propel us forward? What are the threats we need to anticipate and neutralize in order to be successful?

Top Five Strengths

- Dedicated, passionate, skilled staff (e.g., ability to serve people with multiple diagnoses.)
- Commitment to societal change and community engagement
- Community recognition/branding
- Financial position (strong balance sheet)
- Client centered – broad vision – free-standing

Top Five Weaknesses

- Operating infrastructure – people, processes and systems
- History of poorly managed growth/change, operating in “crisis mode” (reactive)
- Independent functioning of teams
- Need for improved HR practices and systems, staff engagement, and staff community
- Reliance on restricted funding

Top Five Opportunities

- Use strong network (other HCHs, FQHCs, board, staff, etc.) to “get house in order”
- Improve access to housing by building upon successful initiatives
- Health Reform, PCMH/Integration/Medicaid workforce
- Improve/Expand statewide services
- Leverage strategic partners (public/private) for revenue and programmatic goals

Top Five Threats

- Changes in reimbursement structure for our services
- Pressure to become a CHC and lose historic focus on the most vulnerable
- Uncertain political economic environment – health care reform, grant funding, etc.
- Rapid growth, inadequate infrastructure = burnout
- Competition for clients from other organizations

d. Strategic themes to guide progress toward goals:

The themes below were developed following reflection upon HCH's mission, our top five strategic goals, and the SWOT analysis of the agency in relation to our goals. They are intended to provide greater context to the strategic goals for purposes of sequencing their implementation. The strategic themes will guide the creation of annual implementation plans designed to achieve our strategic goals.

Invest time and resources toward improving internal operations, staff development, and staff compensation: Following several years of external focus and programmatic growth, HCH has outgrown our administrative structure, is strained by limited funding and increased demand on staff, and is challenged to respond proactively to a changing environment. In order to advance our mission, the agency must initially turn inward to develop a structure capable of supporting our work over the next five years, an empowered and high-performing staff community, and internal systems that ensure the flow of information necessary to accomplish our goals. Our efforts must reduce barriers to efficiency and effectiveness, enhance internal leadership and staff training capacity, and promote inclusiveness and open communication. This is the most important priority facing the organization.

Increase net revenue through expanded insurance reimbursements and continued improvements in fundraising: Increased reliance upon unrestricted sources of funding is central to the long-term fulfillment of our mission. In advance of Medicaid expansion, we must develop ways to better capture and track reimbursement from third-party payers and to rely less upon public grant support. This will involve a thorough analysis and restructuring of existing billing systems, extensive staff training, and ongoing monitoring of our revenue cycle. At the same time, unrestricted investment from the private sector will remain important to end the homelessness of those we serve. We must continue strong growth in this area (following a successful capital campaign and subsequent efforts) to deepen private-sector investment in our mission. A financial plan should guide the fulfillment of our strategic goals over the next five years.

Continue to improve the quality of the services we provide through the work of our excellent staff, developing transparent and measurable outcomes to demonstrate our effectiveness throughout the organization and in the community: The health care environment will continue to evolve away from "fee for service" reimbursement toward systems that promote improved health outcomes, quality of care, greater focus upon prevention, and reduced cost. Models such as "Patient-Centered Medical Home" (PCMH) will challenge us to reorganize our delivery systems. HCH must invest in systems and processes that demonstrate for all stakeholders the outcomes we achieve with and on behalf of vulnerable populations. HCH should retain external accreditations that demonstrate agency commitment to quality care and

performance improvement. Annual work plans should be outcomes-based and must be designed to achieve Strategic Plan goals.

As internal operations and staffing improvements take hold, look for ways to serve more of those in need: While HCH initially will devote significant attention to internal operations, we also recognize that the need for our services outpaces our current resources. As we strengthen our infrastructure, the organization will develop shared criteria through which to evaluate and prioritize opportunities for future expansion consistent with our mission. Particular attention will be paid to reducing barriers to services, enhancing agency-wide competence to serve children and families, and reaching eligible populations not effectively served by our current sites. HCH will ensure that we have the capacity to effectively engage in additional activities before pursuing new programs and expansions and before broadening the scope of our current target populations.

Leverage our reputation as a community leader to engage others to improve access to affordable housing and end homelessness: Health services alone are not sufficient to end homelessness. Demonstrated success in models of permanent supportive housing, supportive employment, and expedited disability assistance enrich our advocacy to make homelessness rare and brief. HCH will develop strategic campaigns over the next five years to strengthen relationships with policy makers, better engage and educate the broader community, and continue to foster the leadership of our clients in our policy and advocacy work. HCH also will develop closer partnerships with housing providers and developers to increase supportive housing opportunities for people experiencing homelessness.

e. Implementation

The strategic themes contained in this document are intended to guide HCH staff and leadership toward the achievement of its strategic goals and the fulfillment of its mission over the next five years. Implementation of the plan will take place in four major phases, outlined below:

1. **Internal & External Communication:** Beginning in the months of August and September and continuing throughout the plan period, HCH will engage in activities to educate internal and external stakeholders on the outcomes of our strategic planning process. We will make use of internal meetings, external forums, and a variety of communication mechanisms to communicate our mission, goals, and strategic themes to a full range of stakeholders including staff, Board, donors, clients, homeless service providers, policy makers, and other community partners.
2. **Transitional Workplan:** HCH will develop a transitional organizational workplan no later than September 30, 2012, to guide plan implementation through the last quarter of 2012. The transitional workplan should identify priority short-term objectives, build the capacities necessary to monitor implementation, and result in an organizational structure capable of implementing the strategic plan by the beginning of 2013.
3. **Annual Implementation Plans:** HCH will develop a Year-One agency implementation plan and related Year-One team implementation plans no later than December 30, 2012 with subsequent implementation plans for Years Two through Five developed by the end of December in 2013 – 2016. The implementation plans will be considered internal staff documents, though Board members will receive regular updates on the achievement of our five-year strategic goals.
4. **Implementation Plan Evaluations:** In order to inform the implementation plans of each subsequent year, plan evaluations should take place within the last quarter of each year, concurrent with the development of the following year's implementation plan.

Appendix A: Summary of Stakeholder Input

Health Care for the Homeless 2012 Strategic Planning Process

Summary of Stakeholder Input

Throughout the first quarter of 2012, Health Care for the Homeless reached out to an array of internal and external stakeholders for feedback on our mission, activities, reputation, strengths and weaknesses, and future opportunities. Feedback was collected through three general approaches:

- 1. Surveys:** Individual surveys were completed by more than 70 people at the time of this analysis. One third of respondents (33%) identified primarily as a staff member, one fifth (21%) as a Board member, another fifth (19%) as a donor, funder, or volunteer, and two-fifths (39%) as a community partner.
- 2. Internal meetings and focus groups:** Staff, Board, and consumers were engaged in a range of Strategic Planning discussions – both formal and informal – over the past two months. Venues included All Staff Meetings, Senior Leadership and Operations Meetings, Board Meetings, Team Meetings, Addiction Group Graduation, and Consumer Advocacy Groups.
- 3. Meetings with Key External Stakeholders:** More in-depth in-person interviews and conversations took place between HCH leaders and the following stakeholders:
 - a. The Abell Foundation
 - b. Baltimore City Hall
 - c. Baltimore City Health Department
 - d. Baltimore Mental Health Systems
 - e. Baltimore Substance Abuse Systems
 - f. The Blaustein Philanthropic Group
 - g. Boston Health Care for the Homeless Program
 - h. CareFirst BlueCross BlueShield
 - i. Care for the Homeless – New York HCH
 - j. Colorado Coalition for the Homeless/Denver HCH
 - k. Homeless Persons' Representation Project
 - l. Maryland Department of Health & Mental Hygiene
 - m. Mercy Care Services – Atlanta HCH Project
 - n. Mercy Medical Center
 - o. United Way of Central Maryland
 - p. The Harry & Jeanette Weinberg Foundation

Though stakeholder engagement will continue throughout the formal Strategic Planning Process, feedback received as of April 6 is summarized and included in this document.

Overall Analysis: Both internally and externally, respondents are strongly invested in the work and general mission of Health Care for the Homeless. Stakeholders were highly engaged and pleased to be asked for input into the process. More than 90% of respondents across stakeholder groups believe the mission remains relevant and important, even as many offered feedback on how to change or improve the statement of that mission. HCH is well regarded and is acknowledged across stakeholder groups for its values-based brand identity, clinical excellence, broad advocacy, and community leadership.

Respondents believe HCH stands for: human dignity, an end to homelessness, excellent clinical care, and community engagement.

Areas of strength include strong staff, service excellence, community reputation, and effective advocacy.

Areas of weakness include an outgrown organizational infrastructure; insufficient recruitment, retention, and staff development; restricted access for clients; limited capacity for community engagement; the lack of clear metrics and outcomes; and, possibly, our “homeless only” focus.

Health reform, program growth, family-centeredness, partnerships & mergers, and external engagement were identified as areas of opportunity, while health reform, workforce issues, and the continued growth of homelessness were considered the largest threats.

Reflections on Mission: Overall, more than 80% of respondents (analysis of surveys and direct interviews only) feel the mission remains appropriate with the need for only slight, if any, modification. More than half of respondents felt the current mission remained relevant and should be reaffirmed “*as is.*” A third of respondents suggested slight changes such as the direct mention of our housing-related work or the inclusion of words or phrases that would emphasize values or add more passion to the statement. 10% favored more reworking, and 5% more substantial revision. Across stakeholder groups, “external” respondents were most likely to reaffirm the current mission statement. Board respondents seemed more likely to favor slight or moderate adjustments to the statement. Staff seemed more evenly divided with the majority favoring affirmation or minor “tweaks.”

Does our current mission properly reflect our purpose and activities? Should it be changed or improved?

Yes with no changes	Yes with slight tweaks	Yes with reworking	Substantial revision
51%	32%	10%	5%
<ul style="list-style-type: none"> • Flexible/Durable • Clear/concise • Would hate to see it more restrictive • Reflects purpose 	<ul style="list-style-type: none"> • Should incorp. housing • Dispassionate • Emphasize values 	<ul style="list-style-type: none"> • More aspirational/reflective of activities • Say more about what we want to accomplish 	<ul style="list-style-type: none"> • Doesn't mention people we serve • Re-analyzed • Reworking of name and mission needed

Staff

Yes with no changes	Yes with slight tweaks	Yes with reworking	Substantial revision
42%	25%	20%	4%

Board

Yes with no changes	Yes with slight tweaks	Yes with reworking	Substantial revision
36%	50%	7%	7%

External/Community Groups

Yes with no changes	Yes with slight tweaks	Yes with reworking	Substantial revision
59%	30%	7%	0%

For what does HCH stand?

Human Dignity: Equality, empowerment, compassion, caring, respect, a last hope, harm reduction, outreach, meeting people “where they are,” inclusiveness, empathy, equal access, second (and third and fourth) chances, understanding, recognition of needs of individuals and families, solidarity, autonomy, generosity, conscientiousness . . .

An End to Homelessness: More than health care, reducing poverty, advocacy that places focus upon universal solutions and not just incremental measures, prevention, social justice, systems changes, energy, improved quality of life, affordable housing, health care, decent incomes, stability . . .

Excellent Clinical Care: Holistic approach, services in one place – “one stop shop,” healing, safety net for most vulnerable, health care for all, health care for homeless and marginalized, integrated services, quality of services, access, that vulnerable people deserve state-of-the-art care, flexibility . . .

Community Leadership & Engagement: Professionalism, passion, commitment to long-term solutions, fiscal responsibility, community education, integrity, appreciation of complexity, desire for change, collaboration . . .

Strengths

Strong staff & leadership: Mission driven, expertise in grant writing, multi-disciplinary, vision, intelligence, well trained, clinical excellence, strong board, professional at all levels, innovative, passionate, solid funding . . .

Excellent Services: Provider of first resort/last resort, Joint Commission Accredited, client-focused, knowledge based gained through years of experience, “we don’t give up,” state-of-the-art building, one-stop-shop, “easy to get records from you,” dental . . .

Community Reputation: Trusted brand, strong partnerships and relationships, well regarded by funders and policymakers, solid reputation as a leader, credibility, results-oriented, “when you write a check to HCH you know you are doing good,” clear and compelling mission, strong client satisfaction, name recognition . . .

Effective Advocacy: “Go to” partner on homeless issues, strong authentic consumer voice, able to leverage client experience, never giving up hope, strong work with coalitions . . .

Weaknesses

Outgrown Infrastructure to Support Growth: Siloed departments, insufficient systems, poor flow of information and communication, in need of a better system to engage volunteers, too many things going “up” to too few people, lack of departmental budgets, insufficient administrative support, insufficient HR and billing capacity, harder to change due to size and structure, poor teamwork as a whole – among teams, Board size too large . . .

Recruitment, Retention, Staff Development: Difficulty maintaining high-quality long-term medical staffing; lack of racial and ethnic diversity at Board and leadership levels, not enough invested to develop staff, low staff morale, risk of staff burnout – no culture of “self care,” more internal systems needed to promote staff, staff turnover, staff orientation has gotten weak, salaries that aren’t competitive across all disciplines, we need to remind people of values and goals . . .

Restricted Access: “The line” outside your building, clients unable to schedule or reschedule by phone, insufficient partnerships for clinical collaborations with other agencies, “what about those who aren’t seeking out your services?” – more outreach, not always clear how to access various services, extremely difficult to access services, limited availability (though improving) for people who are working, more assessment needed when clients first present, lack of communication with other providers – calls not returned . . .

Limited Capacity for Community Engagement: Not enough opportunities for volunteers; more needed in areas of marketing, communications, media work, and advocacy; promote HCH more, define how you are different from others; develop a strategy for communication; not enough work with legislators . . .

Homeless-Only Focus: Is it a weakness in a reformed environment when your clients are more desirable to other systems?; we don’t do enough to reach families and individuals not yet homeless but in need of care, homelessness isn’t the problem – poverty is the problem; there is a gap in the kind of care low-income people need to avoid becoming homeless . . .

Lack of data – metrics: Not enough of our work is “evidence-based” with the research to back it up; how do we know our services are effective; we’ll need to do more to demonstrate that our services are cost-effective, that people get better; how many are housed?; how many show improved health status?

Opportunities

Health Reform: Alternative payment models (Patient-Centered Medical Home, Accountable Care Organizations, etc.) and opportunities to collaborate with hospitals and other institutions to improve health of clients, unlock resources, and reduce health care costs; Medicaid expansion and opportunity to grow; develop top notch billing and finance capacity; outreach and enrollment: build upon our Joint Commission accreditation; use reform to expand range of services; contemplate role in insurance exchanges; consider serving more poor populations at risk of homelessness; get more involved in “public health” of homelessness . . .

Program Growth: Grow Convalescent Care by seeking new partnerships to expand range of services and placements; leverage “hospital readmission” initiatives to increase funding and support; root your services in a reformed health care environment in a robust respite program; prepare for opportunities to serve more individuals more effectively across disciplines . . .

Family-Centeredness: Seek opportunities to grow our pediatric & adolescent services; build greater capacity throughout organization to meet the needs of children, adolescents, and families; develop partnerships to increase shelter and housing resources for these populations . . .

Partnerships/Mergers: Leverage community visibility to increase volunteerism; consolidations in health and human services need to happen; partner to increase access to affordable housing, convert abandoned housing; involve clients even more in our work; increase access to vocational and educational programs for clients; merge strategically with service and advocacy organizations to increase your reach and effectiveness; more to be done in schools and criminal justice system; increase opportunities for legal services for clients; better relationships between FQHCs and behavioral health systems . . .

External Engagement: Volunteerism is a great way to engage supporters, corporations, etc. Other agencies use volunteers as navigators to get people to appointments – why not HCH? Build upon your reputation to increase ability to shape and mold environment; invest in advocacy and communications; develop a plan around marketing, PR, and engagement; make use of “free” billboard opportunities; develop a united homeless advocacy agenda . . .

Threats/Challenges

Health Reform: Competition for your clients from other health systems; health reform, or a part of it, being found unconstitutional; threats to grant funding in a reformed environment; workforce limitations

– lack of physicians and other providers to expand services; challenges moving from a “grant” environment to a “billing” focused world; undocumented people still needing services . . .

Workforce Issues: Competition for your staff; workforce shortages place more demands upon the agency to remain competitive in terms of salary and recruit & retain staff; staff burnout; “compassion fatigue,” staff loss from insufficient support . . .

Growth in Homelessness: Additional cuts to housing; loss of funding; increases in homelessness; continued income disparity; political and social uncertainty leading to resource challenges . . .

Emerging Questions for Consideration

As a result of stakeholder input, HCH is in the process of evaluating (or has been asked to evaluate) the following considerations/questions:

- **SCOPE:** Should HCH consider traditional Community Health Center funding to serve vulnerable populations at risk of homelessness? How do we maintain focus upon “people on the margins” without losing sight of the most vulnerable?
- **UNCERTAINTY:** How can HCH best meet its mission in an uncertain social, political, and economic environment? What are the capacities we need to strengthen and develop to navigate uncertain waters?
- **HEALTH REFORM:** As health reform unfolds, how do we best position ourselves to meet the needs of our clients and achieve our mission? What are our priorities?
- **HOUSING:** Given the documented role of supportive housing in ending homelessness and improving health status, how can HCH continue to grow housing resources affordable to vulnerable populations when the federal government won’t and the private market can’t?

Appendix B: Steering Committee Process used by Rob Sheehan

Facilitator Rob Sheehan guided the Strategic Planning Steering Committee through the following steps:

1) Mission Clarification

- a. Review of mission statement to insure specification of aim and impact
- b. Identify ultimate intrinsic desire of organization
- c. Mission accomplishment measures
- d. Describe mission gap between current state and ideal world

2) Vision – create vision of what organization would look like to close mission gap

3) Establish Strategic Stretch Goals – create 5 outcome-based strategic stretch goals that are SMART (Specific, Measurable, Almost Impossible, Relevant, Time-limited).

4) Organizational Assessment

- a. SWOT assessment – strengths, weaknesses, opportunities, threats
- b. SWOT interactions – what is the potential interaction between each item on SWOT list

5) Strategy Development

- a. What is Nonprofit Strategy – creative process that results in statement of general themes explaining how organization will leverage strengths, fortify weaknesses, seize opportunities and block threats in pursuing strategic stretch goals
- b. Evaluate Threats and Weaknesses – for immediacy of concern
- c. Look for Leverage – to catapult the organization forward
- d. Strategic Narrative – general explanation of how above is to be accomplished