

2018-2021  
Strategic Plan



Year Two

## A Look Back at 2019

Strategic Initiatives





# 2018-2021 Strategic Goals

Every day, homelessness affects the lives of thousands of our neighbors in Baltimore. In 2018, we adopted an ambitious and bold strategic plan to address the growing crisis the only proven way that works—with quality health care and access to housing for all.

## Goal 1

100% of the people we serve will have timely access to quality, whole-person health care and affordable housing.

## Goal 2

We will design and implement sustainable business models for affordable housing development and supportive housing.

## Goal 3

As a result of our care, the health outcomes of our clients will rival the health outcomes of a stable population.



# 2019 Strategic Initiatives

## 1. Practice Transformation: Put the client at the center of our clinical practice

Homelessness is traumatic. Clients often experience a complex range of physical, behavioral and societal challenges. Helping them regain health and stability requires a united team of health professionals to come together to meet individual client needs. Over the course of several years, we are learning to work in multi-disciplinary care teams that better coordinate client care. This year, we focused on improving communications, safety practices and chronic disease treatment.

## 2. Create a three-year plan for the expansion of supportive housing in Baltimore City

Housing is health care, plain and simple. But Baltimore doesn't have near enough housing units available for people experiencing homelessness. Over the past few years, we have increased our knowledge of housing development and our partnerships with developers. This year, we played a pivotal role in working to expand both permanent supportive housing units and convalescent care beds through innovative public-private partnerships with hospitals in the Baltimore region. We also entered into our first shared-ownership housing development project with Episcopal Housing Corporation.

## 3. Create the vision and begin a capital campaign

Our 2018-2021 “near impossible” strategic goals require significant investment in facilities and infrastructure. During the first half of the year, we explored a capital campaign to develop the capacity to make our goals a reality. Senior staff, Board members and community leaders made great headway in creating a vision and goals for a campaign. However, we put the campaign plan on hold after experiencing an operating deficit and the loss of key staff leadership. We will revisit the capital campaign from a renewed position of strength as we move forward.





# 2019 Strategic Initiatives Scorecard

To create our scorecard, we looked at progress achieved on strategic activities by December 2019. Initiatives are complete (**green**), in process (**yellow**), or on hold (**red**).

<b>1. Practice Transformation: Put the client at the center of our clinical practice through multi-disciplinary care teams</b>	
✓	Begin redesign of our 421 Fallsway building to accommodate co-located care teams
✓	Create and put into practice new clinic workflows, policies and procedures and updated job descriptions that support high quality, client-centered care
✓	Strengthen our practices around client safety
<b>2. Create a three-year plan for the expansion of supportive housing in Baltimore City</b>	
✓	Increase area hospital investment in supportive housing and the convalescent care program through innovative partnerships
✓	Increase supportive housing slots by partnering with private housing developers and public housing administrators
<i>In process</i>	Develop administrative and legislative relationships to develop and support policy solutions to the housing crisis
<b>3. Create the vision and begin a capital campaign</b>	
<i>In process</i>	Engage community to develop and implement a bold vision
<i>On hold</i>	Implement campaign leadership, staffing and infrastructure
<i>On hold</i>	Secure lead private commitments and identify governmental support



# Strategic Initiative 1

## Practice Transformation: Put the client at the center of our clinical practice through multi-disciplinary care teams

### Begin redesign of our 421 Fallsway building to accommodate co-located care teams | COMPLETE

In 2018, three out of seven of our care teams shared open work spaces—allowing doctors, nurses, therapists and others to frequently communicate about their clients. However, all but one care team at our largest site (421 Fallsway) was organized by profession. In 2019, we moved one care team (the Yellow Team with 12 members) into a shared space. Now, they sit near one another and work together as a unit. After the Yellow Team move, we saw notable improvements in client satisfaction scores during our biannual client survey.

From July to October, we conducted an in-depth analysis to understand what it would take to co-locate the three additional care teams at our downtown clinic (Purple, Green and Steel). Twelve staff members and clients on our Practice Transformation Workgroup shared feedback on redesign possibilities.



Client Survey Results	Quartile <i>1 = Bottom 25%   4 = Top 25%</i>	
	Downtown	Yellow Team
Did this provider’s office give you information about what to do if you needed care during evenings, weekends or holidays?	1	4 ↑
When you contacted this provider’s office during regular office hours, how often did you get an answer to your medical questions that same day?	1	4 ↑
How often did this provider show respect for what you had to say?	1	2 ↑
How often did this provider seem to know the important information about your medical history?	1	2 ↑

We also engaged architects and engineers to assess timelines and budgets for reconstruction. This research has been tremendously helpful in redesign preparation and helped us determine that we need to increase project management capacity before starting construction.

See more at [www.hchmd.org/team-based-care](http://www.hchmd.org/team-based-care)



## Create and put into practice new clinic workflows, policies and procedures and updated job descriptions that support high quality, client-centered care | **COMPLETE**

In January 2019, a Practice Transformation Workgroup convened monthly to improve care team integration and client-centered care. Members created new workflows to ensure all clients are assigned to care teams. The goal is simple: every client that walks through our doors will have a team supporting them in their path to health and stability.

Client Access Associates, who check clients in and out of the clinic, joined care teams so that the first and last person a client sees is familiar with their care needs.

In September, we rolled out care team huddles across the agency. Huddles are short, daily meetings at the start of clinical sessions that provide opportunities to coordinate client care. Now, all care teams meet for 10 minutes each day to discuss individual client needs.

Also in 2019, all staff members reviewed, revised and signed off on job descriptions. Now, members of the care teams have a clear, shared understanding of one another's responsibilities as they work closely together to support clients.

See care teams through a client's eyes at [www.hchmd.org/videos/meet-eugene-and-his-team](http://www.hchmd.org/videos/meet-eugene-and-his-team)



***“What they do for me—wow. I wish they could do that for everybody.”***  
*Eugene, Client*

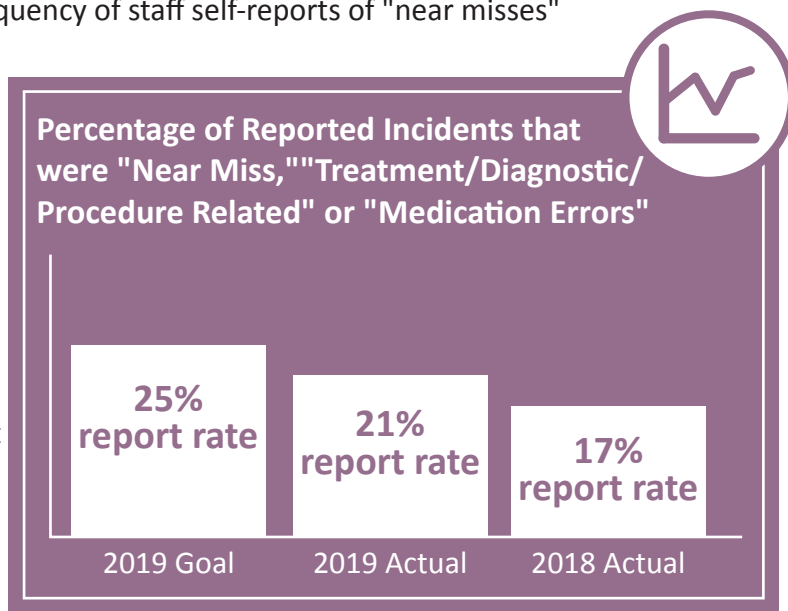
# Strategic Initiative 1

## Strengthen our practices around client safety | COMPLETE

Quality health care hinges on rigorous safety standards. We kicked off 2019 with our most comprehensive risk management assessment to date. The assessment included examining practices and surveying staff across clinics and in human resources and operations. Department directors answered a standardized 120-question survey which we used to inform our 2019 risk management goals

We also started the year off reminding ourselves of an important truth: everyone makes mistakes. The only way to mitigate those mistakes is to develop systems and workflows that will catch our slip-ups before they become a problem. In 2019, we increased the frequency of staff self-reports of "near misses" when providing clinical care. This way, we're proactively catching problems and working together to address them.

To help staff feel more comfortable talking about errors, our Safety Committee made incident reporting one of our eight annual Performance Improvement (PI) goals. Staff led several PI initiatives, including routine incident-reporting discussions at team meetings, giving staff handouts with instructions on submitting a report and training to improve incident follow-up. We also rolled out "Safety Stars" to recognize staff who submit incident reports at our monthly All-Staff Meetings. Thanks to all this work, staff submitted 23 near miss incident reports in 2019, compared to only five in 2018.



See more at [www.hchmd.org/performance-improvement-0](http://www.hchmd.org/performance-improvement-0)





Through targeted workgroups, staff improved care around three common client chronic illnesses: hepatitis C, diabetes and cancer.

### **Hepatitis C**

Thanks in part to our advocacy, the Maryland General Assembly passed legislation requiring Medicaid to cover medication for hepatitis C regardless of the stage of liver damage. Then, our Hepatitis C Workgroup reached out to clients who were newly eligible for treatment and wasted no time in starting them on medication.

### **Diabetes**

This year, we ranked in the top quartile of Federally Qualified Health Centers in diabetes treatment. Our Diabetes Workgroup focused on education, including:

- bringing in a Certified Diabetes Educator to educate staff on diabetes management
- leading a learning lab on diabetes management
- hosting a webinar on cognitive evaluations/interventions with the National Health Care for the Homeless Council
- creating “ReThink Your Drink” education boards to encourage less sugary beverage choices

Our nurses are also providing diabetes self-management education to clients and reaching out to clients with uncontrolled diabetes who have not yet engaged with care.

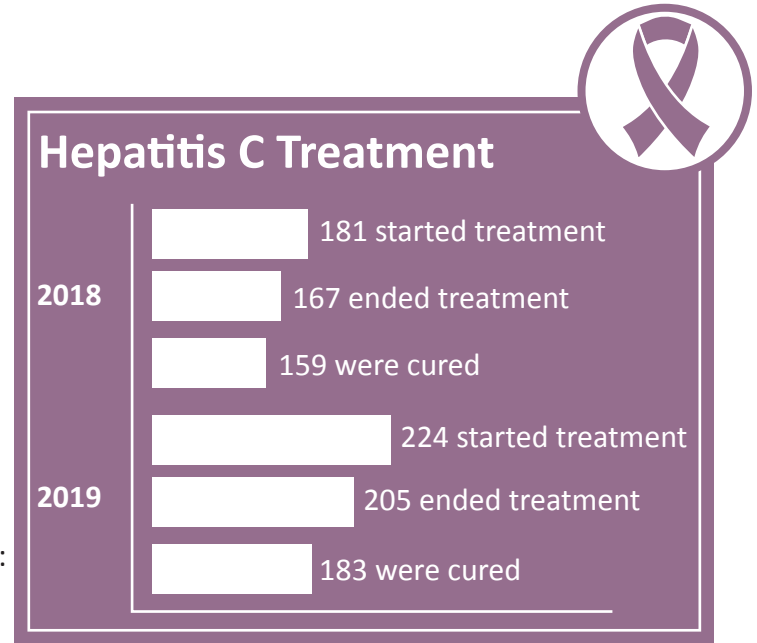
### **Cancer**

The Cancer Champions Committee focused on improving access to cancer screenings and support by:

- improving agency workflows around access to cancer screenings
- reminding clients about upcoming gastroenterology appointments and helping them with transportation
- educating women about the importance of cancer screenings during Women's Health Day
- more quickly following up on abnormal cancer screenings
- presenting a staff-led session on our work in cancer screenings at the National Health Care for the Homeless Council Conference & Policy Symposium

Nurses began meeting with clients needing colonoscopies to help set up appointments and address barriers to care. We now offer colonoscopy prep bags to prepare clients for the procedure.

Additionally, we are in the process of strengthening medical and nursing competencies. We are also partnering with the University of Maryland School of Social Work to create a standard curriculum to integrate behavioral health competencies into a clinical setting.



## Strategic Initiative 2

### Create a three-year plan for the expansion of supportive housing in Baltimore City

#### Increase area hospital investment in supportive housing and the convalescent care program through innovative partnerships | **COMPLETE**

In 2019, ten hospitals announced they would collectively commit \$2 million toward supportive housing services for people who will be moving into 200 homes (see more on page 11). Our leadership team worked with the Mayor's Office of Human Services for almost two years to secure the commitment and coordinate the investment. Our Housing Services department will provide the permanent supportive services for the soon-to-be-housed individuals.

CBS Baltimore and the Baltimore Sun covered the announcement. President and CEO Kevin Lindamood said, "What we see happening today is every single hospital in the city coming together in a partnership with the city of Baltimore and Health Care for the Homeless to say that there is a relationship between health status and housing."

In addition, we secured a grant from the Community Health Partnership of Baltimore to research and plan for the expansion of our Convalescent Care Program (CCP). Located in the city's largest shelter, CCP is the only place in the region for people experiencing homelessness to recuperate under doctor's supervision after being in the hospital. However, we do not have enough beds to meet the demand from area hospitals.

We devoted the last four months of 2019 to understanding the unmet need, quantifying our impact on hospital readmission rates and expenses and researching financing models. This work will guide programmatic expansion activities over the next few years.



#### Convalescent Care Program Impact

In the past year, we helped **148 clients** recover and return to their communities, healthy and stable.

**79%** with hypertension reached controlled blood pressure

**46%** had a colorectal cancer screening

**75%** had an HIV screening

**94%** of those surveyed agreed or strongly agreed that "my health is improving"

**100%** of those surveyed agreed or strongly agreed that "my care team is working together to come up with a plan to meet my needs"



**“The staff here are the best people I’ve ever met.”**  
*Noel, CCP client*

## Strategic Initiative 2

### Increase supportive housing slots by partnering with private housing developers and public housing administrators | **Complete**

This year we worked with the Maryland Health Department to double the number of supportive housing opportunities available through a federal matching program from 300 to 600, with 200 of those slots within Baltimore City.

Known as **Assistance in Community Integration Services (ACIS)**, this program pays for housing-related supportive services for individuals experiencing or at risk of experiencing homelessness. We will provide supportive services for each of those Baltimore-based slots. In 2019, 155 people moved into the first 100 homes and the next 100 homes are in the process of being filled. Our Housing Services department continues to grow to meet the demand.

#### Supportive Housing Works

- Better connection to primary care
- Higher likelihood of staying housed
- Better medication management
- Fewer ER visits



This year, we committed to partnering in the development of new affordable housing. Our first step was joining forces with Episcopal Housing Corporation to secure the first-ever “supportive housing set-aside” in the Maryland Low-Income Housing Tax Credit Program. Together, we will develop a 70-unit facility in East Baltimore to both prevent and end homelessness in the same project. Thirty-five units will end the homelessness of those experiencing it. And thirty-five will be highly affordable to people living at 50% of Area Median Income. We expect to break ground in late-2020/early-2021.

See more at [www.hchmd.org/supportive-housing](http://www.hchmd.org/supportive-housing)



**"When you go out into the world, you have to be fearless."**

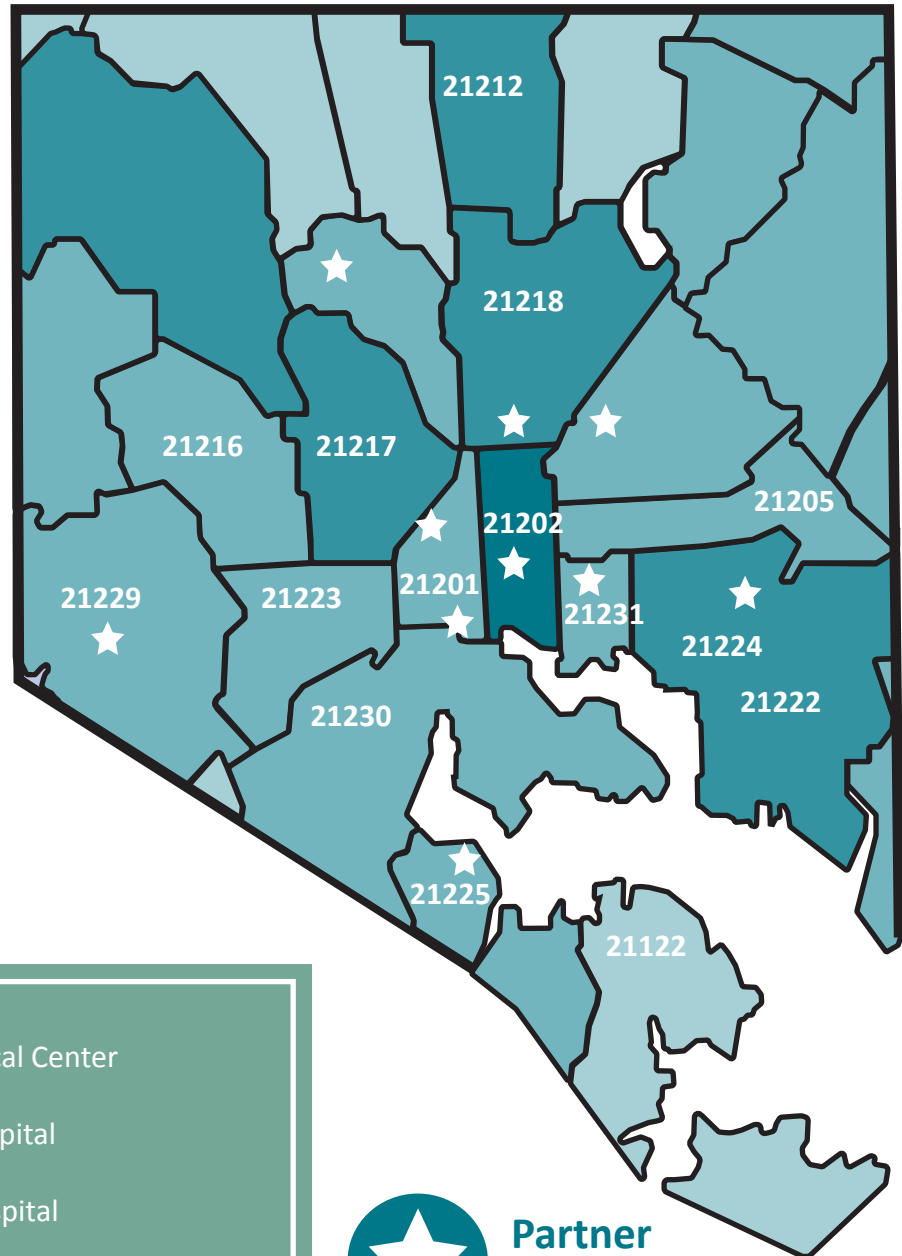
*Andrea Hill, client housed through ACIS program*



### Ten Hospitals Commit \$2M to Housing Services

Hospitals committed \$2 million to pay for supportive services for people moving into 200 homes (see page 8). We will be providing the supportive services for the newly housed individuals.

Zip Code	Units
21217	28
21215	13
21202	12
21225	7
21216	6
21212	4
21218	4
21223	4
21224	4
21201	3
21230	3
21205	3
21231	2
21229	2
21122	1
21222	1
21237	1



#### Partner Hospitals

- Johns Hopkins Bayview Medical Center
- Johns Hopkins Hospital
- MedStar Good Samaritan Hospital
- MedStar Harbor Hospital
- MedStar Union Memorial Hospital
- Mercy Medical Center
- Saint Agnes Hospital
- Sinai Hospital
- University of Maryland Medical Center-Downtown
- University of Maryland Medical Center-Midtown



**Partner  
Hospitals**

# Strategic Initiative 2

## Develop administrative and legislative relationships to develop and support policy solutions to the housing crisis | **IN PROCESS**

We are expanding our governmental relationships to include new areas and agencies.

On the city, county and state level, we are engaging with legislators and administrative officials to support housing policy issues that address homelessness. Among other things, we have advocated for affordable housing development, housing assistance, public benefits and fair housing.

We engaged members of the Maryland General Assembly from across the state, as well as numerous Baltimore City and Baltimore County councilmembers.

### Policy and Legislative Collaborations, including:

#### State of Maryland

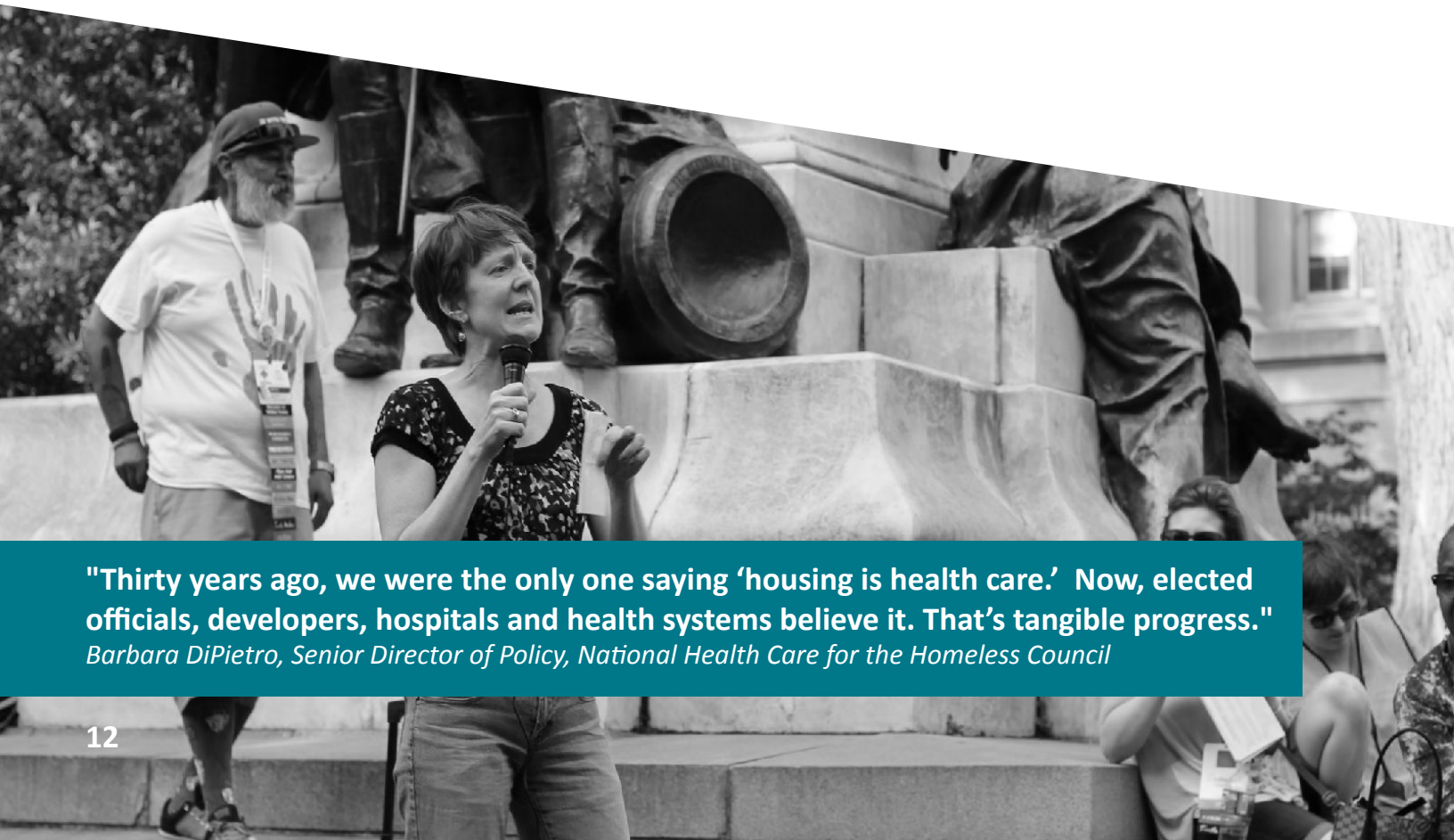
- General Assembly
- Department of Health
- Department of Housing & Community Development

#### Baltimore City

- Mayor
- Councilmembers
- Homeless Services
- Human Services
- Housing Authority
- Department of Housing & Community Development

#### Baltimore County

- County Executive
- Councilmembers
- Department of Planning
- Department of Health and Human Services



**"Thirty years ago, we were the only one saying 'housing is health care.' Now, elected officials, developers, hospitals and health systems believe it. That's tangible progress."**

*Barbara DiPietro, Senior Director of Policy, National Health Care for the Homeless Council*

In October, we organized and hosted a Community Convening on Homelessness with 150 community, education, business, religious, health care, government and philanthropic leaders. Held at the Reginald F. Lewis Museum, the event brought together a diverse and cross-sector group of leaders to engage in critical analysis and community dialogue around issues of homelessness, health care and housing.

Our goal was to generate new relationships across sectors to address issues of homelessness with greater empathy and awareness.

According to evaluations of the day, nearly all attendees are highly likely to reach out to (and hopefully work with) someone they met at the event.

Speakers included former Baltimore City Solicitor Andre Davis, Baltimore County Executive John Olszewski and Baltimore City Police Lieutenant Colonel Monique Brown.

See more at [www.hchmd.org/news/community-convening-homelessness](http://www.hchmd.org/news/community-convening-homelessness)



**"I learned to confront my own prejudices when it comes to the topic of homelessness."**

*Participant, Community Convening on Homelessness*

# Strategic Initiative 3

## Create the vision and begin a capital campaign

### Engage community to develop and implement a bold vision | IN PROCESS

In 2019, our Leadership team came together to develop a vision for a Capital Campaign that will further investment in housing and health care. A Core Committee, composed of three staff and five community leaders, drafted campaign objectives, a case for support and a working goal. Staff also solicited feedback on objectives and conducted training sessions with the Board of Directors to prepare the agency for robust fundraising efforts.

We developed a staff and client engagement plan to ensure our community has a voice in a capital campaign. Meanwhile, the Engagement department conducted a needs assessment and developed relationships across the West Baltimore community.

While we ultimately decided to put the capital campaign on hold this year, we developed priorities and a strong foundation to guide our future work.

### Capital Campaign Core Committee



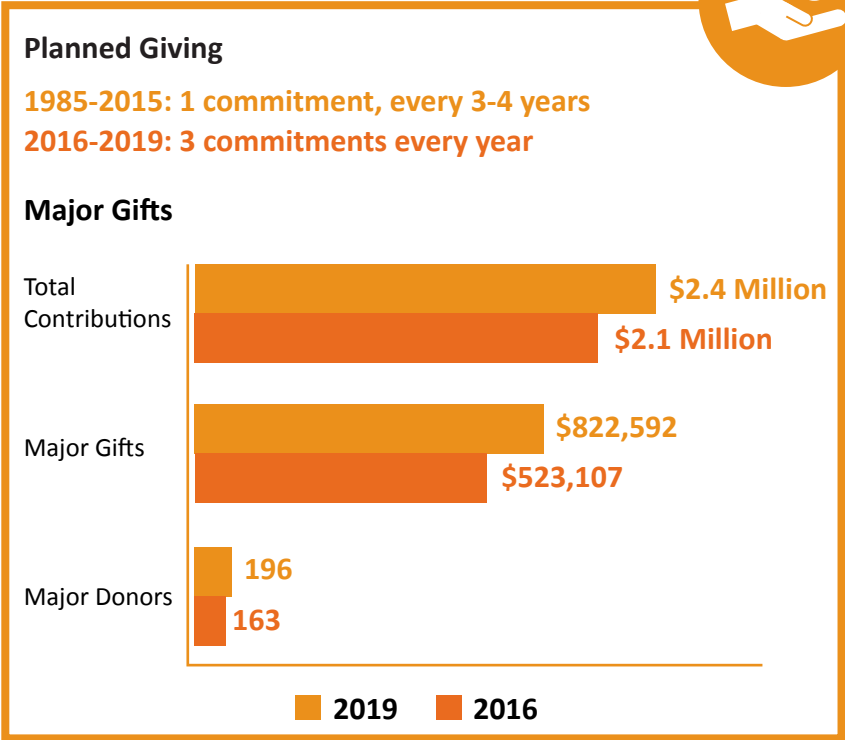
- **Kevin Lindamood**  
President and CEO, Health Care for the Homeless
- **Keiren Havens**  
Chief Strategy Officer, Health Care for the Homeless
- **Kevin Feldt**  
Director of Development, Health Care for the Homeless
- **Cheryl Matricciani**  
Board Chair; Executive Vice President, Chief Operating Officer and Secretary at Medical Mutual Liability Insurance of Maryland
- **George Watson**  
Board Treasurer; Consultant at Landmark Partners; Vice President of Corporate Development at Mid-Atlantic Health Care
- **Linda Jones**  
Board Development Committee Chair; Of Counsel at Gallagher, Evelius & Jones
- **Chet Burrell**  
Founder and managing member, Silavon Healthcare Holdings; Former President and CEO of CareFirst BlueCross BlueShield
- **Juliet Eurich**  
Former Executive Director, Alvin and Fanny B. Thalheimer Foundation



Implement campaign leadership, staffing and infrastructure | **ON HOLD**

In order to prepare for the capital campaign, we conducted a readiness assessment of our fundraising program and staffing structure. We strengthened our infrastructure with new policies and a second major gifts officer. We established a Legacy Circle for endowment and planned gift donors.

We also determined the staffing model necessary to run a campaign, oversee capital planning and manage new facilities. When we decide to launch a campaign, we will hit the ground running.



Secure lead private commitments and identify governmental support | **ON HOLD**

We identified our top 30 donors and created an engagement plan for them with a highly experienced capital campaign consultant. Our Development department created gift range and depth charts to understand the types of gifts we would need to reach our campaign goals. To complement private donations, we researched and developed a plan to secure governmental funding, including tax credits, loans, and city, state and federal grants. Combined, these sources will help with capital needs and make our work sustainable for many years to come.

Learn more at [www.hchmd.org/2018-2021-strategic-plan](http://www.hchmd.org/2018-2021-strategic-plan)



“Our goal is not just to deliver **good health care**  
but to **end homelessness**.

We can only do that with **affordable housing development** and increasing **supportive services**.

With this **strategic plan**, we’re doing both.”

*—Kevin Lindamood, President and CEO*





**Everyone deserves to go home.**



Baltimore, MD  
410-837-5533  
[hchmd.org](http://hchmd.org) | [@hchomeless](https://twitter.com/hchomeless)