



2022-2025 STRATEGIC PLAN

Approved by the Health Care for the Homeless
Board of Directors on May 24, 2022



Table of Contents

INTRODUCTION

- 04 Who We Are
- 05 Our Core Values
- 06 Our Racial Equity and Inclusion Principles

OUR FIVE-MONTH PROCESS

- 08 Our Approach
- 08 Strategic Plan Process Timeline
- 09 Strategic Planning Consultants and Committee

STRATEGIC PLAN

- 11 Our Vision and Mission
- 12 Strategic Plan Goals, Priorities, Strategies and Key Performance Indicators

APPENDIX

- 15 The Evolution of Our Mission Statement
- 16 Staff Input
- 21 Client Input
- 22 Board of Directors Input
- 23 Community Input
- 23 Environmental Scan



INTRODUCTION

Who We Are



Clinical Providers

Since 1985, Health Care for the Homeless has grown from a small program in the heart of Baltimore City to 240+ employees with multiple sites across the metropolitan Baltimore area. We serve anyone without a safe place to rest their head – those who are sleeping in shelters or transitional housing, on floors, couches, park benches and steam grates, in tents, abandoned buildings and cars. We also help more than 640 neighbors with multiple, serious health conditions to maintain their housing. While the organization is required to assess everyone for household income, it is a rare instance that clients experiencing homelessness pay for any service we provide.

Health Care for the Homeless is a non-profit federally qualified health center (FQHC) with a budget of \$29M that serves 10,000 people each year. We are accredited by The Joint Commission and certified by the National Committee for Quality Assurance (NCQA) as a patient-centered medical home (PCMH).

Addressing the trauma and health needs of people experiencing homelessness requires comprehensive care, which is our specialty. Cross-disciplinary teams of doctors, nurses, therapists, case managers, peer advocates and community health workers partner with clients to improve their health. Specialists provide on-site psychiatry and psychiatric occupational therapy. We also host Maryland's only dental clinic dedicated to providing preventive dental care for children and adults experiencing homelessness. Benefits specialists help clients access incomes and housing. Outreach workers work across the community to connect clients to care.



Advocates for Change

Homelessness is a policy choice. It is the result of generations of racist and discriminatory policies that systemically deny economic mobility, health care and housing, particularly for Black and brown neighbors. We, as a nation, wove racism into our public policies and institutions. We are collectively responsible for creating homelessness. Therefore, we are responsible for ending it.

Health Care for the Homeless is committed to doing the work of becoming a community-centered organization. While advocates include staff, service partners, donors and volunteers, Health Care for the Homeless aspires to center and amplify the voices of people with the lived experience of homelessness. The people directly affected by homelessness should have power to make change—in their own care, the health care system, and in public policies.



Supportive Housing Providers

Supportive housing services at Health Care for the Homeless began through a federal grant in 2001 to support people living with HIV/AIDS in housing, continued through a partnership with Baltimore City to house 30 people living in a downtown park and continued to steadily expand.

Our multidisciplinary housing teams research housing options, develop relationships with landlords and help clients through the housing application process. Once particularly vulnerable clients gain access to housing, staff members provide the supports they need to successfully transition and stay housed, including intensive case management, representative payee services, occupational therapy, group therapy and help with daily basics like house cleaning and shopping. Clients have access to the full range of services we offer.



Housing Developers

Decades of experience serving people without homes have taught us the transformative power of housing as a health intervention. Housing leads to greater engagement in care, better health outcomes, stabilization of family and greater income. Yet, housing remains out of reach for most clients. In Baltimore, for every ten households needing subsidized housing, there are four affordable units.

As part of our 2018-2021 Strategic Plan, we created a multi-year housing development strategy. In the fall of 2017, we celebrated the opening of Episcopal Housing Corporation's Sojourner Place at Argyle, a 12-unit development dedicated to people experiencing chronic homelessness where all residents receive supportive housing services from Health Care for the Homeless. A similar project, Four Ten Lofts, opened in 2021 with 20 units dedicated for clients. In 2021 we became a co-developer and co-owner of a 70-unit apartment building, Sojourner Place at Oliver that will open in 2022. Also in 2021, we added a full-time Housing Developer to our staff.

Our Core Values

Launched in 2012, our six core values are the collective promise we at Health Care for the Homeless make each day to ourselves, each other and the people we serve. They guide our work and relationships. They hold fast when we shift direction or change. They undergird our culture. They ground us in what is good, right and true.



Passion

*Challenging
Ourselves and the
World Around Us*



Justice

*Building a Healthy
Community that
Includes Everyone*



Dignity

*Fostering
Respect and
Compassion*



Balance

*Caring for Ourselves
and Helping Others
to Do the Same*



Authenticity

*Practicing Open
and Honest
Communication*



Hope

*Finding and
Focusing on
People's Strengths*

Our Racial Equity and Inclusion Principles (REI)

Adopted in 2021, our nine REI principles are a commitment to being anti-racist. We acknowledge that this takes time and we dedicate ourselves to this work over the long haul. In doing so, we will carry out the following actions:

Be explicit about race

We embrace the need to be explicit about our focus on race. To be explicit about race is not at the exclusion of other identities. Conversely, we recognize that intersecting identities exist within the construct of race.

Act with intention

We must act with intention when addressing racism within ourselves, our practices, policies, programs and procedures. We didn't end up with a system of white supremacy by accident and we will not dismantle it by accident.

Embrace discomfort

We recognize and embrace the discomfort that is critical and inherently a part of self-examination. We will not use our privilege to opt out when we feel challenged or uncomfortable.

Apply a racial equity lens

Before finalizing important decisions, we must consider who benefits from those decisions and who is excluded, forgotten and/or harmed. This involves applying a racially equitable and cultural lens to the way we deliver care and, in doing so, we realize this will require us to reimagine how we approach policy and procedure development. It also requires us to keep in mind the impact of our good intentions.

Create pathways for staff leadership

We will explicitly encourage BIPOC (Black, Indigenous and People of Color) to apply for employment, volunteer and internship opportunities. We will intentionally seek and nurture relationships with organizations that can help us to create a diverse workforce.

Create a culture of inclusion

We must move beyond racial representation to a culture of racial inclusion, where diverse people are not just seen, but where their voices and perspectives are regarded as a necessary ingredient to achieve our mission. We must view inclusion as a signal to BIPOC clients and staff that they are welcome.

Center client voice

We commit to centering client voice in the work we do. Rather than including their voice, insights, thoughts and feedback once a plan is in progress or completed, we will seek it at the onset in order to inform the direction of our work. We recognize that clients' perspectives and lived experience should inform our equity work.

Support BIPOC-owned businesses

We will use our financial resources and investments to support BIPOC-owned businesses when feasible as an intentional effort to reinvest in the communities of the people we serve. We will develop equitable processes to help us determine feasibility.

Promote a climate for honest feedback

We will create and maintain systems that facilitate sharing of both positive and constructive feedback in our REI work. We will create a climate where all feedback, including that which is less than favorable, can be shared without fear of retribution.

A staff-generated Multi-Year REI Action Plan keeps us on track in the work of infusing these principles into all aspects of our operations.



OUR FIVE-MONTH PROCESS

Our Approach

Strategic plans at Health Care for the Homeless guide our budgets and drive our investments in staff, services and programmatic expansions. They push the organization toward greater connection to community.

In 2022, we took time to reorient ourselves once again. Starting in January 2022, Health Care for the Homeless engaged in a five-month strategic planning process to shape the agency's direction over the next four years. As we completed our previous strategic plan and entered the third year of a global pandemic, we recognized that the number of clients we served was sinking, along with staff morale.

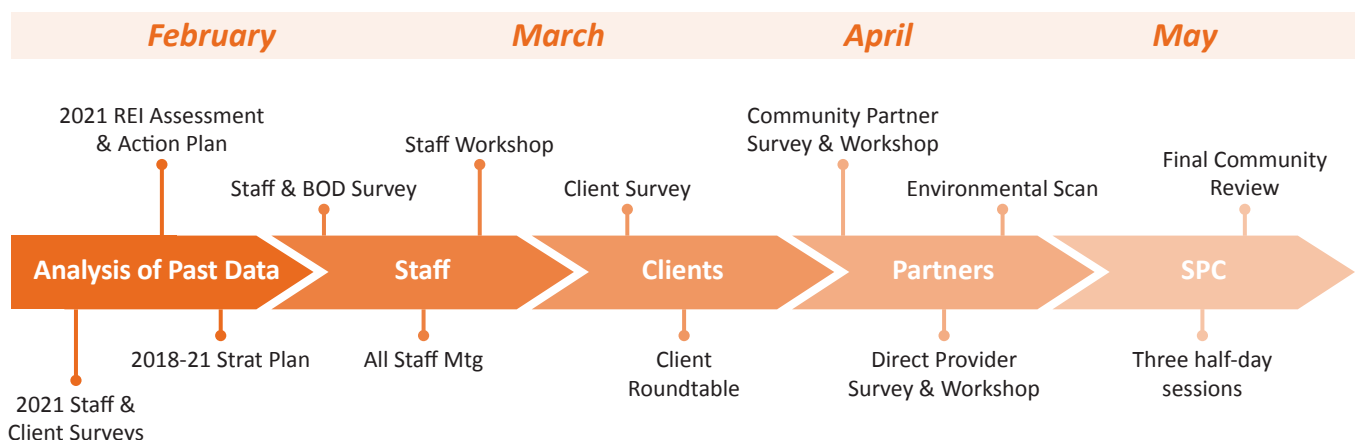
We expected three outcomes: a new vision statement, a revised mission statement and a new strategic plan. Our growing commitment to racial equity and inclusion was a driving force to the strategic planning process. Senior leaders recognize that we have failed to apply a racial equity lens to our work throughout our history and across all the roles we play in the community: as a non-profit, a health care provider and an advocate. This was painfully clear when looking through our last strategic plan, where race was not mentioned even one time, despite the glaring facts that Black and brown neighbors are disproportionately enduring more violence, jail time, lower wages, and limited options for where they live and work.

Health Care for the Homeless is like the vast majority of American non-profits: Our administrative and clinical leadership is primarily white, while most of the people we serve (85%) and the staff who work with them (64%) are Black and brown. Our systems and structures, created primarily by white leaders, support a white dominant framework not adept enough to address the equitable needs and concerns of the population we serve. We must evaluate, redesign and reimagine them.

We created our strategic planning process through the lens of our core values and new racial equity and inclusion principles. In every step of the process we worked to center the voices of the people most affected by the work of the agency: clients and staff. We believe that this overdue reorientation will make us a better, more effective organization and further our mission to end homelessness. The 2022-2025 Strategic Plan was a perfect opportunity to lay out a new direction with clarity and transparency.

Strategic Plan Process Timeline

See Appendix for details about surveys, meetings, and workshops.



Strategic Planning Consultants

Our consultants, People Rocket, were chosen through a rigorous selection process that included line staff, agency leadership and Board members. People Rocket consultants **Zennon Golden Black**, **Sarah Krongard** and **Sheila Gonzalez** were thought and design partners, helping us to frame the process and each event on the timeline with an open, thoughtful approach.



Strategic Planning Committee

The committee was broadly representative of our community with 20 leaders from the Board of Directors, senior staff, peer-elected staff, clients and community partners.

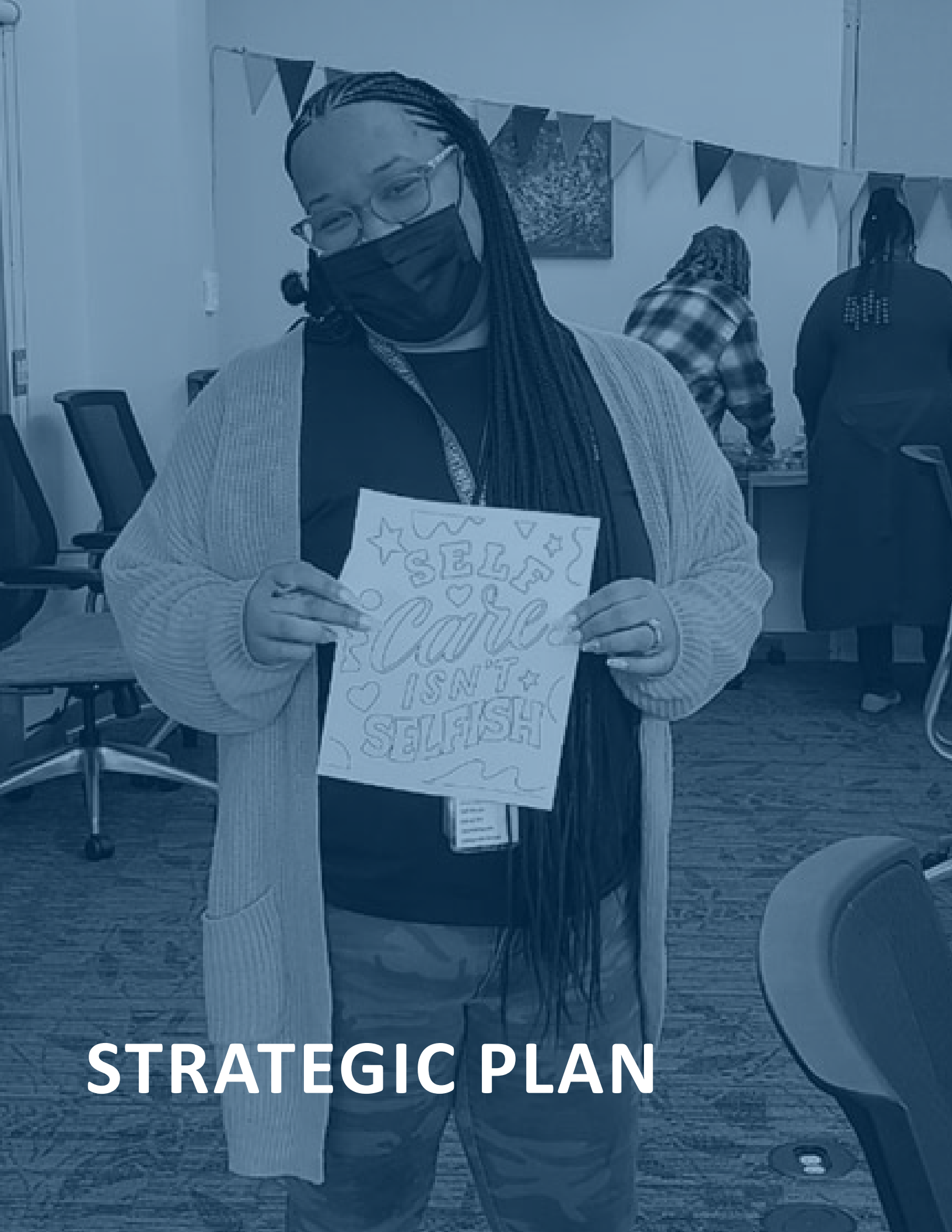
Chelsea K. Arthur, MS *Board Chair; CMS Senior Program Manager, SemanticBits*
Tonya Barlow *Client*
Danielle Brodie *Client Service Representative, Elected Staff Representative*
Julia Davis, RN *Fallsview Nurse Manager, Elected Staff Representative*
Keiren Havens *Chief Strategy Officer*
Amelia Jackson, NP *Medical Provider, Elected Staff Representative*
Michael B. Jackson, MBA *2nd Vice Chair, Board of Directors; AVP, Global Head of Industries, DocuSign*
Kara Keicher, LCSW-C *Therapist Case Manager, Elected Staff Representative*
Stuart Levine, MD, FACP *Committee Chair, 1st Vice Chair; Chair, Board of Directors; President, MedStar Franklin Square Medical Center & Senior Vice President, MedStar Health*
Kevin Lindamood, MSW *President & CEO*
Elena D. Marcuss, Esq. *Secretary, Board of Directors; Partner, Labor and Employment Practice, McGuireWoods LLP*
Eddie Martin, Jr. *Sr. Director of Equity & Engagement*
Albert Miller *Member, Consumer Relations Committee, Board of Directors*
Conti Mims *Client*
Jesus Talavera *COVID Screener/Client Service Representative, Elected Staff Representative*
Tolu Thomas *Chief Quality Officer*
Christopher Thomaskutty *Treasurer, Board of Directors; Senior Vice President, Physician Enterprise & Chief of Staff, Mercy Health Services*
Adrienne Trustman, MD *Chief Medical Officer*
Lawanda Williams, MPH, LCSW-C *Chief Behavioral Health Officer*
Randi Woods, MS, MBA, RN *Co-Chair, Policy & Engagement Committee, Board of Directors, Senior Director of Community Care Coordination, Sisters Together and Reaching*
Reverend S. Todd Yeary, PhD *Senior Pastor, Douglas Memorial Community Church; CEO of Rainbow PUSH Coalition; CEO of DMCC Community Development Corporations: Camp Farthest Out and Douglas Village*

Consultant Demographics (n=3)

67% Female
33% Black or African American
33% Hispanic/Latinx
33% Lived Experience of Homelessness

Committee Demographics (n=21)

55% Female
60% Black or African American
5% Hispanic/Latinx
25% Lived Experience of Homelessness



STRATEGIC PLAN

Our Vision and Mission

Vision

**Everyone is healthy
and has a safe home
in a just and respectful
community.**

A vision is an ideal state that we work every day to achieve. A vision can unite us as a community and give us a common purpose. Through community conversations, we arrived at a vision statement that reflects what we wish for every person.

Mission

**We work to end
homelessness through
racially equitable health
care, housing and
advocacy in partnership
with those of us who
have experienced it.**

While our mission statement has changed over time, we remain steadfast in our belief that homelessness can only be addressed by a combination of direct care and policy change.



Strategic Plan Goals



Goal One

We will provide consistently excellent care for clients when & how they want it

Priorities

1. Be Racially Equitable and Inclusive
2. Offer a Consistent, Positive Client Experience Wherever We Provide Care
3. Design Services and Systems that Meet Client Demand
4. Address Root Causes of Homelessness

Strategies

1. Strengthen Team-Based Care “Post-Pandemic”
2. Enhance Care to Be Client-Informed, Culturally Appropriate and Safe for All
3. Address Unmet Health Care Needs of the Populations We Serve
4. Use a Socio-Ecological Framework to Approach Our Work

Key Performance Indicators

1. Percentage of annual Clinical Quality Measures (CQM) met
2. Improvement in third next available appointment



Socio-Ecological Model

This model considers the complex interplay between individual, relationship, community and societal factors. It allows us to understand the range of factors that influence people. The overlapping rings illustrate how factors at one level influence factors at another level. The model also suggests that it is necessary to act across multiple levels at the same time.



Goal Two

We have a positive work environment where staff are valued, connected & can grow

Priorities

1. Create an Anti-Racist Culture
2. Design a Healthy Workplace
3. Adapt to Meet Workforce Demands

Strategies

1. Establish a Culture of Continuous Learning
2. Expect Fair, Responsive and Accountable Leaders at Every Level
3. Design Benefits that Prioritize Staff Wellness
4. Create More Flexible Staffing Models that Also Meet Client Demand

Key Performance Indicators

1. Percent change in staff survey score ("I know what is expected of me at work")
2. Completion rate in training program development



Goal Three

We build the systems and tools necessary for quality, consistency and agility

Priorities

1. Make infrastructure, tools and data easy to navigate
2. Develop transparent systems and processes
3. Foster shared accountability for sustainable business practices

Strategies

1. Co-design processes with impacted parties as a matter of practice
2. Develop shared understanding and ownership
3. Ensure our systems are organized and accessible

Key Performance Indicators

1. Percent of department/grant budgets met
2. Percent, by department, of annual standard operating procedures completed



APPENDIX

Our Mission Statement has Evolved over the Years

1990's

We eliminate health-related barriers to independence for people experiencing homelessness. We accomplish this through three mechanisms:

- The provision of comprehensive health care including medical, mental health, addiction, and social work services;
- Educating health care providers and policy makers concerning the special health care needs of people experiencing homelessness (e.g., the impact of managed care on access to appropriate services); and
- Advocating for public policies and private practices which ameliorate homelessness (including universal health insurance, affordable housing, and adequate incomes [wages and disability assistance]).

2000

We provide and coordinate health care and related services to enable homeless people in the State of Maryland to achieve or maintain a level of health that allows them the greatest self-sufficiency possible, and to remove health related obstacles which prevent them from resolving their homelessness.

2005-2009

We provide health and related services, education, and advocacy to reduce the incidence and burdens of homelessness.

2012-2021

We work 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.

In 2022, we changed the mission statement in a few important ways:

Stylistically, we aimed to shorten the statement to make it easier for all of us to remember and share with others; the new version is shorter by a third.

Preventing homelessness will not be an issue if we can end homelessness for good.

Racism is a primary factor in the creation of homelessness. Not only does racism help to explain how we got to this point in our history, it also pervades our practices as an organization. We felt it was important to define and hold ourselves accountable for ensuring that our approach to this work is *racially equitable*. By definition, this phrase demands that our approach include *community engagement*.

We define *health care* broadly to encompass the span of our direct services: primary care, case management, therapy, psychiatry, peer support, outreach, benefits enrollment, dentistry, outreach. *All* of these services are necessary for healthy individuals and communities. Rather than enumerate our work in detail, we chose to simplify the statement into *health care, housing and advocacy*.

Health Care for the Homeless works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated *through racially equitable* health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy and community engagement in partnership with those of us who have experienced it.

Ending homelessness can only be accomplished *in partnership with those of us with lived experience*. This sentiment replaces “for vulnerable individuals and families” which portrays people with lived experience as passive recipients of our care. In this way, clients are not seen as “other” and their participation is highlighted as essential to the way we operate.

Summary of Staff Input

Through surveys and workshops, staff identified four primary areas for improvement in the next four years: (a) Culture and Communication; (b) Operational Systems and Processes; (c) Staff Support and (d) Client Services.

Culture and Communication:

- Build Trust
- Create Opportunities for Voice
- Increase Transparency
- Increase Accountability

Operational Systems and Processes:

- Greater Internal Communication
- Streamline Finance Systems
- Improve Clinical Operations
- Ensure Leadership at Every Level

Staff Support:

- Ensure Equitable and Transparent Compensation
- Focus on Professional Development
- Ensure Equitable Hiring, Promotion and Termination Practices
- Focus on Health and Well-being

Client Services:

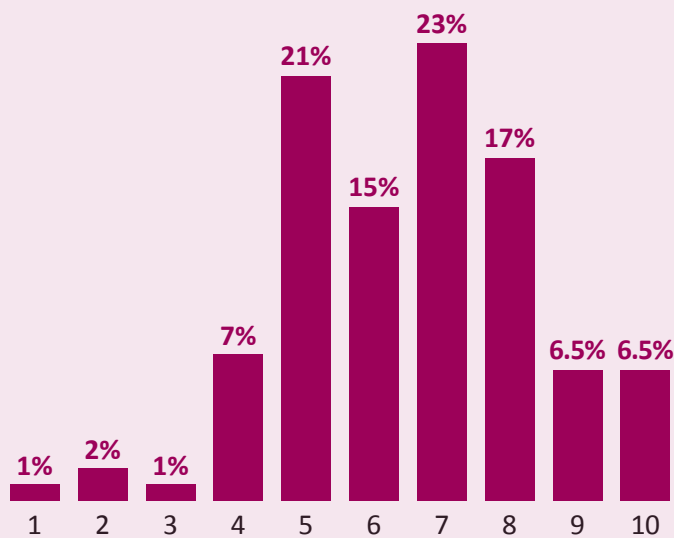
- Person-Centered Care
- More Housing
- Safe, Clean Environment
- Equitable Access

“[To get to a 10] we need to encourage staff in their respective careers. Create more opportunities for staff to be promoted within the organization.”

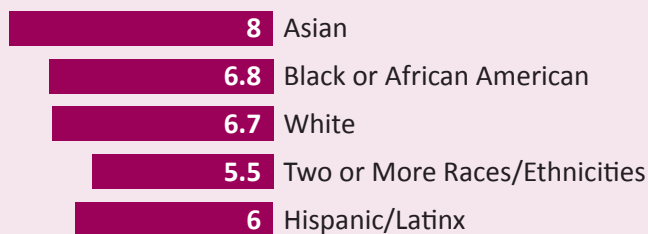
Staff Survey from February 28–March 9, 2022

On a scale of 1-10, where one is “failing” and ten is “excellent,” where do you feel Health Care for Homeless is located?

(n=122, mean=6.5, median & mode=7)



Average Ranking by Race/Ethnicity



What do we need to improve in order to get to a “ten”?

73% of staff suggestions were about culture, communication, support and operational systems & processes

Key Takeaways:

- Our organizational processes, practices, and culture are hindering our own ability to create access to quality care and provide excellent care.
- We are faced with urgent morale, retention, and burnout challenges.
- Our challenges are perpetuated and exacerbated by issues of racial equity and inclusion that permeate throughout our organizational operations.

Staff Survey Demographics (n=122)

Race/Ethnicity

36% White
34% Black or African American
18% Not Identified
8% Two or More Races/Ethnicities
2% Asian
2% Hispanic

Gender Identity

52% Female
23% Not Identified
21% Male
4% Transgender or Gender Nonbinary

Staff Breakout Group on February 10, 2022

Sample responses to: *What might you and your team do differently to create an excellent experience for the people you serve?*

- Expand walk-in hours to match clinic hours
- Be more consistent with clients with what they can expect regarding processes, procedures, expectations, how to do things and what they can expect
- Find a balance with making improvements to workflow and process while maintaining consistency and not change things too much
- Clean and organize desk; not be on the phone in front of clients; make eye contact
- Be on time
- Treat each other (co-workers) with mutual respect
- Make sure clients are familiar with other members of the team
- Working as an organized unit; be on one accord
- Give consistent information across providers
- Ask for feedback; ask for clarification
- Have policies and procedures in writing
- Treat clients with respect and make them feel important
- Looking at the bias that I might have within myself
- Change the language I use when talking about clients
- It starts with looking at ourselves. We're all guilty of paternalism
- Catch up on documentation – this helps me be at my best the next day.
- Trust that co-workers will be able to do their jobs
- Ask about client's previous attempts to remedy health issues—acknowledge their agency and expertise in managing their health
- Be more mindful and appreciative of client's right to self-determination
- Allow clients to lead and guide their goals
- Honor clients' time
- Take a collective approach to how the patient processes through the system.
- I can do a better job at relaying information and seeking more input.
- Do research and visit other sites and other providers see how they do things and what we can take back
- Take time to clearly explain so clients can better understand how agency procedure affects their visit.
- Simple, clear handouts with a client's team, care plan, and just more printed materials
- Listen, validate, take TIME and give full attention
- Communication and staying organized is key.

All-Staff Meeting on March 10, 2022

Top priorities:

- Equitable & appropriate compensation
- Flexibility with schedules & work-life balance
- Increasing hiring & promotion
- Learning & development (related to job/skills, REI, and delivering trauma-informed care)
- Consistent and clear pathways for promotion & evaluation
- Trust between positions of differing hierarchies
- Low morale (feeling overworked, undervalued and “sinking ship”)
- Poor management styles (micromanaging, cultural & racial micro/macro-aggressions)
- Individuals and systems that communicate cross organizationally
- Need for intentional team building
- Equal & appropriate accountability
- Transparency around decision-making

Staff Workshop on March 31, 2022

Ideas for improvement

Organizational Culture:

Relationship Building

- Have off-site gatherings (both work and non-work related)
- Have dedicated time to get to know each other

Decision Making

- Involve those whom decisions will directly affect into the decision-making process
- Increase visibility and transparency into how decisions are made
- Have a structured and consistent process for how decisions are made
- Key areas mentioned around decision making were:
 - Hiring decisions, process/program changes, and how priorities are determined

Organizational Leadership

- Have leadership spend time shadowing people across the organization
- Bring “open-door” opportunities to various sites

Management

- Have managers go through the same trainings as the people they manage
- Require that managers go through training programs on how to manage people/staff
- Standardize templates for meetings that are actionable and leave space for staff to discuss necessary supports
- Standardize growth development plans for staff

Operational Insights

- Have a living resource library of services and person who is responsible for those services
- Better onboarding so we are aware of organizational resources
- Create programs (day-in-the-life library, shadowing, monthly share-out/updates, etc.) for staff
- Be aware of what is happening and changing across the organization

Organizational Practices

- Have department-specific REI goals and objectives
- Find additional meaningful ways to recognize, acknowledge, and celebrate staff

Accountability

- Set clear and equal expectations and deadlines
- Clearly defined “follow-up” loops
- Implement recommended ideas and if not, share why

Client Care and Services:

Client-related

- Ensure clients have a voice in their care plans
- Physically meet people where they are
 - Mobile clinic
 - Bring dentists, nurses directly where patients are
 - Host health fairs

Community Partnerships

- Invest in developing relationships with community partners who have already put in the time to build trust among those we serve

Staff Supports and Training

- Provide flexible and personalized professional development for staff
- Implement trauma-informed training for staff
- Be intentional about language (i.e. equity, trauma-informed, and client-centered are not interchangeable)

Operational

- Ensure equity in services offered at sites as well as in the treatment of sites



Summary of Client Input

Through surveys and workshops, staff identified three primary areas for improvement in the next four years: (a) Equitable Access, (b) More Services and (c) Customer Service.

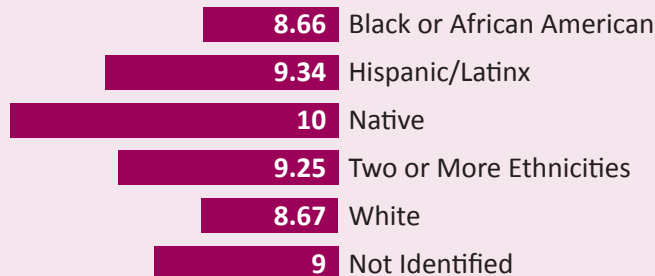
- **Equitable Access:** Create systems and processes that provide services when and where clients need them
- **More Services:** Build out services that are missing or are stretched thin
- **Customer Service:** Improve clients' interpersonal experiences to be consistently respectful and compassionate

Client survey

On a scale of 1-10, where one is "failing" and ten is "excellent," where do you feel Health Care for Homeless is located?

Average Ranking by Race/Ethnicity

(n=65, mean=8.84, median & mode=10)



Top Service Needs identified

- Medical
- Dental
- Behavioral
- Supportive Services
 - Housing Assistance
 - ID/SS Card
 - Mail

Barriers to Accessing Care

- Lack of transportation; locations are too far away
- Walk-in hours and process (scheduling) don't work for me
- Clinic hours don't work for me

Best way to help others learn about services

- Direct Community Outreach
- Word of Mouth

Key Takeaways:

- Disjointed and complex processes, systems, and operational practices are hindering the consistency and quality of care being received. Client knowledge and assistance is drastically variable depending on who they encounter.
- We need to focus on improving clients' interpersonal experiences. Clients reported sometimes encountering rude, judgmental, or dismissive staff. Very inconsistent (sometimes they are friendly and helpful, other times staff is rude and unhelpful).
- We need to increase awareness of the services we provide.

Client Roundtable Feedback on April 15, 2022

Ways we can earn a “10 out of 10”

- Connect with my story; empathize
- You have the resources, you should use them on my behalf, I shouldn't get a “run around”
- Give me email access to my provider; give me access to MyChart
- I want to feel like the only patient during the time I am with a provider
- Respect my time; don't make me wait
- Appointment length should be tailored to the complexity of my needs
- We're not “typical” patients; the appointment scheduling system is not working for us
- Communicate with us- often and with respect
- If you change a process, tell us
- Saying “no” can shut us down. Have more resources and say, “Here's someone else who might be able to help you”
- Make sure we know all the services available to us; make flyers for services like vision and dental care
- Make hours for specialty care (e.g., occupational therapy) more accessible – hours are too limited
- When referring us, make sure the referral site is prepared for us. It costs time and money to show up somewhere when they are not expecting me
- Make sure your staff know what's going on. I've been told there are “new systems” that staff don't understand and that's why I can't get care

Summary of Board of Directors Input

The Board of Directors participated in a survey and were invited to all strategic planning roundtables. Areas for improvement over the next four years that were identified in the survey echoed staff input closely and included:

Improve Staff Retention

- Hire and attract the best talent
- Decrease turnover
- Ensure leadership continuity during transitions

Center Equity

- Center client voice
- Ensure services meet client need
- Create opportunities for staff input

Expand Housing Efforts

- Expand community partnerships to address housing crisis
- Expand advocacy around housing

Improve Operations and Systems

- Create efficient and sustainable operating systems
- Stabilize financial model

Board of Directors

Demographics (n=23)

52% Female

39% Black or African American

30% Lived Experience of Homelessness

Summary of Community Input

Through surveys and roundtables, fellow direct service providers and community collaborators shared a strong desire to work more closely, particularly to establish or rebuild referral and service connections that had lessened during the pandemic years. Additional information is summarized in the environmental scan below.

Summary of Environmental Scan

Two primary areas were identified as needing our attention through our environmental scan: (1) changing demographics and (2) changed landscape of behavioral health care programs in the region. Over the next four years, we will need to make fundamental changes to the way we operate to meet shifting demands of the people we serve.

Services to Spanish-Speaking Adults, Families and Children

- Growth in Spanish-speaking clients as a percent of clients annually: 2009: 3%, 2021: 34%
- 96% identified as homeless; 97% are uninsured
- Spanish-speaking clients are predominantly younger, identify as female and have less than a ninth grade education
- Citizenship and immigration status within households are complex and variable, as is the definition of “homelessness”
- The Baltimore region lacks affordable, culturally-appropriate Hispanic/Latinx health services across age and discipline, particularly if they are uninsured
- Within the agency, we need more:
 - Culturally-appropriate Hispanic/Latinx health services across age and discipline
 - Expertise in immigrant care and case management

An Evaluation of Our Behavioral Health Care Delivery Model

- Decline in participation in traditional substance use disorder treatment
- Decline in clients seeking behavioral health therapy
- Growth of Medicaid-funded programs in the community, including:
 - Psychiatric Rehabilitation Programs
 - Medication Assisted Treatment Programs
 - These programs often include transportation and incentives, which we do not.
- Consideration of how to better meet the needs of families and children
- Particular attention to delivering culturally-appropriate care to Black/African American and Hispanic/Latinx clients and their families
- Consideration of community-based and home-based care delivery, as well as the future of telehealth care delivery



Health Care for the Homeless works to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.

Headquarters:
421 Fallsway
Baltimore, MD 21202

410-837-5533
www.hchmd.org



Nationally recognized for quality

