

Strategic Initiatives 2021

Goal 1: 100% of the people we serve will have timely access to quality, whole-person health care and affordable housing

1. Improve client access

- A. Meet 80% utilization goal with a focus on timely service availability
- B. Develop systems to quickly and efficiently administer COVID-19 vaccinations to all clients who want them
- C. 40% of specialty referrals will be completed within three months of referral initiation (baseline: 7%).
- D. Convene workgroup to address growth in uninsured clients, particularly Spanish-speaking individuals and families

2. Improve clinical quality

- A. Achieve a live answer rate of 85%, with a focus on clients with limited English proficiency.
- B. Reduce disparities between racial and ethnic groups by 25% for uncontrolled diabetes compared to agency average

3. Prepare and support staff to provide excellent care, as well as to advance their careers

- A. Meet national benchmark for Staff Survey question: "I would like to be working here two to three years from now" (currently: 3.23; national baseline: 3.47).
- B. Identify and offer trainings and resources through a race equity lens
- C. Implement new processes for creating procedures and workflows that are more inclusive of "frontline" staff voices

Goal 2: We will design and implement sustainable business models for affordable housing development and supportive housing

1. Expand housing in the Greater Baltimore region with new housing projects

- A. Break ground on Sojourner Place with 35 new housing units with supportive services onsite
- B. Open 410 Lofts Apartments with 20 new housing units with supportive services onsite
- C. Secure site control on property for a new affordable housing project

2. Expand capacity and relationships to engage in housing development

- A. Hire Housing Development staff

3. Draft and propose a multi-year Housing Plan

4. Reach ACIS program grant goal of 200 households; explore expansion and/or renewal of program with state

Goal 3: As a result of our care, the health outcomes of our clients will rival the health outcomes of a stable population

1. Utilize national data sets to drive improvements in client outcomes

as of 4/7/2021

- A. 10% of adults diagnosed with major depression or dysthymia:
 - Will demonstrate remission at 12 months (+/- 60 days) (baseline: 2.3%); and
 - 85% will receive a follow-up screening at 12 months (+/- 60 days).
 - B. 50% of two-year old clients will have received all age appropriate vaccines by their second birthday (2020 baseline: 9%; national: 88%; state: 65-92%)
- 2. Collect and utilize clients' social determinants of health surveys to improve care and outcomes**
- A. 90% of clients who identify as having food insecurity or transportation challenges will be connected to a Case Manager or Community Health Worker (baseline: 71%)
- 3. Establish institutional structures to institute racial equity and inclusion (REI) in organizational practice and culture**
- A. Complete third-party organizational REI assessment
 - B. Fill three positions to support racial equity and inclusion in practice and culture
 - C. Complete initial anti-racist trainings and discussions at Executive & Management level
 - D. Launch one Affinity Group
 - E. Create and begin implementation of a multi-year organizational REI plan

Organizational Initiatives 2021

1. Structure

- A. Migrate to new EHR platform; utilize opportunity to co-create new workflows and processes with frontline staff
- B. Move clinic location within Grace Medical
- C. negotiate extended 1-year lease at 201 E. Baltimore Street; Assess space needs to determine whether to renew 201 E. Baltimore lease in 2022
- D. Return Convalescent Care Program to WHRC; explore establishing a clinic at WHRC
- E. Reestablish Mobile Clinic Program
- F. Assess and then appropriately change management structures in Medical and Clinical Operations
- G. Assess phone system and process to meet agency need
- H. Institute permanent (vs. emergency) telework systems, structures and practices

2. People

- A. Reinstitute supervisory training series
- B. Reinvigorate the care team model of practice
- C. Introduce bilingual (Spanish-English) staff/candidate assessment and pay practices
- D. Institute a workplace/clinic safety workgroup to reduce physical, criminal and verbal incidents to <25% of incident reports
- E. Establish baseline REI metrics for recruitment and retention
- F. Share salary ranges by position with staff and applicants

3. Process

- A. Complete HRSA site visit + respond to 120 day plan as necessary
- B. Complete TJC accreditation site visit
- C. Reintroduce departmental key performance indicators (KPI)
- D. Develop an approach to UDS data through REI lens
- E. Complete HRSA Service Area Competition (SAC) application
- F. Complete NCQA annual certification
- G. Improve data reliability in the EHR through shared definitions, standards of practice (SOP), and coding and documentation improvement cycles
- H. Analyze and begin reforming key operational processes with REI lens

4. Program

- A. Establish Client Food Pantry
- B. Establish new vendor relationship for client eyeglasses
- C. Establish OB/Prenatal Program relationship with Mercy