

**2017 - 2020**

# **STRATEGIC PLAN**



# Project H.O.P.E. Strategic Plan: 2017 – 2020

## Executive Summary

Project H.O.P.E. provides the continuum of medical, behavioral health, and enabling services including case management, referrals, translation and interpretation services, transportation and eligibility assistance to the homeless and those at risk of homelessness throughout Camden County. Homelessness and unstable housing are directly linked to poor health outcomes. Our mission is to provide the best possible health care services for our vulnerable population. We are also committed to and relentless advocates of improving the delivery of care model for individuals who are homeless so that we can facilitate better access to quality healthcare and improve health outcomes.

Project H.O.P.E. has greatly expanded over the past 3 years. Through a \$4.7 million grant from the US Health and Human Services Agency made possible by the Affordable Care Act, Project H.O.P.E. constructed the West Street Health Center, a new 2 story 12,000 square foot health facility expanding from 3 exam rooms to 11 and from 24 staff to 40. The West Street Health Center is located in Camden's Lanning Square neighborhood, a designated Health Professional Shortage Area where there is insufficient primary care resources to meet the needs of its residents. Also through the Affordable Care Act, we now offer behavioral health and substance abuse services to our patient population and have made significant technology improvements to better monitor quality and chronic care indicators for the patients we serve.

Project H.O.P.E. engaged in a strategic planning process during 2016, obtaining input through in-person meetings and written surveys from our stakeholders including health center patients, community groups, board members and staff. The planning process brought great ideas, concerns and challenges to our attention. We also conducted an analysis of our strengths, weaknesses, emerging opportunities and potential threats. As a result of this process we have developed this 2017-2020 Strategic Plan which outlines the goals Project H.O.P.E. aims to achieve over the next three years. This 2017-2020 Strategic Plan aligns with the goals of the Health Resources and Services Administration (HRSA) of HHS, the primary federal agency for improving access to health care for the medically underserved.

Project H.O.P.E.'s 2017-2020 Strategic Plan places a strong emphasis on access to health care through improvements to patient experience, quality of care, staff development and community engagement. Over the past several years, we have made progress in community engagement and the implementation of best-practice clinical efforts and aim to continue to build on that progress.

We expect that changes at the federal and state levels will provide Project H.O.P.E. as well as other health centers with both challenges and opportunities for growth. In our dramatically changing health care environment we must be prepared to meet these new challenges while continuing to improve the health outcomes of those we serve.

## **Mission**

The Board of Trustees adopted the following mission statement on May 18, 2010:

***The mission of Project H.O.P.E. is to improve the health and well-being of homeless persons and others in need within the greater Camden, New Jersey area by providing primary, preventative and related health care services.***

Project H.O.P.E. fulfills this mission by providing primary care and social services and, since its founding in 1993, has provided care to more than 21,000 homeless patients. Project H.O.P.E. is the only provider of medical services specifically for the homeless in Camden County and one of five Federally Qualified Health Center (FQHC) homeless projects in New Jersey.

## **About Project H.O.P.E.**

Project H.O.P.E. currently provides culturally sensitive comprehensive primary health care to patients at four locations: its main site West Street Health Center, a satellite center at the Camden City Volunteers of America site, a satellite center at Cathedral Kitchen and through its Mobile Health Van which takes health care, mental health and substance abuse services to the streets and points where homeless people gather in Camden.

Project H.O.P.E. completed construction of its new facility, West Street Health Center, in August 2015 replacing the smaller clinic that was on the same site. West Street Health Center is located in Camden's Lanning Square neighborhood, a designated Health Professional Shortage Area where there is insufficient primary care resources to meet the needs of residents. The two-story, 12,000 square foot facility provides primary care, behavioral care and substance use disorder services to patients throughout the community and is home to Project H.O.P.E.'s administrative operations and call center.

Through our integrated and coordinated care approach, the West Street Health Center serves as a model for treating complex patient populations with coexisting behavioral health and primary care needs. The design of the clinical space facilitates the coordination of mental health, substance use disorder, and primary care services to help achieve the best outcomes for patients.

## **Stakeholders**

Project H.O.P.E. stakeholders include patients, staff members, volunteers, Board of Trustees, funding agencies, donors, organizational partners, Community Advisory Board (CAB) members, local government, public officials, neighbors, the Camden area community, local health providers, and local homeless service providers.

## **Mandates**

The Bureau of Primary Health Care (BPHC) under the Human Resources Service Administration (HRSA) of the United States government has defined 19 key requirements that must be met in order to operate and receive funding as a Federally Qualified Health Center (FQHC). These requirements

relate to defining need, breadth of services, management and services, and governance. In order to remain an FQHC, Project H.O.P.E. must continue to be in compliance with the requirements, which are listed in **Appendix A**. While working to fulfill its mission in the most responsible and efficient manner, Project H.O.P.E. will simultaneously be working to meet the 19 BPHC requirements prescribed by HRSA.

## **Plan Development**

This Strategic Plan was developed in close coordination with Project H.O.P.E. patients and their delegates serving on the CAB, Project H.O.P.E. staff and the Board of Trustees. Project H.O.P.E. obtained feedback from patients using a written survey distributed during a two week period in March 2016. Surveys were distributed in the waiting room by Project H.O.P.E. reception staff. Project H.O.P.E. also administered a Strategic Planning survey in June and July 2016 to all staff, Board members and CAB members.

The Strategic Planning survey asked respondents to answer a series of questions regarding how they felt about Project H.O.P.E. on a variety of measures and provide input on what priorities and goals Project H.O.P.E. should focus on over the next three years. The results from the survey were used to guide strategic planning discussions with the staff, Board and the CAB. On July 11, 2016, Project H.O.P.E. Board President Brandy Bones and CEO Patricia DeShields met with CAB members to get their input regarding the future direction of Project H.O.P.E. On July 14, 2016, Ms. Bones and Social Worker Brian Colangelo facilitated a two hour strategic planning conversation with Project H.O.P.E. staff. On July 21, 2016, Dr. Chris Feudtner facilitated a SWOT analysis (a discussion of Project H.O.P.E.'s strengths, weaknesses, opportunities and threats) and a strategic planning discussion with Project H.O.P.E.'s Board.

To ensure that the proposed plan aligned with the actual needs of the surrounding community and patient population, we also utilized the following resources in the development of the 2017-2020 Project H.O.P.E. Strategic Plan:

- Project H.O.P.E. Needs Assessment 2016
- Lourdes Health System 2016 Community Health Needs Assessment
- Monarch Housing Associates Camden County's 2016 Point-in-Time Count of the Homeless
- Health Resources and Service Administration (HRSA) Strategic Plan FY 2016-2018
- Camden County 2016 Health Rankings
- Centers for Disease Control Health Summary Comparison Report

Based on stakeholder input and the resources outlined above, the Project H.O.P.E. Strategic Planning Committee formulated draft goals and the associated steps that Project H.O.P.E. will undertake to complete these goals. CEO Patricia DeShields presented and obtained feedback on the goals from the CAB during its September 2016 meeting. Ms. Bones presented and obtained feedback on the goals from the staff at Project H.O.P.E.'s quarterly Quality Care Meeting on September 21, 2016 and from the Board of Trustees at its monthly meeting on September 15, 2016. This feedback was documented and has been incorporated into the final Strategic Plan presented here.

## Needs Assessment

Camden is a city on the poise of change. Recent investments by major hospitals like Cooper, Virtua, and the Lourdes Health System and the new Cooper Rowan Medical School have reinvigorated the already existing healthcare industry. Plans are underway to build on the waterfront and certain neighborhoods, like Cooper-Grant, have strong coalitions to beautify and revitalize their area. At the same time, there are more than 3,000 vacant houses in the Camden City and almost 40% of Camden lives below the poverty line. Camden County supports 7.6 percent of New Jersey's homeless population but just one percentage of the overall state population.

While the uninsured rate for individuals in Camden County decreased from 12.5% in 2013 to 11.1% in 2014, three zip codes in Camden City have an uninsured rate that is higher than the nation (11.7% in the United States)<sup>1</sup>.

Zip Code	Uninsured Rate	Number of People Affected
08102 Camden City	16.1%	1,206
08103 Camden City	15.7%	2,019
08104 Camden City	15.4%	3,672

Camden City is located in a medically underserved area (MUA). According to the Health Resources and Services Administration, MUAs are areas or populations designated as having too few primary care providers, high infant mortality, high poverty, or a high elderly population.

According to the Lourdes Health System Regional 2016 Community Health Needs Assessment Community Report, all of Camden City is underserved and at-risk for poorer health outcomes as a result of worse socioeconomic indicators and lack of a built environment that supports healthy lifestyles. Many Camden City residents struggle to meet their basic needs (e.g. food and shelter) and experience a higher incidence of post-traumatic stress due to violence and other adverse experiences.

Camden City residents also experience the following barriers to accessing health services:

- Fear of the health system, disease outcomes, and social service providers
- Lack of adequate health services as a result of few providers accepting Medicaid, provider hours and locations, and difficulty navigating the health care system
- Lack of awareness of health and social services and participant eligibility criteria
- Lack of bilingual and culturally competent providers
- Lack of cancer services, including child services, screenings, and education
- Lack of care coordination, both between medical providers and social service agencies
- Lack of community engagement and trust inhibiting resident participation in initiatives to improve health and the built environment
- Lack of mental health provider in the community and integration in primary care settings

In order to focus on the needs of persons who are homeless in Camden County, Project H.O.P.E. utilized data from Camden County's Continuum of Care<sup>2</sup> 2016 Point in Time (PIT) data. On January

---

<sup>1</sup> Data source: American Community Survey, 2010-2014

<sup>2</sup> The Camden Continuum of Care is a network of organizations, agencies, and community stakeholders that plan local efforts to help the homeless. Project H.O.P.E is a member.

22, 2016, the Continuum staff identified a total of 683 persons in 558 households, who were experiencing homelessness in Camden County. This represented an increase of 72 persons (11.8%) and 57 households (11.4%) from 2015. Of the 683 surveyed in the PIT, 54.8% of persons identified their race as Black or African-American, 42.6% identified as White, and 12.3% identified as Hispanic<sup>3</sup>. When asked to share the primary factor that contributed to, or caused, their homelessness, the top two reported causes among chronically homeless households were drug or alcohol abuse (26.3%) and being asked to leave a shared residence (18.4%).

In order to gather additional information about the factors contributing to homelessness and the health concerns of the homeless population in Camden City, Project H.O.P.E. staff conducted a survey at various homeless service sites from April 12, 2016 through May 10, 2016. Survey questions addressed several topics, including housing status and medical and social service engagement. Of the 125 surveys collected, 122 (97%) were determined to be valid. The survey provided a snapshot of the homeless individuals at the services sites and the health care issues facing Project H.O.P.E. patients. The most notable information is that just under half of respondents (53) report a mental health issue. The most prevalent diagnosis was found to be depression, followed by bipolar disorder and anxiety. The most prevalent chronic medical concerns identified among respondents were hypertension at 35.2%, asthma at 20% and diabetes at 18%. Another notable finding of the survey was the percentage of positive responses for substance use disorder at 23.8% (29).

## SWOT Analysis

To inform the development of this strategic plan, Project H.O.P.E. completed a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. The SWOT analysis is based on the results of the Project H.O.P.E. online survey and discussions with Project H.O.P.E. staff and Board.

### Strengths

- Project H.O.P.E is mission driven. All respondents said that Project H.O.P.E.'s mission strongly (80%) or somewhat strongly (20%) represents the organization's work. The staff is committed to the mission and is diligent, competent and uses existing resources well and the Board of Trustees is dedicated, committed and diverse.
- The Street Outreach Team brings services to the homeless, provides referrals for available resources and follows up with medically and socially complex patients to make sure they are obtaining appropriate and timely care.
- Project H.O.P.E. provides health services via our mobile van 2-3 days a week throughout the service area.
- Every patient is treated as an individual with unique needs.
- Project H.O.P.E has made significant improvements in clinical performance measures over the past 3 years including:
  - ❖ 6% increase in the number of patients screened for cervical cancer between 2013 and 2015;

---

<sup>3</sup> At the 2010 United States Census, there were 77,344 people, 24,475 households, and 16,912 families residing in Camden city. The population density was 8,669.6 per square mile. The racial makeup of the city was 48.07% Black or African American, 17.59% White and 47.04% Hispanic.

- ❖ 2.4 % increase in blood pressure control for hypertensive patients between 2014 and 2015; and
- ❖ 4% increase in treatment for patients with Heart Attack/Stroke between 2014 and 2015.
- Project H.O.P.E. is the only medical provider in Camden City providing integrated primary care-behavioral health. With the addition of two (2) new Licensed Clinical Social Workers we now have two (2) waived primary care providers, four (4) Licensed Clinical Social Workers (LCSWs) and two (2) Certified Drug and Alcohol Counselors (CADCs) providing substance use disorder services. The additional counseling staff has enabled Project H.O.P.E. to expand behavioral health services to a larger number of patients who are seeking treatment.
- Training opportunities are consistently offered to Board members.
- Project H.O.P.E. is fiscally sound.
- Project H.O.P.E. offers an integrated model of open access scheduling and same-day walk-in appointments which accommodates Project H.O.P.E.'s patient population better than a structured appointment system.
- There is a long history of HRSA ensuring that FQHCs remain open and operational.
- Project H.O.P.E.'s location and Camden's regional transportation options ensures that services are accessible to all patients.
- Project H.O.P.E. maintains strong and robust partnerships with area nonprofits including:
  - ❖ *Volunteers of America (VOA)*: This is the site of Project H.O.P.E.'s satellite clinic. VOA provides addiction treatment and transitional housing services in addition to other social services.
  - ❖ *Camden Area Health Education Center (AHEC)*: As a provider of health education and health professions education in Camden, Project H.O.P.E. staff participate in AHEC training opportunities.
  - ❖ *Joseph's House*: This organization is dedicated to serving the homeless of Camden and provides emergency shelter, a range of supportive housing, and access to comprehensive social services.
  - ❖ *Planned Parenthood*: Project H.O.P.E. regularly collaborates with Planned Parenthood on women's health issues, including cervical cancer initiatives.
  - ❖ *South Jersey Eye Center*: Project H.O.P.E. regularly refers patients to the South Jersey Eye Center for vision services.
  - ❖ *Cathedral Kitchen*: An emergency feeding program in Camden that also hosts a dental clinic for homeless. Project H.O.P.E. collaborates with Cathedral Kitchen on its "Innovations in Community Health" grant which provides healthy eating services for diabetic patients and sees patients at their site one day a week.;
  - ❖ *Camden Coalition of Healthcare Providers*: A health care related organization that works with healthcare providers, hospitals, and physician practices to improve the care and coordination of healthcare for Camden residents while decreasing costs. Project H.O.P.E. is a member of the Coalition and participates in the Camden Coalition Accountable Care Organization (ACO). The ACO brings together Camden-area hospitals, primary care and specialty providers, behavioral health providers, community organizations, and city residents to provide better health care at lower costs through coordinated, efficient care for local residents enrolled in Medicaid.
  - ❖ *Camden Churches Organized for People*: A coalition of faith-based individuals and groups that advocate for the needs of disadvantaged populations in Camden.

- Project H.O.P.E. is good at looking ahead and anticipating changes that may impact our ability to fulfill our mission and meet our scope of work and financial goals including potential regulatory and financial changes as well as community needs.
- Project H.O.P.E.'s services reflect the needs of our patient population providing primary care as well as behavioral health services and Suboxone treatment. Suboxone treatment is only available at one other facility in Camden.
- Chief Medical Officer (CMO) Lynda Bascelli is Board Certified in addiction medicine allowing her to see up to 275 patients with substance use disorder on her panel at any one time.
- Project H.O.P.E.'s new medical facility was built on time and within budget and we now offer 11 exam rooms and space for all Project H.O.P.E. staff under one roof.
- Project H.O.P.E. regularly participates in research efforts that contribute to the development of evidence based best practices.

## Weaknesses

- The new, larger facility has impacted patient flow and our policies and procedures have not been updated to handle these changes.
- As Project H.O.P.E. continues to grow and expand, we have lost some of our ability to quickly and nimbly adapt to changing circumstances. There is a need for new communication pathways to implement changes effectively.
- Project H.O.P.E. has made considerable improvements in base salaries since 2012, but a combination of factors including (1) higher salary and benefit packages at other health centers, hospitals and medical practices in the area and (2) the stress associated with providing care to a special population continues to impact the recruitment and retention of critical clinical and administrative staff.
- Project H.O.P.E. needs a better process for communicating the roles and responsibilities of each staff person, strategies for empowering staff and a documented and clear process for providing feedback and creating a culture where feedback is encouraged.
- The wait time for walk in patients remains long.
- The demand for primary and behavioral health care services exceeds the provider capacity resulting in patient and staff dissatisfaction.
- As an organization and Board, Project H.O.P.E. does not do enough fundraising.
- Project H.O.P.E. does not have a capital planning process.
- Project H.O.P.E. does not do enough outreach and engagement to residents living in the community, including non-patient residents.
- Project H.O.P.E. does not have an external communications and marketing plan or consistent social media presence.
- Project H.O.P.E. does not have an internal communications plan.

## Opportunities

- Project H.O.P.E.'s new facility enables us to:
  - ❖ increase patient capacity and improve patient flow;
  - ❖ provide space for on-site services such as mental and substance abuse services, improving patient continuity of care;
  - ❖ provide dedicated community space for Project H.O.P.E. and partner organizations to hold events and meetings;

- ❖ generate positive public relations and increase visibility in the community; and maintain patient privacy.
- Project H.O.P.E. is implementing the latest and best clinical practices to improve services to the poor including:
  - ❖ National Committee of Quality Assurance (NCQA) clinical standards;
  - ❖ National Health Care for the Homeless Council (NHCHC) Recommendations for the Care of Homeless Patients;
  - ❖ NHCHC Treatment and Recommendations for Patients who are Homeless with Diabetes;
  - ❖ NHCHC Treatment and Recommendations for Homeless Patients with Hypertension, Hyperlipidemia & Heart Failure;
  - ❖ Suboxone Treatment Program; and
  - ❖ Regulatory requirements including N.J.A.C. Title 8, Chapter 43A. Standards for Licensure of Ambulatory Care Facilities and HRSA's 18 Program Requirements
- Working with the patient population creates advocacy and partnership opportunities with area organizations serving the homeless population.
- Project H.O.P.E. is in a unique position to help empower the poor to move toward self-sufficiency.
- Project H.O.P.E. continues to leverage a mobile health van to increase community presence throughout Camden.
- There is the potential to add new service(s) to provide better more comprehensive care to patients.
- The new medical school in Camden (Cooper Rowan) provides opportunities to recruit employees from a pool of qualified and motivated medical students.
- In order to better address patient demand, Project H.O.P.E. will hire a 4<sup>th</sup> medical provider Spring 2017. Project H.O.P.E. is also transitioning to Team Based Care, a method to better manage work flow in primary care using multidisciplinary teams. In this model, the physician is the leader but shares the responsibilities for patient care with other team members. Patients see each team member as an extension of the relationship that they have with their personal physician.

## Threats

- There is the potential for gentrification and corresponding changes to where our client base lives.
- Emergency rooms and other hospitals continue to serve as a viable option for our patients' healthcare needs.
- The new Cooper clinic being built in downtown Camden may provide services similar to those offered at Project H.O.P.E creating competition for patients.
- Reimbursement by payer class may not remain stable over time and there is the risk that a large insurance company could pull out of the Medicaid program.
- There is the potential threat of the repeal of the Affordable Care Act (ACA). The ACA enabled a significant number of Project H.O.P.E. patients to gain health insurance coverage. In 2013, 48% of Project H.O.P.E. patients were uninsured compared to 2% who were uninsured in 2016. The ACA also provided additional grant funding that enabled Project H.O.P.E. to expand treatment services for mental health and substance use disorders. If not well executed, the transition from a smaller facility to a larger facility utilizing a team-based care approach may negatively impact Project H.O.P.E. operations. In the smaller facility staff

knew the patients well and the close connections between patients and staff contributed to continuity of care and a higher likelihood of following up with the same provider. In the transition to a larger facility with a larger number of staff, Project H.O.P.E. will need to link the patient to a team to ensure that the patient and team establish a close connection and the patient receives services from a consistent team.

## **Goals**

### **Goal 1: Long Term Financial Planning**

To ensure we can continue to provide the best services to our patients and provide a good working environment for our staff, Project H.O.P.E. needs to engage in a Long Term Financial Planning process that will inform our ability to offer additional patient and community services and enhance the opportunities for professional growth and development for our staff. As such, the Long Term Financial Planning process will inform many of the proposed activities outlined in our other strategic planning goals.

#### **Objective 1: Determine current and long term financial forecast for Project H.O.P.E.**

Strategies to accomplish this objective:

- Conduct a financial capacity review that measures our health center indicators such as total cost per patient, change in net assets to expense ratio, and working capital to monthly expense ratio against industry standards as well as our overall productivity. This will assess the overall financial strength of Project H.O.P.E. as it currently stands.
- Evaluate the financial impact of existing service components to evaluate how our various costs interact to contribute to Project H.O.P.E.'s profitability (e.g. West Street Health Center clinical operations, West Street Health Center administrative operations, Cathedral Kitchen satellite site, outreach services, and mobile health van services).
- Conduct a resource evaluation to determine what resources Project H.O.P.E. has available to use and what resources may be limited.
- Evaluate operational and financial exposure risk including potential changes in payer mix, potential changes in reimbursement system for FQHCs, and potential changes in revenues including: Medicare, Medicaid, payer mix, Federal and state grants.
- Based on the above, determine the impact of the new possibilities identified in the 2017-2020 Strategic Plan (e.g. offering more professional development opportunities, adding a new service to scope, or expanding clinic hours).

#### **Objective 2: Determine impact of the 2017-2020 Project H.O.P.E. proposed goals**

Strategies to accomplish this objective:

- Forecast the volume, revenue, potential costs, cash flow assumptions, use of staff, and space required for potential changes outlined in the 2017-2020 Strategic Plan (e.g. increasing mobile health van presence, adding a new service, hiring a marketing and development professional).
- Evaluate whether the benefits of implementation and ongoing compliance for each proposed change outweigh the costs and coordinate with Project H.O.P.E. leadership and Board to determine next steps.

### **Objective 3: Create financial goals for Project H.O.P.E. that align with 2017-2020 Strategic Plan Priorities**

Strategies to accomplish this objective:

- Link goals from the strategic plan with specific financial resources.
- Analyze results of the actual cost of new projects alongside the long term financial impact.

### **Goal 2: Staff Development and Appreciation**

Project H.O.P.E. aims to increase staff morale, provide learning opportunities for staff, and enhance staff understanding of their roles and responsibilities within the overall organization.

#### **Objective 1: Increase staff morale and retention**

Strategies to accomplish this objective:

- Enhance the new-hire orientation process by: adding a roles and responsibilities component and matching each new hire with a peer buddy to help the new hire build a network and answer questions, and setting up onboarding check-ins once a month for the first six months following hire start date.
- Provide formal and informal mechanism for staff to provide feedback to management by:
  - ❖ Ensuring all staff have regular meetings with supervisors
  - ❖ Establishing open-door Human Resources policies;
  - ❖ Providing a way to provide anonymous feedback;
  - ❖ Cultivating a workplace culture where people can provide feedback in a safe respectful manner;
  - ❖ Conducting an annual staff professional satisfaction survey to gauge improvement and collect staff suggestions;
- Offer opportunities for staff team building and social activities, including lunches, holiday parties, and community outings and events that are distinct from professional development staff opportunities related to work.
- Increase recognition for staff accomplishments and improved performance.
- Create targets for staff retention compared to industry standards.
- Develop strategies for short term and long term workforce retention and recruitment including ways to enhance the compensation package offered to current and new hires.

#### **Objective 2: Provide professional development opportunities for staff**

Strategies to accomplish this objective:

- Solicit feedback from staff regarding the types of professional development opportunities that they are interested in participating
- Identify funding for staff to attend professional development opportunities as part of annual budget process
- Provide administrative and clinical staff with training and educational opportunities, such as but not limited to:
  - ❖ Professional organization memberships
  - ❖ Seminar/conference attendance
  - ❖ Educational materials such as books or magazine subscriptions

- ❖ Participation in Innovative Practice Transformation Opportunities (e.g. Project ECHO) and events on quality improvement and other care opportunities (e.g. PCORI)
- ❖ Training opportunities within Camden by partnering with schools and organizations serving the underserved

### **Goal 3: Evaluation of Service Expansion**

While Project H.O.P.E. offers primary, behavioral health and substance abuse services, patients have other medical needs not met through services currently offered by Project H.O.P.E. Based on the needs assessment and patient surveys, there is a strong desire and interest in expanding the services provided by Project H.O.P.E. Under this goal we will evaluate whether it makes sense to expand Project H.O.P.E.'s services and if so, begin the process of expanding the services offered by Project H.O.P.E.

#### **Objective 1: Determine and research potential services that could be offered**

Strategies to accomplish this objective:

- Determine and define the potential services that could be offered by Project H.O.P.E. including dental, podiatry, HIV treatment, immunizations for children and adults, ophthalmology, nutrition education, and immunizations.
- Rank in order of priority the patient and community need for each proposed service.

#### **Objective 2: Conduct cost benefit analysis to determine feasibility and profitability of expanding services**

Strategies to accomplish this objective:

- Research what would be involved in offering the high priority services from a medical and operational perspective.
- Conduct a financial analysis of the services to determine potential revenue to be derived. This would include a market assessment and the cost of space and staff necessary to provide service.

#### **Objective 3: Provide new service(s) (pending outcome of Objective 2)**

Strategies to accomplish this objective:

- Pending the outcome of the cost benefit analysis conducted above, begin process of expanding scope of Project H.O.P.E. service(s).
- Form committee to create the necessary infrastructure, policies and procedures, and recruit staff necessary to provide proposed service(s).
- Begin providing and billing for new service(s).

### **Goal 4: Outreach and Community Engagement**

The majority of Project H.O.P.E.'s funding is federal, and, therefore, can only be used for direct patient care. Through Goal 1: Long Term Financial Planning, Project H.O.P.E. will determine if and what amount of funding can be made available to dedicate to marketing efforts, including hiring a

dedicated marketing and development professional. Project H.O.P.E. will also undertake efforts to increase its visibility and engagement in the community.

### **Objective 1: Market services**

The strategies outlined under this objective depend in large part on the financial resources that can be dedicated to marketing services based on the long term financial planning process.

Strategies to accomplish this objective:

- Review financial analysis completed under Goal 1 and determine what resources are available to market services
- Identify human and financial resources necessary to develop a comprehensive marketing plan
- Develop a comprehensive marketing plan to include the following elements:
  - ❖ Target audience (i.e. patient population, organizations, and community and faith leaders who can contribute to word-of-mouth marketing)
  - ❖ A succinct message to describe the professionalism and affordability of our comprehensive services
  - ❖ Survey of patients about how they heard about Project H.O.P.E. and how they prefer to learn about new businesses and organizations. Based upon this data, we will prioritize communication mediums (e.g. social media, public transportation advertising, radio PSAs, tabling at community events, paper advertising, word-of-mouth strategies)
  - ❖ Strategy to decide the mobile van's location (e.g. high traffic areas; close to partnering organizations; hotspots; areas that we do not have a lot of patients from yet, etc.)
  - ❖ Method to keep current and potential funders abreast of growth, community engagement initiatives, and participation in research
  - ❖ Tracking system to record website visits and likes/ retweets/ reposts on social media correlated to number of patient visits and marketing activities
  - ❖ Quarterly review of progress on implementing marketing plan and impact of marketing efforts on patient visits
  - ❖ Marketing specifically to low-income residents of Camden, organizations that work with low-income individuals for referrals, and community leaders who can provide trustworthy word-of-mouth referrals
  - ❖ How to use social media and Project H.O.P.E. website to promote its activities and mission to target funders
- Implement marketing plan

### **Objective 2: Fundraise**

Strategies to accomplish this objective:

- Set and meet annual fundraising goals for Board, CEO and Marketing and Development hire (if able to hire based on long term financial planning process)
- Create a development plan which will include: strategies to increase level of support among existing base of donors; outreach to attract new base of donors to support Project H.O.P.E.; strategies to more effectively communicate Project H.O.P.E.'s mission and vision to existing and prospective donors

### **Objective 3: Be a good neighbor**

Strategies to accomplish this objective:

- Increase the availability of the community room for community organizations by listing how to reserve it on its website and create a community calendar on its website to show when community groups will be meeting in case community members would like to participate.
- Designate a staff, CAB or Board member to regularly attend neighborhood and community meetings, identify how to support neighborhood efforts and how these efforts may impact Project H.O.P.E. patients
- Support the community by providing volunteer and financial support (using unrestricted grants and donations that can be provided for this purpose). This might include sponsoring a little league or overseeing a neighborhood cleanup day.

#### **Objective 4: Be a good citizen**

Strategies to accomplish this objective:

- Monitor local, state, and national news for issues that directly affect our patients and find ways to support efforts or bring awareness to these issues such as by publishing op-eds to local newspapers
- Identify at least one social determinant of health issue (such as access to affordable housing, community or intimate partner violence, or public education) and join with non-health based organization(s) that are advocating for social change related to this determinant. These issues directly and indirectly affect our patients, and lending a public health perspective can help direct attention to an issue.
- Continue to join with other health and social service organizations that are advocating for social change and can help improve the health and well-being of Camden residents. Project H.O.P.E. is currently working on increasing access to affordable housing and implementation of trauma-informed care in health care settings. Below is an outline of Project H.O.P.E.'s scope of engagement, and our efforts in support of these partnerships.
  - ❖ Project H.O.P.E. participates in The Homeless Network Planning Committee (HNPC). The HNPC is Camden County's Comprehensive Emergency Assistance System (CEAS) Committee, a coalition of providers, advocates, and consumers that develops and implements a plan providing for service continuums to decrease homelessness and maximize self-sufficiency for the City and Camden County Continuum of Care. Project H.O.P.E. is currently working to increase outreach efforts for the access, enrollment, and utilization of mainstream resources for homeless families, chronically homeless individuals, individuals discharged from prison (and other institutions), who are homeless or at risk of becoming homeless. We are also an advocate to establish more permanent, affordable supportive housing in the City and County of Camden.
  - ❖ Project H.O.P.E. is a member of the Good Care Collaborative (GCC), working with stakeholders in Camden city and across the state to promote healthcare and housing policy changes. Project H.O.P.E. served as an advocate for Camden Coalition's Housing First Pilot Program model.
  - ❖ Project H.O.P.E. participates on Camden Coalition Quality Committee to provide trauma information resources to other clinical providers in Camden City and advocacy to make trauma informed care the mainstream approach offered by all providers. Project H.O.P.E. continues its advocacy efforts at the state and local levels to increase awareness of how trauma affects health outcomes for Camden residents.

## **Goal 5: Improve patient experience and quality of care**

At Project H.O.P.E. we aim to provide the best in class care to our complex patient population. Over the next three years we will work to improve access to our services and the delivery of care to our patients. We also aim to be a leader influencing how care is delivered throughout Camden.

### **Objective 1: Increase access to culturally and linguistically appropriate services**

Strategies to accomplish this objective:

- Increase the number of full time medical providers to 4 full time equivalents (FTE)
- Increase the number of access point sites
  - ❖ Provide primary care services at the Cathedral Kitchen satellite site one day per week in partnership with Rutgers School of Nursing Faculty Practice.
  - ❖ Expand the service hours at Volunteers of America satellite site to eight hours per week
  - ❖ Obtain the license to provide the Community Mental Health Services at West Street Health Center
- Expand the hours of service
  - ❖ Explore opening at 7:00 or 7:30 am at West Street Health Center
  - ❖ Explore offering additional evening hours and/or weekend hours utilizing patient surveys to explore the need and interest. (Currently, Project H.O.P.E. is open late one night per week until 7 pm.)
- Increase the number of services offered
  - ❖ Project H.O.P.E. is submitting an application to the State of NJ to obtain a Community Mental Health License for the purpose of expanding our behavioral health care services. The license will enable Project H.O.P.E. to provide outpatient psychiatry and psychiatric nurse practitioner services to our patient population.
  - ❖ Project H.O.P.E. will increase access to treatment for patients with substance use disorder. Previously under the Drug Addiction Treatment Act of 2000 (DATA 2000) Project H.O.P.E. physicians were authorized to provide buprenorphine treatment for up to 100 patients with opioid dependency. New federal regulations permit Project H.O.P.E. physicians to increase their patient limits to 275.
- Throughout 2017 and 2018 Project H.O.P.E. will participate in the ECHO Projects for Pain and Opioid Dependence. ECHO expands the access to specialty care for patients by connecting the Project H.O.P.E. providers with specialists in a collaborative model of online medical education and ongoing mentoring network of peers and specialists.
- Explore a concierge pharmacy service at the West Street Health Center
- Explore an onsite pharmacy at the West Street Health Center

### **Objective 2: Improve the process of care delivery**

Strategies to accomplish this objective:

- Project H.O.P.E. will continue with the Patient Centered Medical Home (PCMH) transformation process to achieve Level 3 recognition. PCMH Accreditation includes three

levels, representing varying degrees of capability for coordinating care and reporting and improving quality. Achieving Level 3 PCMH will demonstrate that Project H.O.P.E. has successfully implemented all the standards to improve safety, efficiency and quality in patient care.

- Implement evidence based models of care by transition to a team based care approach. This model will result in decreased wait times for patient appointments. It will also increase the number of access points for patients by expanding access to include all members of the care team including: Community Health Worker; Medical Assistant; Registered Nurse; Provider; and Social Worker.
- Project H.O.P.E. will explore sharing our medical records on the Health Information Exchange to enable participating local and regional health care providers to have secure, real-time access to patient medical information. Shared information improves care coordination and reduces unnecessary, costly duplication of tests and other procedures.
- Throughout 2017 Project H.O.P.E. will continue to participate in the Weitzman Institute (WI) Pain Practice Improvement Collaborative. The goal of the collaborative is to improve the management of pain for Project H.O.P.E. patients while reducing the risk of addiction and dependence on opioid medications. Participation in WI enables Project H.O.P.E. to increase access to treatment for patients who need specialty care for pain management.

### **Objective 3: Influence care delivery in Camden City**

Strategies to accomplish this objective:

- Maintain academic partnerships with Virtua Health Systems and Cooper Medical School Rowan University to provide students with learning experiences and exposure to innovative models of primary care, including the PCMH model and integrated care. Project H.O.P.E. works with these partners to benefit the Camden community and identify possible candidates for future employment. Over the next three years Project H.O.P.E. will:
  - ❖ expand its partnership with Cooper Medical School Rowan University to establish medical student training rotations at the West Street Health Center; and
  - ❖ continue to serve as a rotation site for the Virtua Health System residency program.
- Explore a Nurse Practitioner Residency program with Weitzman Quality Institute. A residency program at Project H.O.P.E. would provide new nurse practitioners with the clinical training necessary to serve as primary care providers at urban FQHCs serving complex patients.
- Support local, state and national health policy efforts regarding increasing access for integrated primary and behavioral health services and services for substance use disorder/opioid epidemic

### **Progress: 2013-2016**

In our 2013-2016 Strategic Plan, Project H.O.P.E. identified the following strategic goals:

- Fundraising development
- Provide behavioral and substance abuse healthcare services
- Increase community involvement and awareness
- Improve HRSA compliance
- Recruit and retain 5 patient representatives on Board
- Improved clinical outcomes

This section highlights the major accomplishments made towards each of the goals we outlined in our previous strategic plan as well as where we may have fallen short and why and how some of the remaining unrealized goals are incorporated in the 2017-2020 Strategic Plan.

## **Goal 1. Fundraising Development**

*Goals as outlined in Project H.O.P.E.'s 2014-2016 Strategic Plan*

- Establish a Capital Plan to raise \$142,000 by April 2015 to cover required expenses for new facility. The Capital Plan will also include a designated volunteer or staff member that focuses on raising private and public donations.
- Continue to develop and hold periodic small fundraising events throughout the fiscal year (at least 2 each fiscal year). These serve to provide increased Community Awareness and involvement with Project H.O.P.E. These events provide opportunities for Board Members and Staff to interact and develop "Team Spirit" outside of the Board Room and Health Center.
- Plan an initial fundraising event to be targeted to be held late 2014 or early 2015 as the initial event in a larger fundraising campaign.

*Progress towards goal:*

As of October 2016, Project H.O.P.E. raised \$40,473 as part of the capital campaign which sufficiently covered the expenses for the new facility not covered by the \$4.7 million HRSA grant. We held small fundraising events throughout each of the three fiscal years and revisited and revised our end of year appeals to new and existing donors. While Project H.O.P.E.'s Board has a Development Committee we did not have sufficient funding to hire a staff person dedicated to marketing, fundraising and related development efforts. We will continue to explore the possibility of hiring such a person as part of the implementation of this strategic plan.

## **Goal 2. Provide Behavioral and Substance Use Disorder Services**

*Goals as outlined in Project H.O.P.E.'s 2014-2016 Strategic Plan*

Project H.O.P.E.'s patient population requires behavioral and substance services. The plan includes:

- Provide individual and group counseling sessions
- Provide community meeting space for Self Help groups such as AA and NA to hold weekly meetings
- Continue to serve as site for those engaged in training to provide counseling services such as schools of social work and programs training psychologist
- Identify referral resources that can provide comprehensive care to patients with traumatic brain injury

*Progress towards goal:*

- Project H.O.P.E. has received supplemental grant funding from Health Resources Service Administration (HRSA) to provide integrated behavioral health and substance use disorder treatment services.
- Project H.O.P.E. hired a new part time Psychiatrist who will be employed for 3 hours per week. The previous Psychiatrist at Project H.O.P.E. worked 3 hours every other week.

- Project H.O.P.E. has had a Psychiatric Nurse Practitioner on staff since April 2015.
- Project H.O.P.E. received Substance Abuse Service Expansion supplemental funding from HRSA to improve and expand the delivery of substance use disorder services with a focus on medication assisted treatment (MAT) for opioid use. This award provided \$324,316.00 of supplemental funding for the period of March 1, 2016 through February 28, 2017. Ongoing funding equivalent to the amount of this award will continue beyond FY 2016 dependent upon Congressional appropriation and Project H.O.P.E.'s satisfactory performance.
- Dr. Lynda Bascelli received board certification in Addiction Medicine from the American Board of Addiction Medicine (ABAM) in 2015. The certification demonstrates that Dr. Bascelli has the knowledge and expertise to provide prevention, screening, intervention, and treatment for substance use and addiction.
- Physicians at Project H.O.P.E. provide Suboxone (buprenorphine) treatment to opioid dependent patients. Project H.O.P.E. takes a comprehensive approach to treatment and seeks to benefit the whole person through:
  - ❖ Visits with the Project H.O.P.E. physician;
  - ❖ Regular group counseling sessions;
  - ❖ Individual counseling sessions;
  - ❖ Health care services; and
  - ❖ Addiction education to the patient and family members
- Project H.O.P.E. has not yet identified a self-help support group, Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) group to hold meetings in our community room. The group meetings would benefit Project H.O.P.E. patients and Camden City and Camden County residents and we will continue to work on this goal in 2017.

### **Goal 3. Increase Community Involvement and Awareness**

#### *Goals as outlined in Project H.O.P.E.'s 2014-2016 Strategic Plan*

- Continue to collaborate with other agencies and service providers to work together to provide a continuum of care (Medical, Behavioral Healthcare, Substance Use Disorder Treatment, Case Management).
- Apply for funding opportunities that involve collaboration/coordination of care with other local organizations
  - ❖ Continue attendance at community meetings (e.g. Bergen Lanning community meetings) and participate in community and neighborhood events appropriate to Project H.O.P.E.'s mission.
  - ❖ Continue conducting community events that increase awareness of the issues of homelessness and healthcare.

#### *Progress towards goal:*

- Project H.O.P.E. is an active member of Camden County's Homeless Network Planning Committee (Homeless Network Continuum of Care). The member organizations of this group offer the entire continuum of medical, behavioral health, housing, WIC, legal, and related services to the county's homeless population.
- Project H.O.P.E. regularly attends community meetings including the meetings of Lanning Square Neighborhood Association, Promise Neighborhood, Homeless Network, Camden

Area Health Education Center (AHEC), Promise Neighborhood, Camden County Behavioral Mental Health Group and Camden Coalition.

- Project H.O.P.E. partners with community based organizations, businesses and local government agencies including: CAMCare, Osborn Family Health Center, Community Health Practice, Lourdes Health System, Cooper Health System, St. Luke's Catholic Medical Services, Planned Parenthood, Joseph's House, Volunteers of America, Camden's Roundtable of CEO's organized by CCHP, New Jersey Primary Care Association (NJPCA), the Cooper Early Intervention program for HIV treatment, the NJ Department of Health and Senior Services (NJDHSS), and the Camden County Health Department.

### **Goal 3. Improve HRSA Compliance**

*Goals as outlined in Project H.O.P.E.'s 2014-2016 Strategic Plan*

Project H.O.P.E. will maintain compliance with the 19 HRSA Requirements and all Federal Regulations. The assignment of a Compliance Officer, to provide associated updates to the Board on goals, progress and priorities is imperative.

- Compliance Program:
  - ❖ Develop compliance policies and procedures
  - ❖ Develop Compliance Training and Education Policy
  - ❖ Develop Code of Conduct
  - ❖ Repeat Gap Analysis in 2016
  - ❖ Review and Revise the Internal Control Policies
- Improve communications between CEO and Board regarding compliance requirements. CEO will ensure that Board is made aware if and when the Board is out of compliance immediately so that compliance issues can be corrected in a timely fashion.
- Provide Board training opportunity at least once every six months

*Progress towards goal:*

Project H.O.P.E. has an established Compliance program and a Compliance Officer with the autonomy to perform assessments and respond appropriately to misconduct. The Compliance Officer reports to the Board of Trustees any significant regulatory and industry developments affecting Project H.O.P.E.'s risk. Project H.O.P.E. staff receive ongoing compliance-related education and training at monthly staff meetings. The Board of Trustees approve Corporate Compliance policies including Code of Conduct, Conflict of Interest and Whistleblower policies. Project H.O.P.E. offers training opportunities to its Board members at least twice a year.

### **Goal 4. Recruit and Retain 5 Patient Representatives On Board**

*Goals as outlined in Project H.O.P.E.'s 2014-2016 Strategic Plan*

Project H.O.P.E. received another waiver from HRSA regarding the requirement that 51% of the Board must be patient representatives or consumers of Project H.O.P.E. However, Project H.O.P.E.'s goal is to achieve 51% patient representation on the Board by 2016. Project H.O.P.E. has been able to recruit patient representatives over the last year but has had some difficulty retaining these members. In order to recruit and retain patient representatives, Project H.O.P.E. will:

- a. Cultivate new Board members through CAB membership

- b. Continue to utilize available training resources to provide CAB leadership training and prepare interested CAB members for eventual Board membership
- c. Expand current board member orientation and education process to a mentoring program beginning in 2015
- d. Ensure that patient representatives are supported and not overwhelmed when first joining Board
- e. Obtain feedback on quarterly basis from Board patient representatives to ensure that their needs are being met

*Progress towards goal:*

- With the renewal of the HRSA 2014 Service Area Competition grant Project H.O.P.E received a waiver from the requirement for 51% patient representation on the board. However, Project H.O.P.E. continues its efforts to obtain patient representation on the Board.
- Project H.O.P.E. has promoted CAB leadership training for potential board membership by sponsoring CAB member attendance at the Health Care for the Homeless Council Regional Training Conferences.
- Project H.O.P.E continues to cultivate new Board members through CAB.
- Project H.O.P.E. will continue to sponsor CAB attendance at Health Care for the Homeless Council Regional Training Conferences to promote leadership training and preparation for potential board membership

## **Goal 5. Improved Clinical Outcomes**

*Goals as outlined in Project H.O.P.E.'s 2014-2016 Strategic Plan*

- Pursue and achieve National Quality Recognition, as through NCQA
- Increase consumer involvement in QI/QA activities
- Implement Advanced Access Scheduling
- Develop discharge follow-up process with Cooper University Hospital to ensure receipt of patient information within 3 days of discharge. Improve follow-up of our high risk patients to potentially prevent hospitalizations.
- Explore cost-effective options for the provision of pharmacy and dental services onsite.

*Progress towards goal:*

- Project H.O.P.E. offers an integrated model of open access scheduling and same-day walk-in appointments having found that patients responded better to this flexibility than a structured appointment system.
- Project H.O.P.E. has implemented i2i, a centralized data warehouse that interfaces with the Electronic Medical Record (EMR), to provide information on a number of levels (single patient, a single population, or multiple populations). Staff members use information in “morning huddles,” peer reviews, patient pharmacy compliance, referral tracking, and patient centered medical home compliance.
- Project H.O.P.E. received Level 2 PCMH National Quality Recognition through NCQA and intends on obtaining Level 3 Recognition by 2018.
- Project H.O.P.E. has in place a process to ensure that our patients have access to primary care within 7 days of leaving the hospital emergency room or hospitalized stay. The 7-Day

Pledge is a citywide campaign to ensure all hospitalized patients in Camden meet with their primary care provider within 7 days of discharge.

- Project H.O.P.E. works with 2 neighborhood pharmacies to dispense 340B drugs to patients. This helps to increase patient access to the lower priced 340B drugs.
- Project H.O.P.E. has had discussions with Cardinal Health regarding the feasibility of an on-site, in house pharmacy. As a first step we are compiling patient demographic information, prescription and prescriber sources and payer mix to determine cost effectiveness.