

Request for Proposals: 2022 Strategic Planning Process

Health Care for the Homeless
Headquartered: 421 Fallsway, Baltimore, Maryland 21202



I. About Us

A. Mission

Our mission is 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.

B. Core Values

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.

1. **Dignity:** *Fostering Respect and Compassion*
2. **Authenticity:** *Practicing Open and Honest Communication*
3. **Hope:** *Finding and Focusing on People's Strengths*
4. **Justice:** *Building a Healthy Community that Includes Everyone*
5. **Passion:** *Challenging Ourselves and the World Around Us*
6. **Balance:** *Caring for Ourselves and Helping Others to Do the Same*

C. Basics of Our Work

Since 1985, Health Care for the Homeless has grown from a small program in the heart of Baltimore City to 240 employees across multiple sites and via a mobile clinic in the metropolitan Baltimore area. Health Care for the Homeless is a non-profit [federally-qualified health center](#) (FQHC) with a current budget of \$28M that serves over 9,000 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 provide comprehensive care to clients. Specialists provide on-site psychiatry and psychiatric occupational therapy. Health Care for the Homeless hosts Maryland's only dental clinic dedicated to providing preventative dental care for children and adults experiencing

homelessness. While we officially operate on a “sliding fee scale,” all of our clients qualify for free care with no copays.

Ultimately, stable income and housing are what clients need most. We offer support to obtain identification, transportation assistance, and help navigating applications for public benefits (e.g., Medicaid, food stamps, federal and state disability, and cash assistance). Through our housing department, we have helped 600+ chronically ill people secure and maintain housing and stood by them with ongoing health care, landlord mediation, representative payee services, occupational therapy, group therapy and help with daily basics, like cleaning and shopping.

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 our Black and brown neighbors. Racism was woven into our public policies and institutions well before the knee of law enforcement launched a national reawakening to it. This is why we also work side by side with clients to advocate at all levels of government to dismantle the oppressive systems that create and perpetuate homelessness.

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.

Pursuant to our 2018-2021 Strategic Plan, we committed to creating 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 our clients. As of summer of 2021, Sojourner Place at Oliver – a 70-unit affordable and supportive housing project - is our largest collaboration to date and the first time Health Care for the Homeless serves as a co-developer/owner of the property. This project is just the beginning, and our partnership with Episcopal Housing Corporation is expected to grow. Meanwhile, we are also exploring additional partnerships with other developers with records of success in affordable housing and with shared values and vision for ending homelessness in Baltimore.

D. Current Strategic Plan

We are completing our final year of a [four-year strategic plan](#) (2018-2021). The plan was ambitious; you can read about the initiatives and peruse our annual “scorecards” on our website. It is hard to over-emphasize the importance of our strategic plan. It guides our annual and multi-year goals and budgets. It drives our investments in staff, our model of care, our expansions in housing services and housing development. It fosters a more sophisticated population health analysis and approach, as well as robust (and growing) community engagement and public policy programs.

Now it is time for us to take stock and to reorient ourselves once again. As we complete our current strategic plan, we recognize that we have not succeeded in increasing client access to services. Our client numbers are in fact decreasing. This means that we will need to focus on our core operational structures, processes and workflows as a health care entity. Leadership is aware that fundamental changes to the way we operate, as well as our business culture, are needed moving forward.

Driving our focus on client access is our growing commitment to racial equity and inclusion. Senior leaders recognize that we have failed to apply a racial equity lens to our work throughout our history as a non-profit and health care provider. White people are disproportionately represented among those who are healthy and housed. They are less likely to die prematurely. When compared with Black and Brown people, white people endure far less violence and jail time, earn higher wages, and have many more options for where they live and work.

Health Care for the Homeless is similar to 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 believe that this overdue reorientation will make us a better, more effective organization and further our mission to end homelessness. We have prioritized this work in 2020-2021 (you can read more about it [here](#)), but we are just getting started.

E. More Ways to Get to Know Us

- > Read our comprehensive annual [Strategic Plan Initiatives and Year End Scorecards](#)
- > Meet [clients](#) and community members
- > Read about [our approaches to care](#)
- > Read our [quarterly newsletter Homeward](#)
- > Listen to [Community of Practice on Homelessness Sessions](#)
- > Review our [Performance Improvement Goals and Client Experience Survey Results](#)
- > Look at our [funding and funding sources](#)
- > Take a look at our [2021 Maryland Legislative Session policy](#) priorities
- > Peruse our [videos](#) to see our work, clinic spaces and hear from clients
- > Reflect on our [2020 Annual Report](#)

II. Scope of Work

A. The Partner We Seek

We are seeking a consultant with *demonstrated strategic planning consulting experience*:

- > through a racial equity lens
- > within the non-profit sector
- > within the health care or social services sectors
- > in broad and deep stakeholder engagement processes
- > with a highly collaborative approach to plan development
- > with experience in change management processes and theories of organizational behavior
- > conducting focus groups and analyzing results
- > with an understanding of community-based participatory research principles
- > Preferred: experience in the Greater Baltimore metropolitan area
- > Highly preferred: a Black, Indigenous and People of Color (BIPOC)-owned business or consultant

B. Contractual Expectations

Our organization is looking to engage a time-limited (Q1 2022) consultant help us to create and hold us accountable for:

1. An examination and potential rewriting of mission
2. An examination and potential recreation of core values
3. The creation of an organizational vision
4. The creation of a strategic plan

The consultant's scope of services *may* include:

1. Regular consultation and regular debriefing with CSO and CEO and other leaders on structure and process
2. Regular project management calls
3. Work plan and timeline guidance
4. Facilitation/co-facilitation of committee (and possibly workgroup) meetings and exercises
5. Design, analysis and summation of survey(s)
6. Individual and/or group stakeholder interviews and written summaries
7. Focus groups as necessary
8. Attendance at a percentage of stakeholder meetings
9. Note-taking at key meetings/sessions
10. Sharing of resources to educate, guide and assist in process

What we are not looking for in a consultant contract:

- > Advice or design of stakeholder input. We are already oriented toward broad inclusivity throughout process. We are experienced at stakeholder involvement through meetings, workgroups and surveys (community, clients, staff, board, partner institutions, etc.)
- > Drafting or writing content or materials. We will take responsibility for the development and production of plans and statements.

C. Organizational Support of Process

1. Chief Strategy Officer – Primary Consultant Partner for planning, process, coordination, writing, public/internal communications and stakeholder engagement strategy
2. Chief Executive Officer – Secondary Consultant Partner for ensuring buy-in and communication at staff and board levels
3. Executive Assistant – To assist with scheduling small groups
4. Agency Events Coordinator- To assist with scheduling larger gatherings as necessary

D. RFP Timeline

- > RFP To Be Issued: Week of October 4, 2021
- > Proposals Due: Monday, November 8, 2021 (6 weeks after issuance)
- > Consultant Selected: Monday, December 6, 2021 (5 weeks after due date)
- > Official Launch: January 2, 2022 (approximate)

We project a four-month timeframe for the scope of work (Q1 2022). If a different period of time is proposed, please explicitly show why more or less time is needed.

E. Budget

Open to negotiation with justification, but expected to be between \$15,000 - \$45,000.

III. Proposals

A. Components

Should include, but are not limited to, the following:

1. About your firm, mission and values
2. Evidence of a basic, clear understanding of Health Care for the Homeless
3. Evidence of demonstrated required (and preferred) experience (see list above)
4. Bios of the project team lead(s) and an indication of assigned roles and duties if more than one individual
5. Suggested approach
6. Suggested schedule and work plan

7. Proposal of fees
8. Three references, Including a Summary of the Scope of Work Performed (Ideally similar organizations/similar scopes)

B. Submission

Responses must be emailed in PDF format to Keiren Havens at khavens@hchmd.org and be received by the deadline indicated in this RFP. Please title the PDF with “RFP: Strategic Plan” and the name of your company.

C. Point of Contact

Keiren Havens, Chief Strategy Officer via email: khavens@hchmd.org.