



*Strategic Plan
2015-2019*

HEALTH SERVICES OF NORTH TEXAS

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HEALTH SERVICES OF NORTH TEXAS

A Message from the Chief Executive Officer

Dear Colleagues:

We, at HSNT are dedicated to making a difference in the lives of every person we serve. We strive to treat each patient with respect, dignity and kindness while providing quality care. We are committed to caring for area families not only with the latest health care technology and procedures, but also with the highest level of compassion and individual attention. We recognize that the families we care for are not just patients – they are our neighbors, friends and relatives.

Our goal is to provide quality care to all in a professional and caring manner. To us, **quality care means providing the patient with an accurate evaluation and appropriate services with compassion in a technically competent and timely manner, with good communication and shared decision-making in a culturally sensitive fashion.** Our team of medical and support staff promote comprehensive care to ensure that patients receive the right care at the right time.

This Strategic Plan, covering 2015–2019, comes to you at a critical time when the healthcare environment is rapidly changing and unsettled. Some of these changes include a divide in perspective regarding how to best care for our citizens, technology advances and electronic health record initiatives, and the aging of the largest generation of Americans- the Baby Boomers. This Plan, which was developed with input from our Board of Directors, leadership team, staff and clients is the blueprint that will help us reach our vision and goals.

Our Strategic Plan is not a comprehensive list of all the many things we do. Rather, it provides direction for our work which is founded on familiar objectives. It reflects the collaborative efforts of the best minds in this agency from the bottom up and from the top down.

As you take a look at it, we hope you will see how the work we do as a community health center really matters, now more than ever before. With this Strategic Plan, we are working together to create smarter, more accessible services that offer the very best in health care to our clients and to our community. We all need to be stakeholders in this strategic plan to actualize it and make it happen. Together, we can truly make a difference.

Sincerely,

Doreen M. Rue, LMSW-AP
Chief Executive Officer

HEALTH SERVICES OF NORTH TEXAS

History and Strategic Position

Health Services of North Texas, Inc. (HSNT) was founded as AIDenton in 1988 in Denton, Texas by local citizens seeking ways to offer support to persons living with HIV/AIDS. These citizens formed an agency which, over the years, has undergone significant growth in service delivery, structure, collaborative partnerships, and community investment. Along the way, the name of the agency has changed several times to reflect this progression. In 1991, with growing support from the community, services expanded from volunteer-run group sessions to include mental health counseling, a nutrition center, and case management services, as well as other support services. In 1993, the agency began receiving federal funds from the Ryan White Comprehensive AIDS Resources Emergency Act, which provided for a broader range of care and services to people living with HIV/AIDS, and in 1996, the agency's corporate name changed to AIDS Services of North Texas (ASNT) in support of the planned expansion of the geographic service area. Additional service centers were opened in Collin County and Hunt County and continue to serve five north Texas Counties: Collin, Denton, Hunt, Kaufman, and Rockwall. These expanded service areas added opportunities to diversify financial and community support of the agency. A primary care medical clinic was established in 1998 as medical care became paramount to helping people learn to live with HIV.

The agency adopted a d\ba of 'Health Services of North Texas' in 2001 in preparation for further expansion as a response to identified community needs. Those opportunities came in 2007 when Denton County needed a strong case management agency to provide professional guardianship services, thus the Guardianship Program was established, and again in 2010, when the agency acquired a Denton indigent care medical clinic, which paved the way for the agency to offer primary medical care for all.

In January of 2010, ASNT legally became Health Services of North Texas, Inc. (HSNT). HSNT staff and volunteers remain responsive to the needs of the community. This ongoing commitment has motivated the agency to seek the federal designation of a Federally Qualified Health Center (FQHC) which was acquired in June of 2012.

In 2014 HSNT expanded further by increasing women's health and pediatric services and adding Our goal is to continue preparing for and responding to the healthcare needs in our communities and the increasing demands for healthcare as the government restructures its healthcare plan.

The Strategic Plan for fiscal years 2015 – 2019 focuses on three strategic levers which will allow the continued expansion of programs and services, organizational capability and capacity, and collaboration with community partnerships. Through creative initiatives, appropriate programs, dedicated leadership, and engaged community partners, we can successfully meet the need for high quality, affordable preventive and primary healthcare.

Health Services of North Texas' planning process focuses on a five year time frame and centers on initiatives that will enable expansion as we become a healthcare leader in our community. Members of our staff, our Board of Directors and our clients have contributed to the development of this plan. We recognize that our vital social responsibilities as a member of the greater North Texas area are to continue to care for uninsured and underinsured individuals of all ages and backgrounds through sponsoring numerous community outreach activities, classes, projects and partnerships.

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In consideration of the internal and external environments, as well as the mission, vision and values of our organization, HSNT's plan is to focus on efforts relating to the following strategic levers: quality and excellence in patient care, organizational infrastructure and financial stability, and exceptional community partnerships at all levels. The goals, objectives and activities to accomplish these tasks are set forth herein.

HEALTH SERVICES OF NORTH TEXAS

SWOT ANALYSIS

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • <i>Workforce – experienced, dedicated and caring</i> 3.1.1, 3.23, 3.3.1 • <i>Comprehensive services, Medical Home</i> • <i>Interdisciplinary team</i> 2.1.1, 2.1.2, 3.1.1 • <i>Community partnerships</i> 2.1.4 • <i>Facility – clean, attractive, pleasant work environment</i> 3.1.2, 3.2.1 • <i>Leadership – longevity in leadership, supportive Board</i> 1.1.2 • <i>Community support</i> 3.1.2 • <i>Strong collaboration – hospitals, social service providers, referral system</i> 2.1.2, 2.1.4, 3.1.2, 3.3.3 • <i>Responsive, continuous improvement, Willing to identify issues, improve service delivery</i> 1.1.1, 1.1.4, 3.1.1, 3.2.3 • <i>Staff Development, investment in professional development</i> 1.2.1, 2.2.3, 3.3.1, 3.3.2 • <i>Pro-active and responsive to emerging issues and trends</i> 2.1.1, 2.2.1, 2.2.2, 2.2.3, 3.1.1, • <i>Electronic Medical Records –efficiency and accuracy in records</i>1.1.4, 3.2.2 • <i>Grant writing/grant management</i> 1.3.1 	<ul style="list-style-type: none"> • <i>Limited space for expansion and/or enhancement of services</i> 1.1.5, 3.1.2 • <i>Limited financial resources</i> 1.1.6, 1.3.1, 1.3.7, 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.1.6 • <i>Staff retention – hire, train</i> 1.1.2, 1.2.2 • <i>Limited direct service staff to support growth, expansion, and coverage needs</i> 3.1.1, 3.1.2, 3.2.2 • <i>3rd Party Credentialing process;</i> • <i>Limited administrative experience from physician.</i> 2.2.1, 2.2.2, 2.2.3, 3.1.2 • <i>Limited administrative support</i> 2.2.1, 2.2.2, 2.2.3 • <i>Special Events monetary ROI</i> 1.3.7 • <i>Insufficient communication systems- Improvement needed to ensure timely, appropriate information delivery in an effective manner (more than email)</i> 1.2.3 • <i>Billing and collections system is insufficient to support service volume</i> 1.2.3, 1.3.3, 1.3.6 • <i>Payer mix does not support sustainability</i> 1.3.4, 1.3.2, 1.3.5 • <i>Limited project management model</i> 1.2.3, 1.1.3,
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • <i>Trained college students who need employment</i> 3.1.2 • <i>Emerging technologies in health care practices</i> 2.1.3, 3.1.2, 3.2.2 • <i>Additional partnerships, collaborations, or mergers with other organizations</i> 3.2.2, 3.3.1 • <i>Additional medical services (pediatric, dental)</i>1.3.2, 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.1.6 • <i>Grant opportunities through 330 funding for capacity building projects (i.e. Dental)</i> 3.1.1, 3.1.2 • <i>Positioned to adapt to legislative changes like the Affordable Care Act</i> 2.1.3, 3.1.1 • <i>Development of Intern/Extern programs for Medical, Social Work, and other professional programs</i> 3.2.2 • <i>Innovative, integrated models of care</i>1.3.2, 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.1.6, 3.3.1, 3.3.2 • <i>Health Education career opportunities</i> 	<ul style="list-style-type: none"> • <i>Constant changes in technology, especially Electronic Medical Records- limited staff resources to implement changes.</i> 3.1.2 • <i>Potential demands created by changes in the healthcare environment– personnel, resources, facility to meet demands for care</i> 3.1.1,3.1.2, 3.2.2, • <i>Competition for third private providers patients</i> 1.3.2 • <i>Fewer funding opportunities – more competitive processes, more restrictions on use of funds</i> 1.3.7,2.2.1,2.2.2, 2.2.3 • <i>Community perception of community health center as serving only low-income population</i> 1.3.2, 3.1.1, 3.1.2 • <i>Shortage of primary care providers</i> 3.1.1, 3.1.2 • <i>Fast expansion – cash flow</i> 1.3.2, 1.3.3, 1.3.4, 1.3.6, 1.3.7, 3.1.1, 3.1.2

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INTERNAL ISSUES POTENTIALLY AFFECTING HSNT	EXTERNAL FACTORS POTENTIALLY AFFECTING HSNT
<ul style="list-style-type: none"> • Transition to Electronic Medical Records and ICD-10 Diagnostic Codes • Technology – equipment, personnel, training issues • Financial resources – maximize revenue, minimize expenses, provide what is needed to do the work • Staff retention – salaries, benefits, competition with other providers, workplace environment, employee morale • Staff training – local, regional, state opportunities • Turnover in experienced staff – competition with other providers, retirements • Space – Where do we expand? How do we enhance service delivery? • Change in benefits for employees – Pharmacy formularies – insurance plans with higher deductibles, co-pays • Outreach and promotion of HSNT services –community awareness of expanded services and Mission 	<ul style="list-style-type: none"> • Legislation at all levels – local, state, and federal • Political climate at all levels – local, state and federal • Increased expectations to serve with diminishing budgets • Increase demand for health care providers to “fix it now and fix it free” • Impact of social media – networking, coverage of events and/or issues • Literacy levels in county – impact ability to understand personal health issues, disease management, public responses • Limited communication skills – public demands answers now with sometimes limited information – leads to dissatisfaction with services provided • Transportation services – how to get people to the services they need at the lowest cost • mental health system – questions about service delivery, funding sources, eligibility – impact on public health services

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SERVICES

Primary Medical Healthcare

Healthcare is available at the Medical Center for children and adults with a focus on establishing a medical home for comprehensive healthcare. Services include: preventive care, well-child and well-adult exams, chronic disease management, family planning, prenatal care, education and immunizations. Treatment is available for a wide range of acute and chronic physical, mental and social health conditions such as infectious diseases, diabetes, and high blood pressure. The Medical Center has a long history of providing expert specialty care for HIV/AIDS including disease management and treatment adherence. The clinical team includes physicians, mid-level providers, nurses, certified medical assistants, and other professionals who provide quality, affordable healthcare regardless of ability to pay. Insurance, Medicaid, Medicare, CHIP, and sliding fee patients are accepted.

Mental Health Services

Mental health care supports both mental and physical well-being for optimal health and productivity. Counselors use a collaborative, comprehensive treatment approach that considers psychological, social, environmental, and biological factors for empowering clients to improve their ability to function with life circumstances and situations. Mental health screening, assessments, and therapy is available for issues such as depression, anxiety, relationship problems, life-skills development, substance abuse, behavioral diagnoses, post-traumatic stress, grief, and the challenges of acute or chronic health conditions. Treatment services include individual and group therapy, marriage and family therapy, and crisis intervention services.

Insurance Assistance

Financial assistance for healthcare benefits for clients who are living with HIV/AIDS to keep medical insurance coverage and maintain established medical care. The program offers financial assistance to clients who can no longer afford to pay for their medical premiums, co-pays, or deductibles. Case managers assess and refer clients to the program.

Housing Assistance Services

Financial and support services to stabilize housing are offered for people living with HIV/AIDS. Case managers provide referrals to other community programs for those without an HIV diagnosis. Services such as long-term assistance with rent or short-term assistance with rent, mortgage, or utility costs can provide the necessary support to remain healthy and to promote economic self-sufficiency. Housing assistance can prevent homelessness as well as assist homeless clients who are transitioning into affordable housing. For clients transitioning from homelessness to independent living, intensive case management includes innovative approaches to increasing skill, income, and self determination.

Guardianship Services

Services to safeguard and ensure that clients reside in a safe and appropriate environment, that clients are treated with dignity and respect, and can address medical, end of life, and social needs. A detailed, legal process evaluates and determines if guardianship is needed to aid the individual in decision making as well as to protect a person from abuse, exploitation and neglect, including self-neglect. HSNT staff members who are specially trained social workers serve as decision makers for individuals when they can no longer make or communicate safe or sound decisions for themselves or when no family member or friend is willing and/or qualified to serve as guardian.

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Nutrition Services

Increase client's access to food and hygiene products to supplement their own resources and to increase their access to nutritious food. Case managers refer clients to the pantry when assistance obtaining food is needed and assess for on-going need. Clients can receive supplemental food and hygiene products on a regular basis or in emergency situations. The Nutrition Center offers nutrition education handouts, recipes, and nutrition classes.

Transportation Services

Transportation for clients to access medical and social service appointments. Case managers refer clients to transportation coordinators who schedule transportation to and from appointments. Although transports to medical and mental health appointments are the first priority, every effort is made to accommodate transports to other social service appointments. Public transportation is also available to our health center locations.

Case Management

Case management provides clients advice and assistance in obtaining medical, medication, social, community, legal, financial, and other needed services. Case managers assess client needs and resources and design an individualized client-centered service plan to address crisis situations, minimize problems with receiving services, and stabilize life circumstances. Linking clients to needed services and addressing barriers to receiving services encourages clients to focus on their medical care.

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Organization Key Management

Chief Executive Officer - Doreen Rue, LMSW-AP, NCG

Ms. Rue has been an integral facet of Health Services of North Texas since she joined the agency in 1997. She has been instrumental in the development of programmatic and agency-wide policy. Ms. Rue directly supervises all HSNT programs. She earned a Bachelor's Degree in Sociology and Criminology from the University of Minnesota and a Masters in Social Work from Texas A&M Commerce.

Chief Operating Officer - Suzan Stambaugh, RD, LD

Ms. Stambaugh began her tenure at HSNT in 2001 as the Director of Clinic Services. Her expertise led to unprecedented clinic capacity growth and quality improvement activities. She earned a Bachelor's of Science in Dietetics from California State University at Los Angeles.

Chief Financial Officer - Pamela Barnes

Ms. Barnes has been a pivotal figure in the development of Health Services of North Texas since 1994. She is a graduate of Texas Woman's University with a Bachelor of Business Administration in Accounting. Ms. Barnes has extensive accounting experience at HSNT and with federal, local, and private grants management and she directly supervises the financial and accounting office.

Medical Director – Sukanya Ambavaram, MD

Dr. Ambavaram joined HSNT in July 2013. Dr. Ambavaram has had a distinguished career in both primary and occupational care environments. Dr. Ambavaram completed her fellowship in Preventive Medicine at the University of Colorado- Denver and her Medical Residency in Occupational Medical at Meharry Medical College, Nashville, Tn. Dr. Ambavaram holds a Masters of Public Health from the University of North Texas and an MBBS in Medicine and Surgery from the University of Health Science, Vigayawada, India. In addition, Dr. Ambavaram is Board-Certified with the American Board of Preventive Medicine.

Director of Development – Larry Bisno

Mr. Bisno brings a wealth of experience to HSNT. He has held a number of leadership roles - most recently as Corporate Gift Officer for Islamic Relief USA. Larry's prior non-profit experiences have included Development Director roles with Educational First Steps in Dallas and with Students In Free Enterprises (SIFE) located in Springfield, MO. Larry holds a BS in Developmental Psychology from University of Kentucky. Larry has also been very active member of the DFW Chapter of AFP (Association of Fundraising Professionals), serving as co-chair to their 2011 Philanthropy Conference.

Director of Programs – Louise Weston-Ferrill, LCSW

Ms. Weston-Ferrill has been a strong contributor to the growth of HSNT serving as our Lead Mental Health Therapist. Louise brings a depth of understanding and experience not only with our agency but with the elements of providing services to our HIV/AIDS clients. She is well positioned to provide leadership to HSNT's programs inclusive of Case Management, HUD, HOPWA, Transportation, Nutrition, Behavioral Health and Guardianship.

Director of Outreach – Teri Johnson

Ms. Johnson joins us with an outstanding background community outreach and business development. Her experience includes working with CoServ/Advantex's Product Manager (DSL & Telephone) and as the Marketing and Sales Coordinator for Sky View World Media. Teri holds a Bachelor's degree in Business Administration with a concentration in Marketing from Texas Women's University.

Director of Guardianship Services - Vicki McMurry, LMSW, NCG

Ms. McMurry has served as Director of the Guardianship Services program since its inception in 2007. With a Bachelor in Social Work from Texas Tech and a Masters in Social Work at the University of Texas Arlington, she brings over 24 years of experience as a Human Rights Officer at Denton State School to her current position. In addition to being a Licensed Master Social Worker (LMSW), she is also a Nationally Certified Guardian (NCG).

HEALTH SERVICES OF NORTH TEXAS

Our Mission, Vision, and Values

Vision

A healthy community.

Mission

Improving the quality of life for all North Texans through medical care, support services and advocacy.

Values

At Health Services of North Texas *a client-centered approach is our foundation*; we believe clients deserve a responsive, welcoming environment as they participate in their care.

As an organization, we recognize our *agency's responsibility* to provide services in an ethical and straightforward manner while maintaining privacy and confidentiality, and operating in a fiscally responsible manner.

As a team of individuals coming together to create a lasting change in our community, we understand that it is our responsibility to foster a positive environment by being committed to a culture of problem-solving, of learning, and embracing each individual.

Strategy Statement

HSNT will achieve and sustain competitive advantage by building relationships that provides high value community based primary medical care as measured by quality, satisfaction, and efficiency.

Organizational Goals

- Create a Medical Home Model of health care including primary care, preventive care, and management for chronic diseases.
- Provide direct health services in a culturally and linguistically appropriate manner.
- Respond to community - Identify physical, behavioral health and social needs of target population.
- Partner with patients and the community to develop and provide health education and promotion.
- Serve as resource for the community on health and healthcare related matters.
- Educate and advocate for health care needs.
- Decrease health disparities as delineated in *Healthy People 2020*.

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Strategic Plan Goals Objectives and Activities

Enhance Organization Infrastructure and Financial Stability	Responsible Party	Financial Cost & Target Date
GOAL 1: Enhance internal organizational infrastructure.		
<ul style="list-style-type: none"> ○ Objective 1: Examine infrastructure of organization for areas of efficiency, improvement and expansion. IT, Financial, Development, Clinical, Quality, Programmatic, and Outreach 1.1.1 ○ Objective 2: Create a pipeline for appropriate succession planning. 1.1.2 ○ Objective 3: Improve organizational communication at all levels by implementing a multilevel communications strategy for HSNT. 1.1.3 ○ Objective 4: Develop data tracking for quality assurance and patient management working with electronic health records. 1.1.4 ○ Objective 5: Ensure adequate space 1.1.5 ○ Objective 6: Ensure appropriate equipment 1.1.6 		

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Enhance Organization Infrastructure and Financial Stability	Responsible Party	Financial Cost & Target Date
GOAL 2: Continue to strategically develop and strengthen the HSNT workforce.		
<ul style="list-style-type: none"> ○ Objective 1: Create a targeted hiring strategy to increase recruitment of culturally and linguistically competent staff. 1.2.1 ○ Objective 2: Refine employee training, retention and attraction strategies. 1.2.2 ○ Objective 3: Increase communication between all levels of staff from front desk to billing to finance department. 1.2.3 		

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Enhance Organization Infrastructure and Financial Stability	Responsible Party	Financial Cost & Target Date
GOAL 3: Enhance financial stability.		
<ul style="list-style-type: none"> ○ Objective 1: Monitor Federal, State and Local changes in funding streams to FQHC 1.3.1 ○ Objective 2: Maintain appropriate ratio of insured to uninsured 1.3.2 ○ Objective 3: Bill in a more timely and efficient manner 1.3.3 ○ Objective 4: Increase Medicaid and Medicare visits 1.3.4 ○ Objective 5: Increase commercial insurance in network 1.3.5 ○ Objective 6: Maximize revenue generation and collection 1.3.6 		
<ul style="list-style-type: none"> ○ Objective 7: Create find development strategies including planned-giving opportunities for short-term and long-term funding for HSNT 1.3.7 		