



Strategic Plan

Fiscal Years 2017-2021

Approved by Board of Directors: January 4, 2017

Executive Director
Greater Killeen Free Clinic

Date

Chair, Board of Directors
Greater Killeen Free Clinic

Date

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Executive Summary

The first documented free medical clinic in the United States was in New York City in the 1700s (Marvin Olasky, 1996). San Jose Clinic in Houston was established in 1922. However, the current charity clinic movement began in the 1960s in California. Each of these clinics have a story of their own, but they share common characteristics: they are safety-net health care organizations that utilize a volunteer/staff model to provide a range of medical, dental, pharmacy, vision and/or behavioral health services to economically disadvantaged individuals. Such clinics are 501(c) (3) tax-exempt organizations, or operate as a program component or affiliate of a 501(c) (3) organization.

Entities that otherwise meet the above definition, but charge a nominal/sliding fee to patients, may still be considered Free or Charitable Clinics provided essential services are delivered regardless of the patient's ability to pay. Free or charitable clinics restrict eligibility for their services to individuals who are uninsured, underinsured and/or have limited or no access to primary, specialty or prescription health care. (National Association of Free and Charitable Clinics website). These clinics began on shoestring budgets, and grew over time to meet the health care needs in their communities.

The current Charitable Clinic network in Texas is comprised of 70 clinics located around the state and has a proven record of successful service delivery. As a system of collective impact, these clinics provide almost 400,000 patients visit each year. Charitable clinics utilize an integrative, cost effective, patient centered approach providing a wide array of services that go beyond the physical health of a person. Clinics work across multiple systems including health, mental health, social services, educational, spiritual, etc. to help meet the needs of their patients. The care that they provide their patients leads to healthier individuals, controlled diseases and an overall healthier community. These clinics are directly impacting the financial health of not only the individual but of their communities as well. It is estimated that these Charitable Clinics are providing a cost savings across the state of \$168,000,000. (LSACC 2013 yearly statistics) In a small study done in the Dallas area during 2009-2011, it was found that patients who were connected with a Charitable Clinic had a 26.8% lower rate of average uncompensated hospital costs as well as 65.9% fewer inpatient days. (Hope Clinic of Garland & Baylor Medical Center at Garland, Utilization Study 2009-2011).

Texas ranks 38th out of 50 states for number of people living in poverty with 18% of our state's population living in poverty (ACS Table B17001, 1-Year Estimates, 2013). In Texas the poverty rate also has a high correlation to race and ethnicity with 24.5% percent of blacks and 25.5% of the Hispanics living in poverty. Further impacting the poverty rate is the percentage of people who have no type of health coverage. It is estimated that 40% of people who are uninsured in Texas are living in poverty. (Kaiser Family Foundation, The Uninsured Population in Texas: Understanding Coverage Needs and the Potential Impact of the Affordable Care Act, July 2014). It is well known that Texas has the highest rate of uninsured at 22.1% (ACS, 2013), with 19% uninsured in Bell County (2015 County Health Rankings). Even with the recent implementation of

the Affordable Care Act, there are still many people without health care insurance. Texas did not expand Medicaid so people who live in poverty, specifically below 138% of the poverty level, have no access to public healthcare programs. Many in this population are often working at part time or hourly jobs that provide no type of health insurance. Even if Texas had expanded Medicaid there would still be an access problem as it is estimated that only 31% of physicians accept Medicaid. (Texas Medical Association, November 2012) This would leave this low income population with coverage but no access.

The need for access to care is not being met for several reasons. Texas is already beyond its capacity throughout its health infrastructures and systems. Texas is the fastest growing state in terms of population and a simple lack of capacity contributes to being uninsured that supports or leads to continued poverty. Many jobs in Texas do not provide health coverage. Texas workers are less likely to have employment-based health insurance coverage than those in other states. Only 50% of all companies in the US offer health coverage for their employees. In 2012, Texas ranked 42nd in the nation, with only 45% of Texans having employment-based health insurance coverage. (Texas Medical Association-The uninsured in Texas, 2012) Further contributing to the unmet need is that Texas is a state with a large immigrant population and the rates of poverty and being uninsured are higher in this population. All of these factors contribute to the current inadequate healthcare system in which many people have no access to affordable healthcare. As the state continues to grow, so will this issue.

Since 1994, the GKFC has fulfilled a unique mission in Killeen and surrounding communities by providing health care for uninsured, low income adults and children – the working poor. This has been accomplished because of the dedicated group of health professionals and other community volunteers who give of their time and talents at the free clinic

GKFC has transitioned from a small one night a week clinic staffed only by volunteers to a regionally recognized provider of health services for individuals who struggle to maintain stable lives and households. As the Free Clinic moves into its 23rd year, we celebrate its growth and successes, and continue to look forward to further expansion including addressing the need for a healthier community, and exploring options to expanding our dental care in a substantial, defined and collaborative manner.

GKFC has also engaged in various collaborative projects, both locally and state wide to advocate proactively for the needs of the uninsured population and to develop a seamless plan for delivery of health services to the uninsured in the Central Texas area. This strategic plan calls for the continued exploration of new, innovative partnerships; for development of more sustainable and diversified revenue streams; and for more efficient use of resources.

Mission Statement

The mission of the Greater Killeen Free Clinic (GKFC) is to use its available resources to provide quality health care to all eligible children and adults who are underserved or have limited access to health services.

Core Values Statement

Health Care Advocacy

We will be an open, unbiased advocate of health care that is valued by the community and meets the needs of clinic patients.

Accountability

We will develop a compassionate partnership with our patients that engender shared responsibility and mutual accountability.

Social Responsibility

We will be a transparent organization open to any and all, while being good stewards of the clinic's resources.

Vision Statement

The Greater Killeen Free Clinic is a viable and innovative community partner in offering a comprehensive approach toward health and a strong advocate for those who have limited or no access to health care services.

History of the Organization

In 1993 a needs assessment of social service clients in Killeen identified transportation and affordable health care as the most lacking. A task force was formed to create a free clinic for the Killeen area. Many community leaders, medical practitioners, and other concerned citizens formed a steering committee and brought the idea to fruition in less than a year. The clinic found a home in the Bell County Public Health District's Killeen office, and in November, 1994, it began operating one night a week. In January 1996 an executive director was hired. In 1999, the clinic expanded its operations to two evenings a week. In 2002, the free clinic began holding mammogram clinics. The clinic became a United Way Partner in 1995.

The free clinic faced the greatest challenge in its history with the tragedy of Hurricane Katrina. Through its pool of volunteers and referral networks, and in coordination with local hospitals, the clinic served hundreds of patients at the city's shelter clinic, and then added a clinic to its weekly schedule for two months, only for hurricane evacuees.

The Bell County Public Health District shared much of its Killeen building space with the Free Clinic until November 2011 when the Clinic moved into the Killeen Arts and Activities Center, after receiving a Community Development Block Grant for expansion.

After an extended planning period, a major expansion of services occurred in 2014. Early in 2014 a Well Women's Clinic was added, providing gynecological services outside of family planning. Inclusion in the State's Medicaid 1115 Waiver Project brought resources to the chronic care/chronic disease management program, which began in the spring of 2014. Targeted mental health services were also added in April 2014, as part of an additional waiver project, and expanded in March 2016 when psychiatry residents from the Texas A&M University (TAMU) College of Medicine began providing services. The Free Clinic partnered with the three local hospitals and Bell County in the Waiver's uncompensated care portion of the project. The Health Promotion program also kicked off late in 2014.

Current Focus Areas

The current strategic focus areas of the free clinic are:

- Acute care medical clinics three days a week on a first come, first served basis.
- Social services assessment for first-time patients, with referral and follow-up by a licensed social worker.
- Extensive medical referral networks which include diagnostic, subspecialty, optometry and dental.
- Chronic care focusing on diabetes, hypertension, asthma/COPD, heart disease and thyroid disease; by appointment.

- Pharmaceutical Assistance Program which provides free medications for patients enrolled in the chronic care program.
- Chronic disease management, education and health promotion
- Targeted behavioral health services by referral from the Bell County Criminal Justice System, and for Free Clinic patients.
- Planning and implementation of annual community-wide Dental Day.

Upon approval, the following strategies will chart the course for the Greater Killeen Free Clinic from 1 January 2017 through 31 December 2021.

Strategies

STRATEGY 1: Increase Number of Patient Visits

Goal: Expand services provided and hours of operation

Objective: Double the number of patient visits beyond the 6783 visits that occurred during 2015 by 2020.

Tasks: Revise operational assessment. Increase number of health professionals and volunteer staff support in order to achieve stated objective. Develop plan for adequate work space and patient waiting areas to accommodate growth, especially related to dental services. Continue to look for additional space as the clinic grows.

Who: Executive Director/Clinical Supervisor

Completion: June 2018

STRATEGY 2: Treat Chronic Conditions

Goal: Provide a primary medical home for uninsured, low income patients.

Objective: Provide primary care, with emphasis on treatment of diabetes, hypertension, asthma/COPD, heart disease and thyroid disease.

Tasks: Coordinate with Texas Medicaid Transformation 1115 Waiver partner, to meet project metrics. Develop firm guidelines on medication assistance; Continue to seek out community partners to support expanded services. Continue to utilize prescription assistance program to provide medications for uninsured, low income clients.

Who: Clinical Supervisor//Executive Director

Completion: Ongoing

STRATEGY 3: Behavioral Health Services

Goal: Provide behavioral health services by referral from partnering organizations.

Objective: Provide access to behavioral health medical treatment integrated with primary care to the homeless, to referrals from the Criminal Justice System and to Greater Killeen Free Clinic patients

Tasks: Continue to coordinate with Baylor Scott and White and the Texas A&M University Psychiatry Residents Program and other stake holders to provide behavioral health services that follow established guidelines and protocol, Maintain and update written protocols as deemed appropriate to meet the needs of the GKFC and the community partnerships. Continue to work with stakeholders and partners to seek other funding opportunities for sustainability beyond the waiver project.

Who: Baylor Scott & White Health; Texas A&M University (TAMU) College of Medicine; Bell County Indigent Health; GKFC; and GKFC Executive Director

Completion: Ongoing

STRATEGY 4: Preventative Health

Goal: Expand health promotion program.

Objective: Provide preventative health services and health promotion activities as an integral component of clinic services

Tasks: Expand health promotion activities utilizing community assets and resources. Engage the community in developing a plan for a healthier community.

Who: Executive Director

Completion: March 2018

STRATEGY 5: Dentistry Services

Goal: Expand Dental Services to better address community dental needs.

Objective: Develop a community dental clinic.

Tasks: Pursue collaboration with other charity clinics and other interested parties in establishing a plan for dental services. Develop funding strategies for funding the plan. Host a community-wide “dental day” utilizing community partners.

Who: Executive Director

When: December 2020

STRATEGY 6: Collaborate and Partner with regional health-related entities

Goal: Sustain current and develop new partnerships that benefit the clinic, other agencies and consumers of services.

Objective: Develop enhanced outreach to all area hospitals and health service organizations. Collaborate with agencies such as Bell County Indigent Health Services to more efficiently use resources at a reduced cost.

Tasks: Continue collaboration on Texas Medicaid Transformation 1115 waiver with project partners. Research sharing of medical personnel and clinic costs. Solicit commitments for increased professional health service volunteers.

Who: Executive Director

Completion: Ongoing

STRATEGY 7: Training Program

Goal: Provide required and appropriate training opportunities in order to sustain clinic's short-term and long-range training objectives.

Objective: Assure a well-trained group of paid staff and professional volunteers with the knowledge and skills needed to deliver safe, quality care and service.

Tasks: Establish a training program that provides professional development and customer service training for administrative and professional staff as well as volunteers. Develop a list of mandatory training that needs to be completed prior to volunteering at the Greater Killeen Free Clinic, to include mandatory HIPPA Privacy Education, OSHA Training, Bloodborne Pathogen, Information Security, and Infection Control Training. Ensure Community Health Worker status is maintained.

Who: Executive Director/Clinical Supervisor

Completion: Ongoing

STRATEGY 8: Visibility

Goal: Enhance the visibility of GKFC at Local, State and National Levels

Objective: To work in collaboration with local, state and national organizations/agencies in order to obtain increased resources for free clinics

Tasks: Develop comprehensive marketing plan in order to raise awareness in local community of clinic programs and events. Increase partnerships with area colleges and universities. Continue leadership role with Texas Association of Charitable Clinics (TXACC) and National Association of Free and Charitable Clinics (NAFCC) to include working with legislative partners.

Who: Executive Director/Board of Directors

Completion: Ongoing

STRATEGY 9: Fiscal Requirements

Goal: Generate adequate operating funds in order to sustain clinic's short term and long term goals.

Objective: Stable funding base for clinic's daily operation

Task: Develop a sustaining revenue stream through enhanced grant proposals; fundraising activities and improved outreach to philanthropic individuals and organizations. Offer a "signature" fund raiser on an annual basis. Develop a three-year financial plan for EHF Grant by 10/31/16. Develop a plan for recognizing corporate and individual donors. Develop and approve a fundraising strategic plan.

Who: Executive Director/Board of Directors.

When: Ongoing but completed NLT December 2018

Implementation:

One hundred and twenty days from Board approval of the above Strategic Plan, the Executive Director will provide an updated written Action Plan for presentation to the Board defining the steps necessary for implementing the above strategies within the specified windows. Status of implementation progress will be reported by Executive Director to Board of Directors at each bimonthly meeting.