



Strategic Plan 2017-2020

LETTER FROM Executive Director

In June 2016, Arlington Free Clinic undertook a comprehensive and rigorous effort to plan for its future. We approached this activity knowing how critically important it is for an organization to engage in strategic planning. The unpredictability of our nation's healthcare policy, the rapid changes in technology and use of data, and the changing demographics in our community have made the need for planning especially acute.

Our strategic planning initiative included a deliberative and thorough investigation that explored nearly every part of our organization and included interactions with our many stakeholders. Patients, staff, board members, volunteers, philanthropic organizations, individual donors, and community leaders joined us for focus groups, feedback sessions, discussions, and meetings that have been essential to our planning process. To all of you who have been part of this effort, we thank you.

Of course, a plan is only a beginning. Each of us must now work to make these dreams real and to hold ourselves accountable for the future of AFC. We are committed to pushing toward achievement—developing metrics to measure our progress and making course-corrections along the way.

AFC has a long history of rock-solid core values, a commitment to volunteerism, and a culture that transforms challenges into opportunities. Although the future is always full of uncertainties, we are confident that this plan will guide us as we continue to provide essential care to those in need.



Nancy White
Executive Director



THE STRATEGIC PLANNING PROCESS

This plan sets AFC's course for the next four years, detailing the critical initiatives needed to ensure our patients continue to receive quality, patient-centered health care. It was created by AFC staff over a six-month period, and made stronger with the input and insight from our Board Strategic Planning Task Force, subject matter experts, and many other stakeholders.

Our planning work included:

- Internal assessment activities: reviewing the clinic structure, processes, operations, data and trends;
- External assessment activities: identifying and assessing changes and trends likely to have a significant impact on the clinic, and conducting learning conversations with other clinics and organizations of interest;
- Convening patient focus groups, and surveying and meeting with local safety-net organization representatives (both medical and non-medical, and including Virginia Hospital Center and Neighborhood Health);
- Meeting with funding organizations;
- Communicating with local, regional and national free clinic organization leaders and elected officials, and
- Enlisting staff, volunteers, interns and a corporate social responsibility department to help.

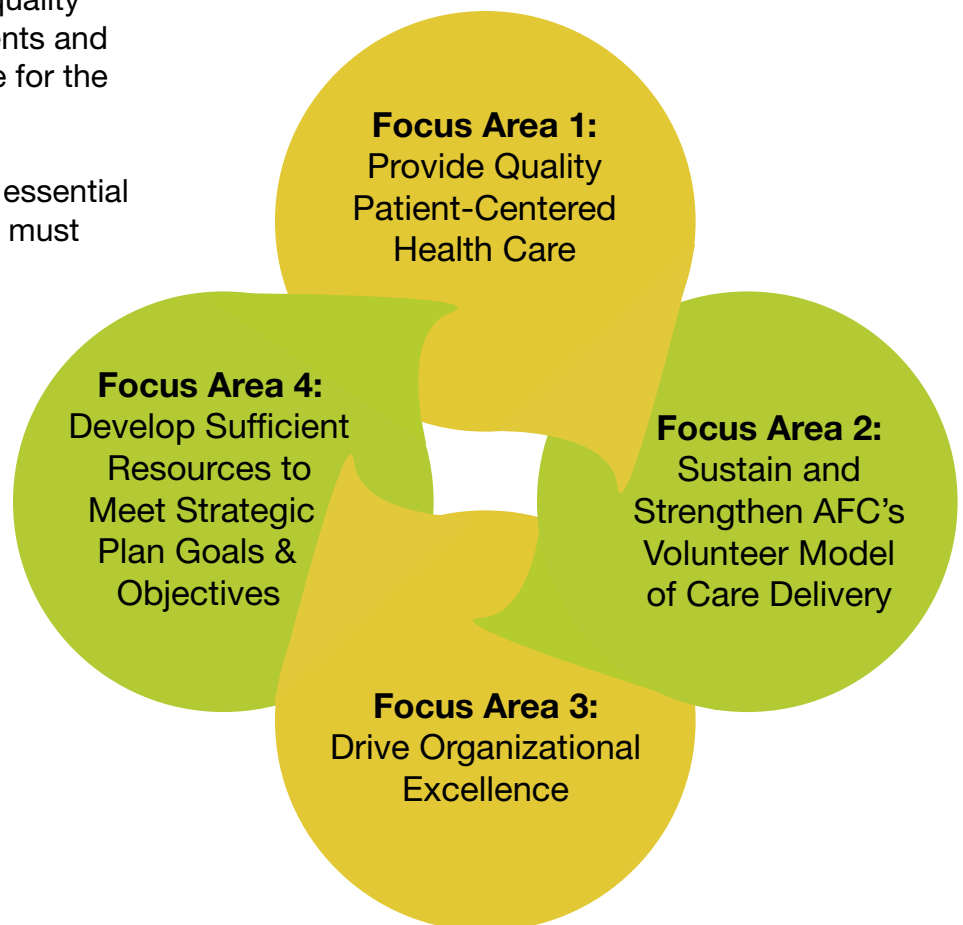


Our planning team distilled the volume of data and other information into a list of the most salient issues, sharing them with the Board Task Force. Our active discussion around matters related to demography and the environment, politics and policy, technology, the economy and health sciences informed our Strengths/Weaknesses/Opportunities/Threats (SWOT) Analysis activity, which yielded the following significant themes:

- AFC's mission and culture are special, well-regarded, philanthropically supported and worthy of preserving
- The need in Arlington County for our comprehensive, compassionate and quality services by patients/prospective patients and community partners alike will continue for the foreseeable future
- Our pool of dedicated volunteers—so essential to our operations—is evolving and we must prepare accordingly
- The growing demand for data by our stakeholders will require us to update our tools and systems to support efficient data collection, analysis, reporting and decision-making
- The federal and state political environments and associated policy implications are dynamic and we must remain attentive and ready for various scenarios

- Institutional grant support for healthcare is gradually shifting focus to health (in the broadest sense) and addressing the root causes of health disparities such as poverty, social isolation and diminished advancement opportunities; Building on our collaborative safety-net partnerships while continuing to deliver comprehensive services under one roof is imperative

These themes underlie the strategic initiatives organized within one of the following areas of focus:



Moving forward, annual goals will be set to ensure successful execution of the plan, with milestones and target dates to track progress. As well, our strategy will be revisited from time to time and adjusted as needed given the dynamic environment and times in which we operate.



WHO WE ARE

Mission

Arlington Free Clinic provides free, high-quality medical care to low-income, uninsured Arlington County adults through the generosity of donors and volunteers.

Vision Statement

Exemplary health care for Arlingtonians in need.





Core Values

We believe in patient-centered, high quality, professional healthcare that is compassionate, caring and empowering. Our core values support this belief.

RESPECT

Promoting an environment of mutual respect among employees, volunteers, patients and community members that is accepting of all people.

COMPASSION

Providing hope and care while recognizing and affirming the dignity of each person.

EXCELLENCE

Striving for the highest quality and standards sustained by passion, innovation and integrity.

TEAMWORK

Working as a community to maintain a culture of support, collaboration and trust, among our patients, staff, providers, and volunteers in a joyful and positive environment.

STEWARDSHIP

Maximizing the resources of the Clinic while providing the highest quality of healthcare possible in a safe and supportive environment.

GRATITUDE

Remembering to appreciate and be inspired by the generosity of the community that supports the Clinic with funds, expertise, services, volunteering, and the shared belief in our mission.



GUIDING PRINCIPLES

The following principles define how Arlington Free Clinic conducts itself in its many roles—as a nonprofit organization delivering healthcare, a workplace for a family of staff and volunteers, and an integral member of the safety-net community. We hold ourselves accountable to our patients, our supporters and each other by remaining mission-focused every day in our service to Arlington County’s underserved.

We are committed to operating AFC in a way that:

- Nurtures true partnerships between patients, staff, volunteers and community partners
- Leverages our partnerships to deliver holistic, quality care to our patients
- Involves patients and their families/caregivers in developing and taking ownership of their care plan
- Preserves our core values
- Supports thoughtful growth and spending
- Balances and optimizes our diverse revenue streams
- Leverages our resources to make effective use of technology
- Employs impactful and timely communications
- Uses data to shape perspective and drive decision-making
- Fortifies our role and reputation as a reliable partner in the greater community



FOCUS AREA 1 Provide Quality Patient-Centered Health Care

We will continuously sharpen our efforts to improve patient health outcomes by delivering quality, holistic, patient-centered care.

Our selected strategies are to:

1.1 Improve patient health outcomes and meet community needs by adapting programs and services in response to changes in both external and internal environments

Context: Societal factors such as advances in clinical research, evolving national and state health policy, changes in community demographics, availability of volunteers, the health of the economy, and a shift in funding priorities by philanthropic organizations call for ongoing evaluation of the type and quality of the programs and services that we provide. We must have good systems for evaluating and improving the quality of our programs, assessing patient preferences and satisfaction, and determining which programs and services are most critical for those that we serve.

1.2 Expand integration of mental/behavioral health and social support services into AFC's patient-centered medical home (PCMH) model-of-care

Context: Mental health conditions such as depression and anxiety, when inadequately managed, can lead to poor adherence to medical recommendations for many health conditions and can result in high no-show and cancellation rates and poorer overall health. Several studies have shown that internalized stigma in certain populations decreases the willingness of individuals to seek mental/behavioral health services. Increasing the availability of mental/behavioral health professionals and trained case workers at key times in our clinic schedule should enhance the utilization of these services by both providers and patients. We will measure whether these interventions have an impact on overall health of those we serve.



1.3 Increase the involvement of our patients in improving and maintaining their health and well-being

Context: Lifestyle factors such as physical activity, diet, smoking, overuse of alcohol and controlled substances, stress management and adequate sleep are risk factors for many health conditions commonly seen in our country. AFC's patients are no exception, and the added burden of living in poverty makes behavior change even more difficult. We have a commitment to using best practices and applying the most current evidence for patient engagement and behavior change to meet patients where they are and support them to assume greater responsibility for their overall health and well-being.

1.4 Reduce barriers to patient access to prescription medications and education from pharmacist

Context: We intend to redesign our pharmacy services to allow patients to receive most of their medications on the day that they are prescribed. Eliminating dedicated pharmacy pick-up days for most new prescriptions will remove a barrier to compliance and hopefully will lead to improved health outcomes. Additionally, this change will reduce the time that our patients spend waiting for services—a problem that is all too common in the safety-net setting.

AFC Pharmacy hours-of-operation are more closely aligned with clinic sessions and patients express satisfaction with the ease and timeliness in filling their prescriptions



1.5 Address social determinants of health in our patient population by broadening, strengthening, and formalizing collaborations with key medical and non-medical safety-net service organizations in the community

Context: There are many barriers to good health that have little to do with healthcare services. These include access to food, a safe place to live, reliable living-wage, employment financial literacy, among other social determinants of health. Arlington is fortunate to have a rich network of nonprofits and county-based programs that provide many of these services and who are committed to collaboration and sharing. AFC intends to broaden and strengthen our partnerships with them, inviting them to share their knowledge and services with our patients through programs offered here at our clinic. These partnerships will allow us to continue to focus on what we do best—provide great healthcare—while connecting patients with services that can improve the quality of their lives and strengthen them in ways that help them move out of poverty.



AFC's effective integration into the county's safety network is reflected in an increased number of community partners with ratified agreements, fulfilled and timely patient cross-referrals, and self-reported patient and partner satisfaction.



1.6 Explore opportunities that support sustainability and improved integration of our oral health program


Context: In 2015, we established our dental clinic in response to the need for affordable oral healthcare for our patient population. Using a donated dental operator space at the Arlington County Department of Human Services, we have served approximately 25% of our patients. As the program matures, we will consider ways to meet the oral health needs of more patients and implement strategies to improve the integration of dental care into our comprehensive healthcare model. We will model this program in ways that meet the needs of our patients, the capacity of our physical facility, the impact on our internal and external community, and the availability of resources to support this change.

FOCUS AREA 2 Sustain and Strengthen AFC's Volunteer Model of Care Delivery

AFC's volunteer model is integral to our mission and at the heart of our operations since our founding. Given the essential role of our most valued asset, we must focus efforts to:

2.1 Secure adequate volunteer resources by studying and interpreting internal and external volunteer trends and adapting our recruitment and retention program accordingly

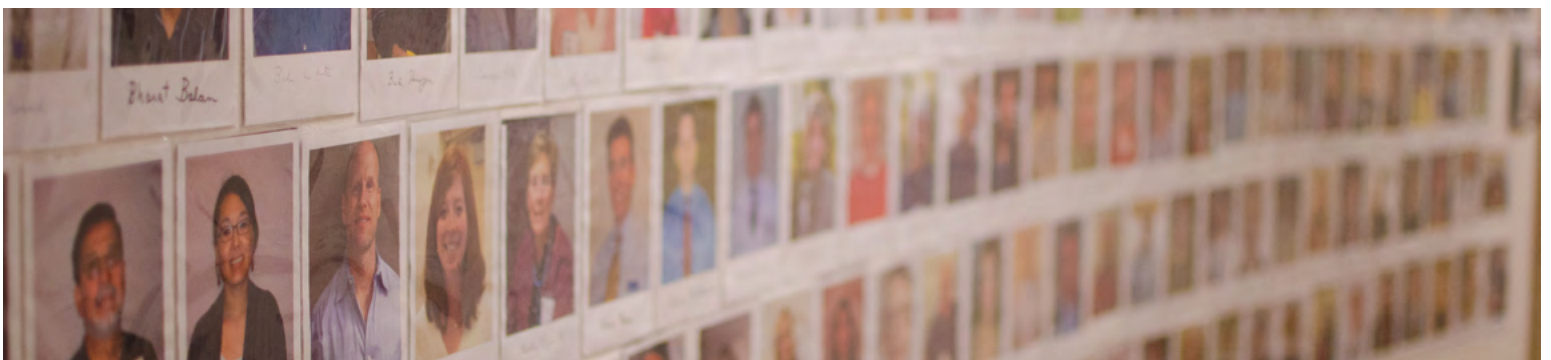
Context: Changes in volunteerism, especially in healthcare, call for us to be more intentional in recruiting and retaining talented volunteers. It is important that we identify and reach out to new sources of volunteer health professionals and interpreters, regularly evaluate our volunteer training and scheduling procedures (facilitated by our new volunteer software program), and develop standardized ways to recognize and steward our existing volunteers.



A volunteer trend study is prepared and used to craft a volunteer recruitment and retention plan

2.2 Enhance the clinic's volunteer program through expansion of the Board's role in recruiting and stewarding volunteers

Context: Each of AFC's Board members has a rich network of friends and professional colleagues. The new volunteer recruitment and retention plan will include clear roles for Board members to help us meet our volunteer needs and to play a major part in building long-lasting relationships with volunteers through stewardship and specific appreciation initiatives.



FOCUS AREA 3

Drive Organizational Excellence

AFC is committed to preserving our culture of quality and compassion. Since our founding 24 years ago, these principles have been the guiding force behind all we do. Our organization remains highly regarded throughout the community, attracts and retains the best staff and volunteers, and generates continued support from a growing group of donors and other benefactors in large part due to our upholding these values.

We will drive organizational excellence by concentrating our attention and resources on the following objectives:

3.1 Improve patient care, record keeping, and data collection and management by exploring, identifying, and transitioning to a more integrated electronic health record (EHR) system

Context: In any arena—and especially in healthcare—Information is key to sound business practices and continuous quality improvement efforts. AFC recognizes that a complex data system is necessary for: (a) streamlining communications that support continuity-of-care for our patients; (b) informing decision-making through process/outcome/impact monitoring; and (c) demonstrating our value and accountability as demanded by our many stakeholders. This initiative will be AFC's most significant undertaking over the next four years, likely requiring the greatest proportion of time and capital compared to our other strategic priorities.





3.2 Assess and improve performance and outcomes at every level of the organization by optimizing use of data to support high-quality patient care, enhanced volunteerism, and efficient administrative and clinical operations

Context: AFC is a small and nimble organization that is an integral member of Arlington County's healthcare safety-net system. Our interconnected network of services and service-providers rely on our keeping pace with technology advancements that promote streamlined operations and communications. We will use the best tools available to us to enhance patient satisfaction and health while being mindful of promoting a positive care-delivery experience among our collaborative partners and volunteers.

AFC personnel and volunteers adeptly use the data at their disposal to fulfill their varied clinical roles

3.3 Nurture our culture of collaboration, innovation, continued improvement, and respect by investing in staff/volunteers through training, professional development and team-building activities

Context: Attracting and retaining the best and brightest people is crucial for any organization. As a modest nonprofit organization with limited funding, AFC leadership knows that its most valuable resource—its volunteers and staff—regard working at AFC as more than a career, but a calling. We will support this altruism by preserving an environment that elicits and welcomes input, fosters teamwork, celebrates diversity, and delivers just-in-time training that develops our volunteers and personnel and enhances their contributions to the organization.

3.4 Strengthen board-staff partnership by clarifying roles and expectations and by engaging board and committee members in achieving the organization's priorities

Context: AFC's volunteer leadership represents a broad and diverse swath of the Arlington community and includes accomplished professionals from multiple disciplines representing private industry, government and nonprofit entities. We cultivate and guide their contributions through regular communications, near-monthly info-sharing meetings with the staff leadership team, relevant trainings and Board members' active participation on one of several structured committees—governance, development, finance external relations, or clinical services. We will review and update (as needed) our Board/Committee manuals and have incoming and existing members sign their acceptance of the terms of their Board/committee roles and responsibilities at the annual orientation meeting.

3.5 Investigate the transition of AFC to designation as a charitable clinic

Context: Our recent scan of external conditions conducted as part of our strategic planning process revealed that Arlington's need for a free clinic will continue into the foreseeable future. As the healthcare environment evolves and philanthropic concerns adjust their funding foci, it is incumbent upon AFC to investigate all options for sustaining our operations. Many of our sister clinics in the free-clinic sector have modified their structure in response to local conditions. We will continue to monitor internal and external factors to inform our decision-making about whether to become a hybrid operation that assesses a nominal fee for select services.

A report of the trends, advantages and disadvantages of transitioning from a free to a charitable clinic is produced and presented to AFC leadership to inform decision-making



FOCUS AREA 4 Develop Sufficient Resources to Meet the Strategic Plan Goals and Objectives

AFC leadership recognizes the importance of maintaining longstanding supporters and cultivating new allies in sustaining our ability to deliver quality, holistic, patient-centered care. Achieving our resource development goal demands that we:

4.1 Increase individual giving through effective donor solicitation, outreach, stewardship and communication

Context: This past year, AFC inaugurated two new donor-development initiatives to augment our fundraising activities. The Sheehy Society is a donor group composed of individuals who have cumulatively donated \$10K over the past 10 years. The Directors' Circle is comprised of former Board members and Gala/Special Gifts Chairs from the past 20 years who we are re-engaging. In addition, our planned giving efforts encourage current supporters to consider including AFC in a bequest.



4.2 Enhance financial resources by expanding the Board's role in stewarding and soliciting donors and conducting outreach to community organizations, religious institutions and local and regional businesses

Context: Given AFC Board members' extension into the broader community, we will benefit by encouraging them to introduce their network of contacts to AFC and to build support for our programs and services by authentically telling our story and conveying how they came to hold us in such high regard and to devote their time and treasure to sustain us.

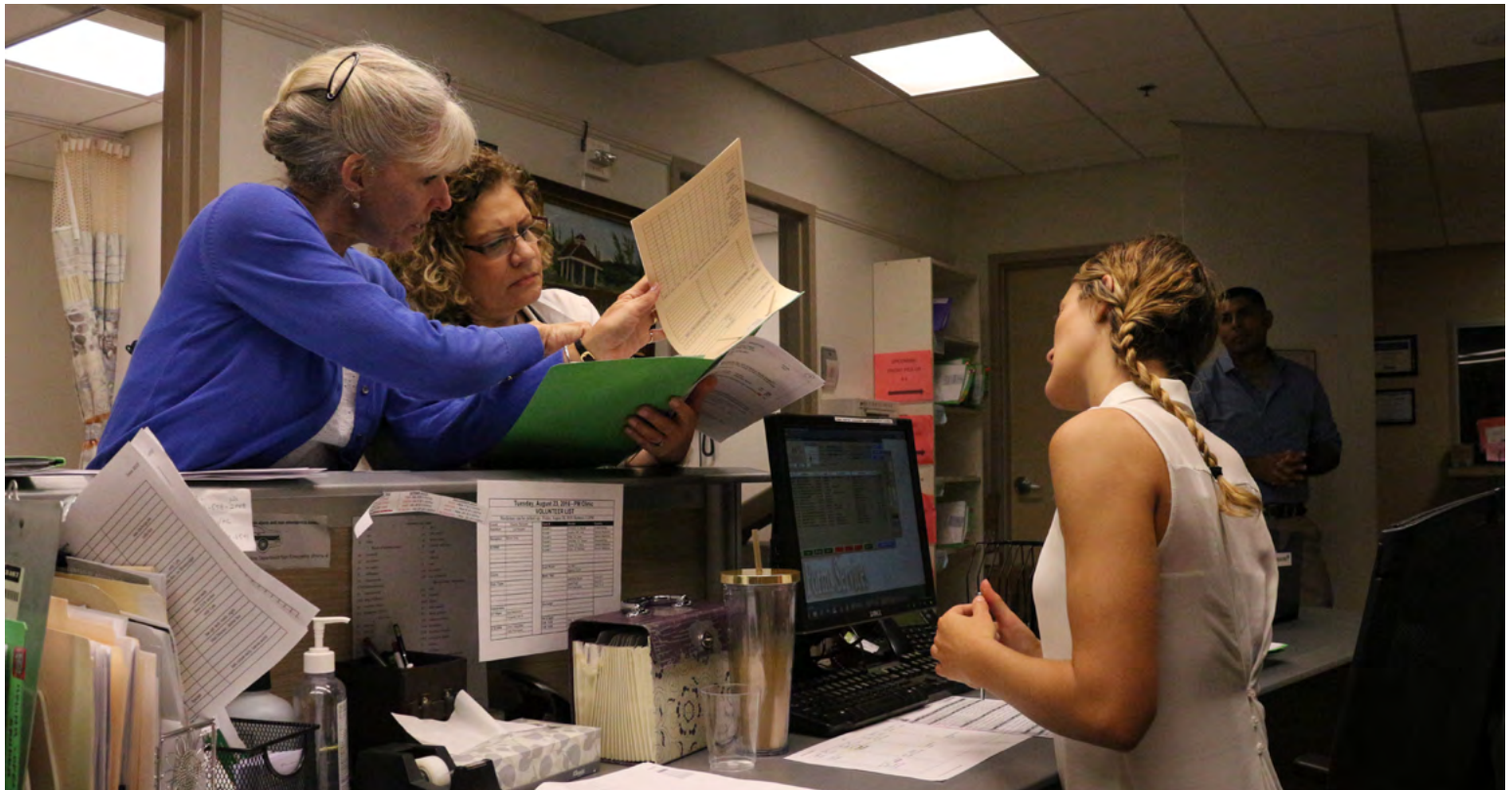


4.3 Focus development efforts through fundraising events by strengthening AFC's two flagship events—the Annual Gala and Bites & Blues

Context: We know that sound fiscal health demands mixed and reliable revenue streams. Historically, our annual gala has attracted the support of corporate sponsors and individual donors, contributing to one-third of AFC's annual operating costs. Our latest event introduced in 2016—Bites & Blues—raised enough funds to operate our new dental clinic for six months. The success of these two events, coupled with the intensive human resources required to conduct them, have led us to conclude that they will be our primary annual fundraising events. We will continue to support other fundraisers that identify AFC as a beneficiary by engaging Board members and other volunteers to assist in these philanthropic endeavors.

4.4 Broaden outreach to and engagement of corporations that yield increased financial and in-kind support of AFC's programs year over year

Context: As part of our diverse funding portfolio strategy, we will develop relationships with heretofore untapped or lapsed corporate partners to provide in-kind, programmatic and sponsorship support to AFC. We also will approach current business partners to persuade them to increase their giving. These efforts will entail deploying staff and volunteer leadership to call on their connections and AFC to develop the infrastructure to support placement of corporate employees in volunteer roles at the clinic—often a pre- or co-requisite to receiving financial support.



4.5 Explore and pursue nontraditional and formerly untapped institutional funding opportunities with existing and new partners to advance AFC's priorities

Context: Parallel to our planned approach to corporate funders, AFC will cultivate current and new partnerships in academia, healthcare, and other sectors both locally and beyond to leverage our ability to attract grants that alone we otherwise could not. By joining with hospitals, universities, and other health and human services agencies with successful track records in securing public and private funding, we will develop our own reputation as an innovative organization that achieves positive results and serves as a model to other free and charitable clinics.

The number of new sources of institutional funding of AFC's existing or planned programs/services (and partners who collaborate in acquiring it) increases



ACKNOWLEDGEMENTS

We are grateful for the input of our partners, supporters and employees during the strategic planning process.

Members of AFC's Strategic Planning Task Force of the Board of Directors

Jennifer Gamboa, James Meenan, Kathleen Buto, Adam Hess, Kit Gordon who provided regular expert input and championed the plan to the entire Board.

Volunteer Facilitator and Board Member

Dianne Houghton who devoted her time and contributed her keen insights toward masterfully guiding this year-long process.

AFC or Arlington Free Clinic Board Members

All of whom provided thoughtful input and supported the end-product

Jennifer M. Gamboa, DPT, OCS

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Physical Therapist, Founder and President,
Body Dynamics, Inc.

Adam Hess, JD

Vice-Chair
Partner, Venable, LLP

Kurt Hyde, CPA

Treasurer
Inspector General, Library of Congress

Kathleen Buto

Secretary
Principal, Kathleen Buto Consultants, LLC

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Chair, Governance Committee
Partner, Hogan & Hartson, LLP (retired),
Community Volunteer; 2011 AFC Gala Chair

Meredith Anderson

Secretary, Graduate Student in Psychology,
Harvard University's Extension School

Diane H. Naughton

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Past Acting Executive Director,
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Douglas H. Root, MBA

Blackfin Real Estate Investors, Co-Founder
& Managing Partner

Chahine Yamine, MD

Anesthesiologist



AFC's Staff Strategic Planning Team

All AFC staff contributed in many ways to the development of the plan. The core team included:

Nancy White, Executive Director; **Sheila Ryan**, Director of Clinical Services; **Jody Steiner Kelly**, Director of Clinical Administration; **Coralie Miller**, Director of Finance and Human Resources; **Alicia Nieves**, Director of Development and Communications; **CB Wohl**, Director of Foundation Relations; **Eleanor Richards**, Nurse Manager; **Kathryn Kovacs**, Events Manager; **Mario Vargas**, Volunteer Coordinator

We especially appreciate the time and feedback the following constituents provided through face-to-face meetings, surveys and interviews:

- **Local Health and Social Services Safety-Net** Arlington County Department of Human Services: Anita Friedman, Director; Reuben Varghese, MD, Director of Public Health; Josephine Peters, Public Health Planning and Education Chief | Neighborhood Health Services, Inc.: Basim Khan, MD, Executive Director | Virginia Hospital Center: Jeff DiLisi, MD, Vice President and Chief Medical Officer; Pam Kane, Vice President and VHC Group Chief Operating Officer
- **Free and Charitable Clinic Sector** Virginia Association of Free and Charitable Clinics; National Association of Free and Charitable Clinics, Virginia Free Clinic Executive Directors Group
- **Local Grantmakers** Northern Virginia Health Foundation-Pat Mathews, Executive Director and Tricia Rodgers, Program Officer; The Morris and Gwendolyn Cafritz Foundation-Kara Blankner, Health and Wellness Program Officer; Kaiser Permanente of the Mid-Atlantic States-Mindy Rubin, Program Manager, Safety-Net Partnerships
- **Local/State/National Government** Libby Garvey, Arlington County Board; Alfonso Lopez, Representative of Virginia's 49th District, Virginia State House of Delegates; Charlie Arnowitz, Congressional Staffer, Office of U.S. Senator Mark Warner
- **Local Business** Ben Arndt, Corporate Citizenship Manager, CEB; Jackie Clevette, Corporate Philanthropy Coordinator, Clark Construction Group, LLC; John Couric, Chief Financial Officer, Promontory Interfinancial Network, LLC; Mark DeLisi, Senior Director of Corporate Responsibility and Christine McElhinney, Investments and Corporate Responsibility Administrator, Avalon Bay
- **Health Policy and Technical Experts** Judy Feder, Professor of Public Policy, Georgetown University; Cristina Thomas; Kathy Freshley
- **Community Leaders** Edgar Aranda-Yanoc, Chair, Virginia Coalition of Latino Organizations; Rev. Rebecca Messman, Trinity Episcopal Church and Virginians Organized for Interfaith Community Engagement (VOICE); John Benton; David Briggs
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