HOMEBRIDGE
Strategic Plan
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Nothing makes us happier or keeps us healthier than the safety and comfort of home. Living – and aging – with dignity, safety, and quality of life in the freedom and privacy of our homes, whatever those homes might be, should be a basic human right.

Simply put, Homebridge helps people stay safely and comfortably at home. Since our founding in 1985 by a group of non-profit advocates who were passionate about protecting the lives of frail seniors at risk of losing their rightful place in community living settings, Homebridge has focused on the creation and delivery of “needs appropriate” in-home supportive services for consumers at especially high risk of avoidable hospitalizations and unnecessary, premature institutionalization. Most frequently we serve isolated, low-income, marginalized, and underrepresented consumers who have limited ability to effectively advocate for their own health or safety.

As an integral part of our community’s fiber, over the past decades we have seen our consumers trend younger and develop a broader, more acute array of behavioral, cognitive, and addiction-related health challenges. Homebridge has grown with our community by continuously advancing our caregivers’ skill set and giving them better tools to help accommodate these changing consumer needs. And we have become more adept at meeting consumers “where they live” by continuously redefining what “home” might be: a residential hotel, an emergency or long term shelter, transitional respite centers, or even “the street.”

We were honored to participate in California’s Managed Care Demonstration Project, the Coordinated Care Initiative, and we are grateful for the opportunity to express our deep passion for consumer advocacy by developing new, innovative solutions to providing support to this high risk, underserved consumer population as part of the San Francisco Human Services Agency’s IHSS “Continuum of Care.”

We are eager to share our strategic plan with you and its vision for extending support to the tens of thousands of Californians who are unable to live sustainably and with quality in their communities of choice because they lack an model of supportive home care appropriate to their needs – the Homebridge model.

Our thanks to all of you who have supported and helped us grow through these past decades, to all of you who contribute to the vision and the organization being built, and to those of you advocating for the complex care population.

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Our thanks to all of you who have supported and helped us grow through these past decades, to all of you who contribute to the vision and the organization being built, and to those of you advocating for some of the most under-represented among us. On behalf of the Board of Directors and the entire staff, we look forward to our work together.

Mark Burns
Executive Director
option, and the opportunity for caregivers to stay in their positions, move up, or move on to new career opportunities.

The analysis also underscored the expanding population of complex care clients with behavioral health issues (the result of traumatic brain injury, post-traumatic stress disorder, dementia, mental health disorders including concurrent substance abuse, addiction, and chronic debilitating medical issues) and the shrinking caregiver labor pool to support these individuals. Chief reasons for the latter include an aging and retiring population of experienced caregivers, a small pool of entry-level caregivers—many of whom are young adults with other entry level job options that offer competitive wages—and employment barriers ranging from the cost of housing, transportation, childcare and eldercare, to limited job readiness.

From the landscape analysis, four truths emerged:

• Low-income individuals with complex needs have significant unmet service requirements.

• Funding streams for the complexity-diagnosed are siloed. With funding coming through disparate institutional systems (federal, state, and local as well as different departments within the County of San Francisco), delivering coordinated, comprehensive care that individuals with compound needs require is difficult.

• A stable, trained, supported and accountable workforce is essential to meeting the service requirements of the complexity-diagnosed.

• The Homebridge model is unique: Homebridge provides services and supports in an unoccupied service niche between “traditional home care” and “home health” that enables low-income individuals with complex care needs to live independently in the community.

From the truths, Homebridge determined that it is uniquely positioned in San Francisco to close the service gap for clients with complex care needs. To do this, the Homebridge Strategic Planning Committee (SPC), composed of members of Homebridge’s Board of Directors, executive leadership staff, and strategic planning consultant, identified three key strategic areas to address in the next strategic plan (note: the committee decided not to update Homebridge’s mission statement but may consider doing so at a later time)2: 

Homebridge elected to prepare for its strategic future by refining its service model, workforce structure, and funding strategy, with goals and objectives that allow the organization to serve existing clients, while preparing to meet emerging client and organization needs and the shifting demands of funders. Following a careful deliberation process, nine key goals were selected as the focus for Homebridge’s next strategic plan, adopted July 20193.

Service Goals

Goal #1: Broaden the positioning of Homebridge services to cover community living settings across a comprehensive array of non-institutional housing alternatives.

Goal #2: Expand Homebridge’s paramedical model to address the unmet needs of complexly diagnosed individuals.

Goal #3: Expand the Homebridge model in other California counties.

Workforce Goals

Goal #4: Operationalize Homebridge’s professional caregiver/health support model.

Goal #5: Continue initiatives to build the skillset of program and administrative staff and Board.

Funder Goals

Goal #6: Maintain quality business relations and status as the preferred IHSS Contract Mode contractor to the City/County of San Francisco.

Goal #7: Continue to build and diversify funding sources that allow flexibility to pursue key strategic initiatives at the agency’s discretion.

Goal #8: Prepare a business case to promote the Homebridge model, impact, and value proposition to potential funders.

Goal #9: Explore how strategic partnerships might contribute to the sustainability and growth of the agency’s mission.

With deep experience in, and commitment to, serving individuals with complex care needs, Homebridge understands that organizational long-term sustainability is dependent on being in the right place, with the right program, at the right price, at the right time. It equally recognizes that it must succinctly message what is unique about its role in closing the service gap for complex care individuals: A professional caregiver/health support model for individuals with complex health, behavioral, and social needs. In sum, Homebridge goes where others don’t. Homebridge is ready for the next phase of its dynamic future which ensures progress, sustainability, and a continued commitment to meeting the needs of complex care clients where they are. The following strategic plan highlights the key landscape influencers for Homebridge and presents the organization’s next set of strategic goals and supporting objectives.

2 Homebridge’s current mission statement is: We make independent living possible through exceptional home care solutions.

3 See Appendix A: List of Strategic Goals & Supporting Objectives.
Environmental trends currently impacting Homebridge include an aging general population and increasing numbers of younger adults who are at a high risk for institutionalization and who are high-utilizers of health care, emergency services, and social supports. Individuals with complex care needs, represented in both populations, account for most of the health care spending in the US. Within the Medicaid Program (Medi-Cal in California) from 2009 – 2011, the most expensive five percent of Medicaid-only enrollees had complex care needs and accounted for almost half of the expenditures for all Medicaid-only enrollees. Most of Homebridge’s clients have complex care needs and are Medi-Cal beneficiaries.

Other important trends affecting Homebridge include the growth in managed care (a health care delivery system organized to manage cost, utilization, and quality) and new opportunities to integrate Homebridge’s Contract Mode IHSS model into a broad array of non-institutional housing alternatives. The latter is influenced by local and state health care initiatives and policies, such as Whole Person Care, Health Homes for Complex Populations, and Senate Bill (SB) 1045 (see Appendix B: Glossary of Terms), which promote supported housing options in the community in lieu of institutionalization. Economic and political drivers influencing these trends include growing income inequality (i.e., the gap between the rich and the poor), a lack of affordable housing, the future of the Affordable Care Act, and new governmental administrations, including a new mayor in San Francisco and governor in California.

**Individuals with complex care needs** are people with a range of health, behavioral, and social needs who frequently struggle to stay in the community because of these intersecting needs. Within this population is an expanding group of individuals with significant behavioral needs that make caring for them, in any setting, challenging. Behavioral challenges can be the result of traumatic brain injury, post-traumatic stress disorder, dementia, mental health disorders—often including concurrent substance abuse—and chronic debilitating medical issues.

Most health, home care, and social service providers do not have the staff training or skills to effectively manage individuals with complex care needs and the significant behavioral challenges they frequently present. As a result, many providers avoid offering services to these individuals—they may be unable or unwilling to tolerate the chaos of the individuals’ lives. If they do provide services, they often discharge these individuals as quickly as possible. These factors contribute to this group’s repeatedly cycling through costly health, social service, and other systems, and increased risk for Adult Protective Service involvement, institutionalization, and homelessness.
A highly trained, highly paid, supported, and stable workforce is essential to providing the caregiving and support services the complex care population needs to live as independently as possible in the community requires. Achieving this goal, however, is challenging. The San Francisco Bay Area has a shrinking labor pool for caregivers, largely due to an aging and retiring population of experienced caregivers, and a small pool of entry-level caregivers—many of whom are young adults with other entry level job options that offer competitive wages. The high cost-of living in the Bay Area has also forced many individuals who previously would have entered the caregiving workforce to move out of the Bay Area. Equally important, both new and existing caregiver populations struggle with employment barriers that include the high costs of housing, transportation, childcare, and eldercare, and limited job readiness.

To further advance workforce transformation, Homebridge had to become a de facto workforce developer. Addressing these workforce challenges has become an imperative for Homebridge. In response, Homebridge decided to advance its role as a workforce developer through a workforce transformation initiative. One of its first areas of focus was to reduce the Homebridge caregiver turnover rate in the first six months of employment, which in previous years exceeded 50 percent. In April 2018, it launched the Skills Training and Employment Pathways to Success (STEPS) program. STEPS components include: skill-building trainings, professional development, and wage tiers that offer increased compensation with advancement. Preliminary data findings indicate that the program has been successful in reducing turnover, especially among younger caregivers, adults aged 18 to 25 years, the age group with the highest number of new recruits and the largest generation to enter the workforce since the baby boomers.

Enhancing these foundational elements is necessary to meet the unique needs of the new workforce generation with compassionate accountability designed to motivate all staff in their career growth. As technology evolves, so do the ways of managing workforce and support services. Homebridge realizes it must respond to the needs of programs, training initiatives, field-based staff, and funders with unified, innovative, and streamlined systems that maximize advances in technology. Homebridge has focused its efforts on: continuous upgrades in infrastructure and technology, improved technology utilization, and the implementation of best practices in communication, performance management, and leadership. All are fundamental to motivating staff, offering career advancement, and developing a workforce inspired by compassion and commitment—key ingredients that will enable Homebridge to improve workforce development and supervision, maintain high quality services, and measure impact.

Funding streams covering health care, housing, and social support systems for low-income adults with complex care needs are highly siloed. Different payment policies and structures at all levels—local, state, and federal—inhibit the coordination and communication necessary to meet the needs of the complex care population. But there are indications that funding for this population may shift and be tied more directly to service needs, including social services, health care, and housing. California’s Coordinated Care Initiative (CCI) “Cal MediConnect” (CMC) is an example of a state demonstration project charged...
with integrating some health and social services for Medi-Cal beneficiaries. At the start of the initiative, Medi-Cal managed care health plans (MCPs) in seven CCI California counties provided integrated and coordinated care for their members that included IHSS, Community-Based Adult Services, and/or Multipurpose Senior Services Program Services, and long-term skilled nursing facility care. Homebridge was selected as the provider of Contract Mode IHSS to the Health Plan of San Mateo (the Medi-Cal managed care health plan for San Mateo County, one of the seven CCI counties), for over three years until the IHSS benefit was removed from CCI in the Governor’s 2017–2018 budget and contract mode removed from the county’s portfolio of IHSS options. Despite this change, a multi-year evaluation of CMC is showing improvement in beneficiaries experiences with care, including access, quality, and coordination. In addition to CCI, cities throughout California are exploring opportunities to use local, state, and federal funds to provide integrated health, housing, and social services for high-risk individuals.


HOMEBRIDGE RESPONSE TO LANDSCAPE ANALYSIS

In recent years, Homebridge has been actively monitoring and responding to many of the developments highlighted in the landscape analysis:

- To address the growing number of clients with behavioral challenges referred for services, for several years Homebridge has provided services in a broader array of non-institutional housing settings (e.g., shelters) and provided more behavioral health training to caregivers.

- To ensure that changing client health needs are met, Homebridge has expanded its paramedical and nursing services (beyond home care but not at the level of home health).

- To recruit, train, and retain the workforce its clients need, Homebridge has launched STEPS, the multi-tier workforce structure that includes upskill training, career advancement, certification, and higher wage compensation for caregivers. When fully in place, this workforce structure will provide Homebridge with a professionally trained caregiver workforce, whose services will include behavior management and expanded paramedical care. The workforce development plan also includes a career ladder with professional growth opportunities for non-caregiver staff.

- To build a more measurable and accountable program, Homebridge has invested deeply in both technical and human systems and methodologies to collect, refine, report and make actionable a myriad of key performance data related to every aspect of the model of care and its operational support infrastructure.

- To make certain that Homebridge is at the forefront of conversations about the changing funding environment for its services, the organization launched an education, advocacy, and legislation project. The project explores what services are missing, what is needed, and what feasible opportunities with potential funding are available to close the gap for complexly-diagnosed individuals, in partnership with policy makers and health and social service leaders.

These efforts reflect Homebridge’s understanding that organizational long-term sustainability is dependent on being in the right place, with the right program, at the right price, at the right time. Homebridge equally recognizes that it must succinctly message what is unique about its role in closing the service gap for complex care individuals: providing highly trained caregivers, care coordination, and other services that enable complex care individuals to remain in the community Homebridge goes where others don’t. To build on this foundation and further address prominent landscape factors, Homebridge engaged in a process to map out its next strategic direction (see Appendix C: Strategic Planning Process), and then developed the following Service/Workforce/Funder goals and supporting objectives framework.
Today, more than two-thirds of Homebridge clients have previously experienced some level of homelessness and are now residing in either a shelter, private single room occupancy hotel (SRO), “housing-first” residence (a housing model that prioritizes providing permanent housing to people experiencing homelessness), or supported housing. Homebridge has recently contracted to provide some caregiver services to clients in emergency shelters set up by the City of San Francisco.

Mayor Breed has also recently announced plans to expand the total number of San Francisco shelter beds which may offer Homebridge more opportunities to serve clients in the shelter setting.

In addition to piloting caregiver services to clients in shelters, Homebridge is part of a San Francisco taskforce exploring opportunities to expand access to Residential Care Facilities for the Elderly (RCFEs) for low-income individuals with complex care needs. Should RCFE expansion, with funding, be approved by the City to serve these individuals, Homebridge is optimally positioned to provide needed caregiver services and other supports to this population in RCFEs.

Another differentiating characteristic of Homebridge clients is the prevalence of mental health and behavioral health challenges. More than 80 percent of Homebridge clients have either a diagnosed mental health disorder (e.g., depressive disorders, schizophrenia, bipolar disorder, anxiety, and cognitive disorders—frequently complicated by ongoing substance abuse issues) and/or have experienced a level of undiagnosed trauma that impedes their ability to manage regular social interactions and successfully conduct activities of daily living. Because of Homebridge’s experience with complex care clients, implementation of SB 1045 represents another opportunity for Homebridge. SB 1045 allows San Francisco to participate in a five-year pilot to strengthen existing conservatorship laws to provide housing and wraparound services to help house and treat homeless people suffering from mental health and substance abuse issues.

Finally, the medical complexity of Homebridge clients is also increasing. The number of clients requiring home health-type services overseen by Homebridge RNs and LVNs has risen. Currently, 17 percent of clients are receiving nursing services (e.g., wound care, indwelling catheters, coordination with clients’ primary care physicians, etc.), and close to 70 percent require some level of specialized care.

Homebridge’s current services are neither broad enough to fully support independent living for complex care clients living in a variety of non-institutional housing settings, nor financed through funding streams diverse enough to support long-term sustainability. Homebridge must provide services to clients where they live, and must diversify its funding beyond the San Francisco IHSS Contract Mode contract.

As the unique provider of professional caregiving/health support to low-income individuals with complex health, behavioral, and social needs, Homebridge is ready to expand its service offerings, consistent with its mission, to sustainably meet current and emerging client service needs. This includes developing a structure to evaluate expansion opportunities in other California counties. The following goals and supporting objectives address these opportunities.

**Goal 1: Broaden the positioning of Homebridge services to cover community living settings across a comprehensive array of non-institutional housing alternatives.**

**Objective #1:** Build relationships with supportive housing operators to evaluate partnership opportunities to provide Homebridge services and supports in supportive housing sites in San Francisco. This will include partnering with multiple city departments (San Francisco Department of Homelessness and Supportive Housing, San Francisco Department of Public Health, San Francisco Department of Aging and Adult Services).

**Objective #2:** Evaluate opportunities to provide Homebridge services and supports to complexly-diagnosed individuals in RCFEs/Board and Care Homes subsidized by the City of San Francisco.

**Objective #3:** Work with SB 1045 (expanded conservatorship) stakeholders to create a readiness plan to provide Homebridge services and supports to SB 1045 clients transitioning from treatment to supported community living settings.

**Goal 2: Expand Homebridge’s paramedical model to address the unmet needs of complexly-diagnosed individuals.**

**Objective #1:** Evaluate hiring/training more certified professionals (CNAs, RNs, LVNs) to expand Homebridge’s paramedical services and related Contract Mode IHSS funding opportunities. Assess the
risks, limits, oversight needs, and partnership opportunities associated with expanding the paramedical model.

Objective #2: Explore offering expanded paramedical home care services on a short-term fee-for-service (FFS) basis to a consortium of hospitals, commercial insurance plans, San Francisco Health Plan, RCFEs, etc.

Goal 3. Expand the Homebridge model into other California counties.

Objective #1: Leverage Homebridge’s learning and experience from the San Mateo expansion to develop a structure to evaluate expansion opportunities in adjacent and geographically distant California counties (i.e., with specific conditions); create a schedule and plan for developing near-term expansion opportunities.

WORKFORCE: GOALS AND SUPPORTING OBJECTIVES

A trained, skilled, and fully staffed workforce is essential for Homebridge to meet its mission. As noted, Homebridge has made substantial progress reversing the high caregiver turnover rate among new Homebridge caregivers with the inception of STEPS. As a workforce developer, Homebridge plans to continue building out the career advancement ladder for caregivers, including wage premiums of 10 to 20 percent above the prevailing minimum wage, and providing new recruits with job readiness support, job coaching, upskill training, and field experience. Homebridge’s workforce transformation initiative is a response to the organization’s emerging caregiver/health support model. To address the changing behavioral and health care needs of the complex care population, the model includes professional caregivers and expanded health services (i.e., paramedical services). The next steps in furthering the workforce transformation involve operationalizing the model, by advancing and building out the multi-tier workforce structure, providing advanced behavioral health training for professional caregivers, developing an effective internal and external messaging campaign, and building workforce development partnerships. It also includes continuing efforts to build the skillset of Homebridge program and administrative staff (e.g., via supervision, support, and a career path) and Board of Directors.

Goal 4. Operationalize Homebridge’s professional caregiver/health support model.

Objective #1: Advance and flesh out the multi-tiered workforce structure: where relevant, develop tiers of service across different housing settings; create caregiver career paths, competitive wage compensation, and a certification path (such as CNA); expand paramedical opportunities; and, improve workforce retention by offering wrap-around support, including job coaching, field support, and performance management.

Objective #2: Develop advanced behavioral health training for Homebridge caregivers to enhance their behavioral health management skills. Conduct an analysis of Homebridge clients with intense behavioral health conditions. Partner with health care experts to develop evidence-based advanced behavioral training that is the gold-standard of care for the target population.

Objective #3: Advance messaging and communication of the Homebridge model, internally and externally. Create a campaign to communicate and market the model to multiple audiences, including potential employees, funders, and policy makers.

Objective #4: Build external relationships with organizations and funders supporting workforce development to increase workforce partnerships and funding opportunities. Build relationships with external stakeholders, e.g., hospitals, skilled nursing facilities, home health agencies, colleges, etc., to establish Homebridge as the gold standard for professional caregivers and non-provider staff. This includes developing a pathway for this broad group of stakeholders to refer individuals entering health care to Homebridge for training and field experience and a complementary pathway for this same group to subsequently hire workers from Homebridge.

Goal 5. Continue initiatives to build the skillset of program and administrative staff and Board.

Objective #1: Continue to advance our human resources management strategy—organizational structure, staff skills, leadership excellence, infrastructure and internal systems, enhanced communication, supervision methods, total compensation and advancement opportunities.

Objective #2: Build board capacity and skillset to support the Strategic Plan.

FUNDER GOALS AND SUPPORTING OBJECTIVES

Maintaining our primary funding as the IHSS Contract Mode Provider for the City and County of San Francisco is fundamental to Homebridge today and in the future. At the same time, there are indications that future funding may shift. For example, rather than fund a single program, many public and private
funders are beginning to explore financing integrated health, social services, and housing programs that employ evidence-based practices and have a defined set of outcomes. With the funding landscape in flux for people with complex and unmet needs, Homebridge’s biggest opportunity—with commensurate risk—is to pursue a diverse funding strategy. The strategy will enable Homebridge to do the following: 1) continue providing exceptional home care services for complexly-diagnosed individuals in San Francisco; 2) identify and pursue diverse and sustainable funding streams that enable Homebridge to develop and expand its service delivery model; and 3) build awareness of Homebridge among a broad group of health care, social service, and policy makers, and establish the Homebridge model as the compelling solution for complex care populations.

Goal 6. Maintain quality business relations and status as the preferred Contract Mode IHSS contractor to the City/County of San Francisco.

Objective #1: Meet all current contract requirements, continue collaborative partnership and communication with City/County of San Francisco, and respond positively to/participate actively in all opportunities to broaden the Homebridge service role (within its mission scope).

Objective #2: Secure an anticipated 2020 Contract Mode IHSS contract with San Francisco’s Human Services Agency.

Goal 7. Continue to build and diversify funding sources that allow flexibility to pursue key strategic initiatives at the agency’s discretion.

Objective #1: Maximize benefits from the indirect cost pool through a rate increase or total agency revenue growth.

Objective #2: Specify desired staffing position(s) to advance key strategic goals in the plan and create requisite funding (e.g., “Director of…” Strategic Partnerships, Business Development, Governmental Relations, Partner Relations, Development, and so forth).

Objective #3: Increase support from philanthropic foundations.

Goal 8. Prepare a business case to promote the Homebridge model, impact, and value proposition to potential funders.

Objective #1: Prepare and publish the business case for the Homebridge model in San Francisco (summarizing client characteristics, service data, costs, outcome metrics, value proposition, and “Homebridge at home” success factors) for potential funders.

Goal 9. Explore how strategic partnerships might contribute to Homebridge sustainability and progress toward the agency’s mission.

Objective #1: Prepare a partnership roadmap: clarify and summarize the purpose/ objectives, expectations, eligibility, and anticipated outcomes for new strategic partnerships. Include a list of potential partners and a process for exploring partnerships with them.
**SERVICE GOALS**

**Goal 1: Broaden the positioning of Homebridge services to cover community living settings across a comprehensive array of non-institutional housing alternatives.**

**Objective #1:** Build relationships with supportive housing operators to evaluate partnership opportunities to provide Homebridge services and supports in supportive housing sites in San Francisco. This will include partnering with multiple city departments (San Francisco Department of Homelessness and Supportive Housing, San Francisco Department of Public Health, San Francisco Department of Aging and Adult Services).

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**Goal 2: Expand Homebridge’s paramedical model to address the unmet needs of complexly diagnosed individuals.**

**Objective #1:** Evaluate hiring/training more certified professionals (CNAs, RNs, LVNs) to expand Homebridge’s paramedical services and related Contract Mode IHSS funding opportunities. Assess the risks, limits, oversight needs, and partnership opportunities associated with expanding the paramedical model.

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**Objective #1:** Leverage Homebridge’s learning and experience from the San Mateo expansion to develop a structure to evaluate expansion opportunities in adjacent and geographically distant California counties (i.e., with specific conditions); create a schedule and plan for developing near-term expansion opportunities.

**Goal 4: Operationalize Homebridge’s professional caregiver/health support model.**

**Objective #1:** Advance and flesh out the multi-tiered workforce structure: where relevant, develop tiers of service across different housing settings; create caregiver career paths, competitive wage compensation, and a certification path (such as CNA); expand paramedical opportunities; and, improve workforce retention by offering wrap-around support, including job coaching, field support, and performance management.

**Objective #2:** Develop advanced behavioral health training for Homebridge caregivers to enhance their behavioral health management skills. Conduct an analysis of Homebridge clients with intense behavioral health conditions. Partner with health care experts to develop evidence-based advanced behavioral training that is the gold-standard of care for the target population.

**Objective #3:** Advance messaging and communication of the Homebridge model, internally and externally. Create a campaign to communicate and market the model to multiple audiences, including potential employees, funders, and policy makers.

**Objective #4:** Build external relationships with organizations and funders supporting workforce development to increase workforce partnerships and funding opportunities. Build relationships with external stakeholders, e.g., hospitals, skilled nursing facilities, home health agencies, colleges, etc., to establish Homebridge as the gold standard for professional caregivers and non-provider staff. This includes developing a pathway for this broad group of stakeholders to refer individuals entering health care to Homebridge for training and field experience and a complementary pathway for this same group to subsequently hire workers from Homebridge.

**Goal 5: Continue initiatives to build the skillset of program and administrative staff and Board.**

**Objective #1:** Continue to advance our human resources management strategy—organizational structure, staff skills, leadership excellence, infrastructure and internal systems, enhanced communication, supervision methods, total compensation and advancement opportunities.

**Objective #2:** Build board capacity and skillset to support the Strategic Plan.

**WORKFORCE GOALS**

**Goal 4: Operationalize Homebridge’s professional caregiver/health support model.**

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**Appendix A: List of Strategic goals & supporting objectives**

**FUNDER GOALS**

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<td>Objective #1: Prepare a partnership roadmap: clarify and summarize the purpose/ objectives, expectations, eligibility, and anticipated outcomes for new strategic partnerships. Include a list of potential partners and a process for exploring partnerships with them.</td>
</tr>
</tbody>
</table>

**Whole Person Care Program (WPC)** is a California Medi-Cal 2020 Waiver pilot that promotes coordination of health, behavioral health, and social services for vulnerable populations (high utilizers of resources). WPC pilots are collaborative efforts to 1) identify target populations, 2) share data between systems, 3) coordinate care, and 4) evaluate individual and population progress. County agencies, health plans, providers, and other participating entities additionally focus on increasing access to housing and supportive services, setting targeted quality and administrative improvement benchmarks, achieving improved WPC population health outcomes, and establishing an infrastructure to ensure local collaboration over the long term. Pilots conclude in 2020. [https://www.dhcs.ca.gov/services/pages/wholepersoncarepilots.aspx](https://www.dhcs.ca.gov/services/pages/wholepersoncarepilots.aspx)

**Health Homes, Section 2703 of the Affordable Care Act (ACA)** promotes multidisciplinary teams (includes Medi-Cal managed care health plans) to provide comprehensive and person-centered care for eligible Medi-Cal beneficiaries with multiple chronic conditions, who are frequent utilizers of health care, and who may benefit from enhanced care management and coordination. Medi-Cal members eligible for Health Home pilots generally have multiple health conditions, i.e., asthma, chronic obstructive pulmonary disease, diabetes, traumatic brain injury, chronic or congestive heart failure, coronary artery disease, chronic liver disease, dementia, substance use disorders, major depression disorders, bipolar disorder, or psychotic disorders (including schizophrenia). They also have had at least one inpatient hospital stay or three or more Emergency Department visits in the past year, or be chronically homeless. States receive enhanced federal funding during the first eight quarters of implementation to support the roll out of the model; States interested in establishing Medicaid health home programs need to submit a state plan amendment. [https://www.medicaid.gov/medicaid/ltss/health-homes/index.html](https://www.medicaid.gov/medicaid/ltss/health-homes/index.html)

**SB 1045, Expanded Conservatorship** establishes a five-year pilot program. Signed into law in September 2018, SB 1045 authorizes San Francisco, Los Angeles, and San Diego Counties to create a new conservatorship focused on providing critical services and housing to the most vulnerable Californians who suffer from mental health and substance abuse issues, and who cannot care for themselves. Individuals who may be considered for this conservatorship must be chronically homeless and suffering from serious mental illness and substance use disorder (such that those co-occurring conditions have resulted in that individual frequently visiting the emergency room, being frequently detained by police under a 5150, or frequently held for psychiatric evaluation and treatment). Under the program, the director of a county mental health or social services department, the county sheriff, the director of a hospital or emergency health facility, or the head of a facility providing intensive services can recommend to the county that a person be conserved. If approved, the conservatorship in supportive housing with wraparound services would end after one year. The Legislature requires each county to establish a working group to evaluate the effectiveness of the implementation of the conservatorship provisions and a report to the Legislature summarizing its findings in 2021. [http://www.leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB1045](http://www.leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB1045)

**Appendix B: Glossary of terms**
Appendix C: Strategic Planning Process

In October 2018, Homebridge launched a strategic planning effort to develop a new plan that would begin in July 2019. The process was led by a Strategic Planning Committee (SPC), composed of members of Homebridge’s Board of Directors, executive leadership staff, and a strategic planning consultant. The primary role of the SPC was to develop a broad strategic framework (with goals and supporting objectives) to guide Homebridge in its next strategic planning period. Once finalized, Homebridge leadership will develop a complementary operational plan detailing the who, what, when, and how of the goals, objectives, metrics, staff lead, and timeline.

Based on the landscape analysis that Homebridge conducted and the four truths that emerged from it, the SPC determined that Homebridge is uniquely positioned to close the service gap for the complexly diagnosed population. They elected to do this through goal development in the strategic areas of services, workforce, and funders. Four criteria were used to vet the viability of an initial set of goals and supporting objectives in these areas: 1) Data/Reports; 2) Strengths, Weaknesses, Opportunities, Threats Analysis/Environmental Analysis (e.g., critical political, economic, societal, organizational factors influencing/impacting the proposed service); 3) Funding (viability/sustainability); and 4) Mission (compatible/supportive of Homebridge mission).

After the SPC approved a final set of proposed services, workforce, and funder goals and supporting objectives, they participated in a survey to further evaluate the impact, risk, cost, and sustainability of each if it were implemented (descriptions below).

- **Impact** (i.e., the level of positive effect or impact on communities served, the Homebridge brand, and/or Homebridge core client services).
- **Risk** (i.e., the level of complexity, difficulty, and/or unintended negative impacts that may occur from acting on a strategic area’s goals, given Homebridge’s core competencies).
- **Cost** (i.e., the level of anticipated investment and costs that may be required to start, continue and/or grow a specific strategic area).
- **Sustainability** (level of financial viability and sustainability that may be achieved in engaging in a specific strategic area).

The following survey findings affirmed the viability of the selected goals:

**IMPACT AND RISK**

- Almost all the goals were deemed likely to have positive to very positive impact.
- The majority of goals were deemed to have normal levels of risk and complexity levels. (Note: higher risk/complexity rated goals will be further analyzed for risk mitigation).

**COST AND SUSTAINABILITY**

- Most goals were perceived as having moderate to high costs, but most were also covered by Homebridge’s current budget and/or had a known funding source.
- Nearly all the goals were rated as highly sustainable.

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1. It is important to note that clients were not named as a strategic area, since clients are the central theme of all the goals.

Appendix D: Strategic Planning Process

*Homebridge Board of Directors:*
- Derek Barnes, Strategic Planning Chair
- Robert Carlson, President
- Gay Kaplan, Member
- Jessica Pitt, Vice President
- John Sedlander, Treasurer

*Homebridge Staff:*
- Andrew Adams, Chief of Staff
- Mark Burns, Executive Director
- Simon Pitchford, Chief Operating Officer

*Consultants:*
- Monique Parrish, Strategic Planning Consultant, LifeCourse Strategies
- Juliana Terheyden, Former Chief Financial Officer, Homebridge
  Managing Partner, Third Avenue Ventures

LifeCourse Strategies facilitated the Homebridge strategic planning project. LifeCourse Strategies provides project management, community-based research, gap analyses, and strategic planning for health and social service organizations serving vulnerable and underserved communities. www.lifecourse-strategies.com