

Leadership and Management Skills in Health Care for the Homeless Projects

**Quantum Units
Education**

Affordable. Dependable. Accredited.

www.quantumunitsed.com

HEALING HANDS



Vol. 15, No. 2 | Special Issue | May 2011

Enhancing Leadership & Management Skills for Successful HCH Projects

Competition for scarce resources and increased demand for community services are making Health Care for the Homeless projects' management and leadership abilities more crucial than ever. Effective HCH executives—medical directors and executive directors—must have the leadership skills that inspire while also possessing the management expertise expected in business and government. What makes a successful leader in homeless health care? In a nonprofit setting such as HCH, where success is measured by the lives touched—not by sales volume or net profit generated—how do we measure effective leadership? What are the key competencies required to build and sustain a dynamic organization?

To examine these questions, we conducted research beginning with conversations with HCH executive directors around the nation, interviewing leaders of freestanding HCH projects and homeless health care programs located in community health centers and large medical care systems. Those interviewed have been in HCH leadership positions anywhere from three months to over 21 years. In addition, we reviewed the literature on leadership skills, coming to understand more about the skill set required for HCH leaders. There is a critical need for decisive leadership, a firm grasp of business fundamentals, an ability to think and act strategically, and capacity to make tough yet humane decisions that ensure the future health of your organization.

KEY COMPETENCIES FOR EXECUTIVE DIRECTORS

A literature review pertaining to effective leadership skills in the nonprofit sector describes the broad knowledge base needed to sustain organizations, benefit communities, serve clients, and advance causes. Following is a partial list of key competencies written about extensively:

- Setting and leading towards a vision
- Program planning and evaluation
- Quality management
- Board governance
- Staff management and recruitment; human resources
- Volunteer management
- External relations
- Understanding ethics, legal, and accountability issues
- Advocacy for solutions at city, state, and federal levels
- Effective oral and written communications
- Excellent interpersonal skills; knowing how to work well with others
- Agility and adaptability; an ability to think, be flexible, change, and use a variety of tools to solve new problems

Figure 1. Leadership & management defined

In its essence, *leadership* in an organizational role involves establishing a clear vision; sharing—communicating—that vision with others so that they will follow willingly; providing the information, knowledge, and methods to realize that vision; and coordinating and balancing the conflicting interests of all members or stakeholders. A leader comes to the forefront in case of crisis, and is able to think and act in creative ways in difficult situations. Unlike management, leadership flows from the core of a personality and cannot be taught, although it may be learnt and may be enhanced through coaching or mentoring.

Management is the organization and coordination of the activities of an agency in accordance with certain policies and in achievement of defined objectives; it includes planning, controlling, and directing an organization's resources to achieve these objectives. In health centers, as in many other agencies, the board of directors formulates the policy, which the chief executive officer then implements; this is one of the major duties of a CEO.

Source: Adapted from BusinessDictionary.com

One resource specific to homeless health care leadership is the two-part presentation from the 2010 National Health Care for the Homeless Conference, *What Every HCH Leader Should Know: A Conversation with Administrators and Executive Directors and Medical Directors: Leading Together* [see links to these presentations in the resources section, below]. In addition to many of the competencies listed above, the presentations cover these critical abilities:

- Interpreting health center objectives in health care for the homeless terms (e.g., productivity, quality)
- Working with homeless consumers on the board or through other mechanisms
- Establishing an appropriate culture for working with homeless people
- Building commitment to a multidisciplinary service mode

Interviews with current HCH executive directors and CEOs, summarized below, provide insight into leadership abilities and management skills. Leaders are more externally focused and forward thinking than managers are. They keep the organization on course and maneuver around obstacles, like a captain commanding a ship at sea. (Rubino, 2007)

Budgeting & financial management. “The executive director must understand how budgets work, and be able to read spreadsheets and profit and loss statements,” says DiMarzo.

MEET OUR PANEL OF EXPERTS

Scott DiMarzo, MHM, director of quality/clinic operations, North Broward Hospital District HCH, Fort Lauderdale, Florida. A respiratory therapist by training, DiMarzo has a master's degree in health management. The HCH program, established through a federal grant, has been operated and financially supported by Broward Health since 1993. The program offers an array of health care and related services—medical, behavioral health, oral health, case management, and respite—at various locations throughout Broward County. Mobile and fixed health care teams consisting of physicians, nurse practitioners, registered and licensed practical nurses, and other professionals deliver services. DiMarzo has been the HCH director since 2003. Sixty percent of his time is devoted to the directorship; the other 40 percent is allocated to quality/clinic operations for Broward Health, which is among the top ten largest health systems in the US. *Homeless patients served annually: 9,000.*

Claire Goyer, MEd, consultant/TA coordinator, National Health Care for the Homeless Council (NHCHC), and former CEO of Duffy Health Center, Hyannis, Massachusetts.

Vincent Keane, MDiv, president and CEO, Unity Health Care, Washington, DC. A priest, Keane was in active ministry 1969 – 1987. Following a two-year stint with the National Association of Community Health Centers (NACHC), Keane became Unity's CEO, where he has been for 21 years. Unity—then known as the HCH Program—began as one of the 19 original demonstration projects funded in 1985 by the Robert Wood Johnson Foundation, the Pew Charitable Trust, and the US Conference of Mayors. In 1997, HRSA asked the HCHP to manage two faltering FQHCs, creating a consolidated health center. The consolidation was advantageous to the homeless clients, providing greater access to oral health, specialty services, and broader social services. “The consolidation was not only a vote of confidence in the HCHP management, but an affirmation of the HCH model of care,” Keane observes. *Homeless patients served annually: 8,500.*

Heidi Nelson, FACHE, CEO, Duffy Health Center, Hyannis, Massachusetts, and former executive director of Heartland Health Outreach (HHO), Chicago, Illinois. In September 2010, Nelson became CEO of Duffy Health Center, a freestanding HCH project that has been a

Keane adds: “To be able to review financial statements with staff requires a certain knowledge and understanding of finance. While the CEO relies on competent people and trusts staff to do good work, it's not a question of being hands-off. The key is knowing how to ask the right questions. You can't be afraid to ask hard questions, hold staff accountable, and verify that you're being told the truth. It's critical to have good accounting guidelines in place.”

Nelson agrees, stating that there must be strong collaboration with the chief financial officer, and that “they need to be able to speak the same language.” She stresses that effective leaders capitalize on revenue opportunities, and points to HRSA's emphasis on improving cash flow through a broadly defined revenue cycle that is more than simple billing and collecting.

Resource development & fundraising techniques. For a nonprofit organization to thrive, today's HCH executive needs expertise in fundraising, which encompasses a range of activities from grant writing to special events to direct mail campaigns to major donor giving to involving the board in fundraising. One key to success, says Nelson, is the ability to ask people for money. “Remember that HCH is the solution to homelessness, and that we have a story to tell. Use numbers in a meaningful way to illustrate the individuals and families housed, improved mental health outcomes, decreased emergency department usage, or reduced jail time.”

“Typically, nonprofits lack a strong infrastructure because their funds go into delivering services,” Prizzio says. “New directors must recognize the value of building a strong infrastructure for long-term sustainability. As executive directors, we are accountable to our community by demonstrating our value and showing outcomes so others see a return on their investment. To convince funders—especially when seeking money to sustain operations—you must be able to demonstrate that you deliver quality care and services.”

DiMarzo suggests volunteering to review grant applications for HRSA: “This experience provides opportunities to read other grants, increase your understanding of what funders expect to see in applications, and how reviewers score applications.”

Being mission-focused. “An effective HCH executive director must be high energy, creative, passionate, and remain true to the agency's mission,” Prizzio says. “If the director can't show enthusiasm for what the

organization is doing, then no one can. Also, it's important not to fall into the trap of chasing dollars and letting the mission become secondary.”

Stoltzfus: “The executive director is the key person in the organization maintaining the vision, keeping the big picture in mind, and not becoming mired in detail. The best HCH executives are able to take what my predecessor **Jenny Metzler, MPH**, used to call the ‘30,000 foot view.’ The vision for the agency guides our decisions, and we must ask if we are meeting our strategic goals and examine how the vision is being implemented.”

Motivating staff & other stakeholders. “Successful leaders must inspire and motivate, sharing a sense of passion about the mission. If you can't walk the walk,” notes Keane, “others will see through you.” Some HCH executives use collaborative leadership techniques such as Interest-Based Problem Solving, to improve satisfaction in the decision-making process among staff, board members, and other stakeholders. (Apostoleris, Conanan, & Gilvar, 2009)

Board relations. The CEO reports to the board of directors, distilling information, and keeping members informed so that they can make the best strategic decisions for the agency. “Help your board be good stewards of the agency,” Goyer says, “and cultivate their talents and skills.” The executive director's role is to support the identification and recruitment of board members, and training in board leadership is valuable so that members understand their roles and responsibilities. Resources to help develop effective boards are available from many membership associations; the resources section below includes several particularly useful resources for HCH projects.

Strategic planning. “A good strategic plan relates to the current operating climate and takes into account the external environment—for example—how health care reform may affect your agency,” advises Goyer. “You must understand the organization's position in that environment, and how you will be able to move it forward.”

Compliance with federal requirements. “The executive director must know the federal expectations for their program, be well versed with the PINs and PALs relevant to their operations, and have a good working relationship with their project officer,” Stoltzfus comments. “The executive

grantee since 2002. Duffy's services include integrated primary and behavioral health, case management, and housing. In 2008, Duffy added a mobile health clinic that provides outreach services including medical and mental health, benefits enrollment, and case management support across Cape Cod. Nelson has a master's degree in hospital administration, where she worked for seven years before accepting the position with HHO, where she was executive director for 18 years. *Homeless patients served annually: Duffy – 1,700; HHO – 11,000*

Peter Prizzio, MEd, CEO, The Daily Planet HCH, Richmond, Virginia. CEO for eight years, Prizzio has a 30-year career in nonprofit management. The Daily Planet began as a teen drop-in center in 1969, providing services to help youth integrate back into society. When asked to name the agency that had helped them reclaim their lives, the teens were reminded of Clark Kent in *Superman*, who entered a telephone booth and transformed into a superhero. Thus, The Daily Planet earned its name, paying homage to the newspaper where Clark Kent worked. Today, the organization is a freestanding HCH grantee providing a continuum of services to those experiencing or at risk of homelessness.

"We're more than a health center," says Prizzio. "Our services include behavioral health, medical respite services, vision and dental care, job placement, transitional housing, and other services in addition to primary care." *Homeless patients served annually: 6,200.*

Winona Stoltzfus, MD, current executive director and former medical director, Albuquerque HCH, New Mexico. Stoltzfus was AHCH's medical director for a year before assuming the role of executive director, which she has held for the past three months. Trained as a pediatrician, she was the medical director in other settings, including First Choice Community Healthcare, before coming to homeless health care. AHCH provides a range of health and social programs: integrated primary care and behavioral health services; specialty care—vision, dermatology, podiatry; on-site dental services; outreach services focusing on homeless children and families; medical respite; harm reduction; and more. AHCH is another of the 19 demonstration projects established in 1985 to develop innovative approaches for providing health care to people experiencing homelessness. *Homeless patients served annually: 7,500.*

director's role is to assure that the project operates within all pertinent guidelines and regulations outlined by city, county, state, and federal overseers, as well as those of accrediting bodies."

Goyer adds: "Invite your project officer to visit your program. Typically, they work with CHCs and it can be hard to understand the HCH model and how it differs until they see your location and exactly what you do. Make an effort to increase their understanding of homelessness and the unique needs of our population. Suggest that they attend the HCH 101 session at the national

health care for the homeless conference; while there, have lunch with them and brief them on what's happening at your program."

Community collaborations. Community linkages are key to getting the most out of limited resources while serving clients' needs. Goyer says, "HCH projects must rely on other community resources and safety net providers to help meet clients' basic needs such as food, clothing, and shelter. Good leaders build external partnerships with other health care providers—hospitals, community health centers, mental health agencies, specialists—to supplement HCH services." **Kathleen Kelleghan**, director of special care programs for Heartland Health Outreach in Chicago, recalls that a strong relationship with an optometrist enabled up to 20 HHO clients a month to receive vision screening at no cost and glasses, if needed. New HCH leaders should link with existing coalitions or alliances to end homelessness. If they do not exist in your community, host a meeting for homeless service providers to exchange information and learn what each agency does. This constituency group could include soup kitchens, shelters, referring agencies, hospitals and emergency departments, faith-based organizations, jails, police departments, and any safety net providers.

Kelleghan adds: "Partnerships with academic institutions create mutually beneficial opportunities, providing service-learning and increasing the HCH's service capacity." For example, HHO has a contract with a professional school of psychology for its master's level students to provide counseling services. Relationships such as this train future clinicians and provide a milieu for the community to learn about the correlation between homelessness and health. For more about academic-community partnerships and resources for developing a poverty and health curriculum, visit www.nhchc.org/povertymedicine.html.

Staff relations. Successful leaders understand people's individual skills and deploy them in the right places. (Smith, 2008) "Spend time building relationships, nurturing staff, and breaking down communication barriers," Keane recommends. The executive director's role is to create a culture where the most talented people want to work. This requires understanding employees' motivations, fostering teamwork, providing support, and maintaining effective, financially sound systems. Those working in the HCH setting often feel as though they are making a difference in the lives of society's most disenfranchised members.

Figure 2. Key competency: Fluency in federal acronyms

"Learn the 330 lingo," Keane advises new HCH leaders. Here's a taste of alphabet soup:

AHRQ	Agency for Healthcare Research & Quality
ARRA	American Recovery & Reinvestment Act
BPHC	Bureau of Primary Health Care
CAB	Consumer Advisory Board
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act
CIP	Capital Improvement Program
C/MHC	Community/Migrant Health Center
CMS	Centers for Medicare & Medicaid Services
CoC	Continuum of Care
EHB	Electronic Handbook
FQHC	Federally Qualified Health Center
FTCA	Federal Tort Claims Act
HIPAA	Health Insurance Portability & Accountability Act
HIT	Health Information Technology
HRSA	Health Resources & Services Administration
HUD	Housing & Urban Development
PALs	Program Assistance Letters
PCAs	Primary Care Associations
PHPC	Public Housing Primary Care
PINs	Policy Information Notices
PSSC	Pharmacy Services Support Center
SAC	Service Area Competition
TA	Technical Assistance
UDS	Uniform Data System

And the list goes on ... Look for more acronyms on HRSA's website www.bphc.hrsa.gov

Stoltzfus reminds executive directors: “Staff looks to you for a sense of stability, assurance, direction, and leadership. The executive director must strike the proper balance between being a leader and being a team member. The director isn’t on her own, she needs the team—senior managers and direct service providers—to succeed.”

Interpersonal skills. Prizzio says, “One of Stephen Covey’s seven habits of effective people is ‘Seek first to understand, then to be understood.’ This means that empathic listening to the needs of others—patients, staff, and community members—is key to understanding their needs, concerns, and what’s important to them. Only then can you express your own needs, wants, and points of view.”

Keane adds, “The ability to address and resolve workplace conflict is crucial to the executive director’s role.” Leaders must be open communicators: harboring information that could have been shared can generate feelings among followers that other important matters are not being disclosed. (Rubino, 2007)

The HCH Clinicians’ Network is planning another special issue of *Healing Hands* that will focus on the role of clinical directors and approaches that may enhance role success and satisfaction. Stay tuned!

NOBODY EVER SAID IT WOULD BE EASY: FIVE CHALLENGES FOR EXECUTIVE DIRECTORS

Accessing subspecialty care. While HCH projects deliver primary health care and a range of social services, many of those interviewed described the difficulty in obtaining subspecialty care for clients. This is a particular challenge for freestanding programs, although not always problematic for the HCH projects located within larger systems. “If the service is available on site, it’s no problem, but when referrals for specialty care are needed, and homeless clients have to go outside the network, the more fragile access becomes. A related problem is the high number of no shows once specialty service appointments are made.”

Increasing awareness & understanding of homelessness.

“Being part of a large medical system, it is an ongoing challenge to keep Broward Health’s leadership and governance educated about the work of the HCH project and help them understand the plight of those experiencing homelessness in Broward County,” notes DiMarzo.

Keane experienced similar challenges within a CHC setting: “Due to their preconceptions, sometimes CHC staff don’t know how to deal with homeless clients; they don’t want to see homeless people sitting in the waiting room. This wasn’t as big a problem as we feared when we merged health centers, and our Chief Medical Officer **Janelle Goetcheus, MD**, was a huge inspiration, leading by example. Still, HCH leaders must be attentive to assure that the problem doesn’t get out of hand.”

Safe discharge plans. “Even though we are part of a system that includes four hospitals, we must work to educate case managers and discharge planners not to discharge people to the street. Our goal is to improve the quality of care,” says DiMarzo. “Hospital discharge is improving as hospital policies, state regulations, and Joint Commission standards all prohibit hospitals from discharging ill patients to the street. We are fortunate to have a medical respite facility, and our respite team collaborates with hospital staff to coordinate care for those being discharged.”

Staff recruitment & retention. Keane says: “My greatest challenge has been recruiting and retaining competent staff. Because of the HCH mission, we attract high energy people, who must be nurtured if they are to remain motivated to stay, and this motivation starts at the top.” Unity Health Care employs a staff of 900 people.

Decreasing revenue/increasing demand. “We are seeing a significant shift in the population we serve,” Prizzio reports. “We are seeing the ‘new homeless’ created by the economic downturn, the people who have lost their jobs, their health insurance, and then their homes. We conducted a study and learned that a new client was walking in the door every 90 minutes. This translates to 43 percent of our population being new, representing a huge increase in demand for services. At the same time, we are collecting less revenue from all of our population.”

ON BUILDING A COLLABORATIVE PARTNERSHIP WITH YOUR MEDICAL DIRECTOR . . .

Prizzio says, “When the executive director and medical director share the same vision for the organization—that patients must come first—their relationship will naturally flourish.”

“Administrators and clinicians share the same objectives: access to care, patient safety, and delivering quality care,” says DiMarzo. “Use your providers as advocates for your HCH project, and keep the medical director informed about administrative issues as well as clinical issues.”

Keane adds: “There can be tension between those who manage and those who provide direct services, but for an organization to be successful, there cannot be an ‘us’ and ‘them’ attitude.”

“I’ve heard that good medical directors are born, not made,” Nelson says. “When interviewing for the position, look for someone smart and motivated. The job requires a person with a special skill set, someone who loves making things happen and developing systems. The medical director must have the leadership ability to earn the loyalty of the clinical staff.”

Figure 3. PINs & PALs: Federal policies related to the health center program

HRSA communicates its policies related to the Health Center Program through Policy Information Notices (PINs) and Program Assistance Letters (PALs). PINs define and clarify policies and procedures that grantees funded under Section 330 must follow. PALs summarize and explain items of significance for health centers, including, for example, HRSA program implementation activities, recently enacted laws, final regulations, and/or new initiatives from the US Department of Health & Human Services (HHS). These are perhaps of greatest interest to new HCH directors:

- PIN 98-23 Health Center Program Expectations
- PAL 1999-12 Principles of Practice: A Clinical Resource Guide for Health Care for the Homeless
- PAL 2011-01 HRSA Patient-Centered Medical/Health Home Initiative

Source: HRSA website <http://bphc.hrsa.gov/policiesregulations/policies/index.html>

“Open communication between the executive director and medical director is essential: we’re on the same team,” Stoltzfus says. “The medical director is the link between administration and the clinical team so that staff understand what’s happening and why decisions are made. Remember that information must flow both ways. A common misperception is that information only flows top down.”

PEARLS OF WISDOM & LEADERS’ BEST PRACTICES

To expand and hone your management skills, research online opportunities for learning and development, especially accredited programs for working adults.

Many nonprofit organizations and university systems offer leadership-building courses, certificate programs, and degrees that will grow your skills and strengthen your organization.

Keane: “Don’t move too fast. Wait three months before making any major changes unless you’re in crisis mode. Surround yourself with a good team, and build their confidence in you as a strong leader. Let go of any preconceived ideas, listen well, and recognize that you don’t have all the answers.”

DiMarzo: “I wish that someone had told me just how tremendously rewarding it is to see the impact that you can make in your community.”

Stoltzfus: “Come to peace with the chaos inherent in running any large organization. Don’t react to every ‘crisis,’ learn to ride it out. Most importantly—and this isn’t always easy—stay positive in a crisis. Turn to others outside the workplace for social support, find a mentor, and take care of yourself without guilt.”

Nelson: “Develop the habit of meeting *regularly* with the board chair—perhaps over breakfast—every month. I’ve found this to be invaluable. Networking with other Massachusetts CEOs—whom I met through my membership in the NHCHC—has been a great help to me in my new position.” Others interviewed named networking as being the prime source of usable information, peer support, and collegiality. “We don’t spend enough time with our colleagues,” admits Keane, “we’re too task oriented.”

In terms of finding high quality, affordable management support consulting services, consider the Executive Service Corps, a nationwide network that employees volunteer executives and professionals with senior level experience in nonprofits, government, or business.

DiMarzo: “Advocate for your clients and ending homelessness. Continuously interact with staff, consumers, and the consumer board to better understand what’s going on in your community.”

RESOURCES TO ADVANCE YOUR LEADERSHIP STRENGTHS & SKILLS

Resources recommended by our panel and more . . .

- **Association of Fundraising Professionals** | www.afpnet.org | Publications, webinars, audio conferences, toolkits, and resources on topics such as fundraising in a difficult economy, online fundraising and social media, and writing development plans
- **BoardSource: Building Effective Nonprofit Boards** | www.boardsource.org | Resources on running a nonprofit, including strategic planning, legal matters, fundraising, and leadership
- **Community-Campus Partnerships for Health** | <http://depts.washington.edu/ccph/index.html>
- **Consumer Advisory Board Manual for HCH Projects** | Free download at www.nhchc.org/NCAB/NCAB_Manual-rev-Jan10.pdf
- **ECRI Institute** | www.ecri.org | Publications, best practices, webcasts, audio conferences
- **Executive Directors & Medical Directors: Leading Together** | www.nhchc.org/2010conference/workshop41.html | www.nhchc.org/2010conference/workshop50.html | PowerPoint presentation from the 2010 National Health Care for the Homeless Conference
- **Executive Service Corps** | www.escus.org | Strategic resources for nonprofits to make them more effective in addressing the needs of their communities

Figure 4. Get to Know Your State/Regional Primary Care Association!

PCAs provide training and technical assistance to health centers and other safety-net providers, support the development of health centers in their state, and enhance the operations and performance of health centers. PCAs also assist in the planning for growth of health centers in their states and help communities apply for and obtain funds for new health centers. In addition, PCAs help develop strategies to recruit and retain health center staff.

Source: Partner Links: Description of PCAs, PCOs & NCAs at <http://bphc.hrsa.gov/technicalassistance/partnerlinks/index.html>

- **FranklinCovey** | www.franklincovey.com | Planning and organizing products, leadership training, executive coaching; perhaps best known for *The 7 Habits of Highly Effective People*
- **Google for Nonprofits** | www.google.com/nonprofits/index.html | Resources to help raise funds, reach and engage supporters, improve operations, and increase awareness of your cause
- **Health Center Site Visit Guide** | www.bphc.hrsa.gov/policiesregulations/centerguide.html
- **Health Information Technology** | <http://bphc.hrsa.gov/technicalassistance/taresources/index.html>
- **Health Resources & Services Administration/Bureau of Primary Health Care** | www.bphc.hrsa.gov | Health center tools, data and statistics, grant opportunities, technical assistance, governance, requirements, and more
- **Homelessness Resource Center** | www.nrchmi.samhsa.gov
- **Minnesota Council of Nonprofits** | www.minnesotanonprofits.org | Comprehensive list of nationwide leadership development programs
- **National Association of Community Health Centers** | www.nachc.org
- **National Health Care for the Homeless Council** | www.nhchc.org | TA, training, and HCH grantee resources
- **National Health Care for the Homeless Conference** | www.nhchc.org/2011conference/index.html | Review archived materials and videos from past conferences, and register to attend the 2011 conference in Washington, DC, on June 23 – 25
- **Organizing Health Services for Homeless People: A Practical Guide** by Marsha McMurray-Avila
- **Substance Abuse & Mental Health Services Administration** | www.samhsa.gov
- **Technical Assistance Resources** | <http://bphc.hrsa.gov/technicalassistance/taresources/index.html>
- **Technical Assistance Request Form** | www.nhchc.org/TArequest.html | Individuals and organizations may use this form to request a TA site visit or guidance on particular HCH issues
- **The Advisory Board Company** | www.advisoryboardcompany.com | Services include leadership development, consulting, and other management services
- **The Leader’s Guide to Storytelling: Mastering the Art & Discipline of Business Narrative** by Stephen Denning | “. . . the best way to communicate with people you are trying to lead is very often through a story”
- **The One Minute Manager** by Kenneth Blanchard & Spencer Johnson
- **The Soul of Money: Transforming Your Relationship with Money & Life** by Lynne Twist | “. . . a must read for anyone who wants to make a difference”
- **What Every HCH Leader Should Know: A Conversation with Administrators** | www.nhchc.org/2010conference/workshop41.html | PowerPoint presentation from the 2010 National Health Care for the Homeless Conference ■