Community Health Care Report

Lincoln Park Community Services
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Mission: Lincoln Park Community Services brings communities together to empower individuals facing homelessness and poverty to secure stable housing and make sustainable life changes.

1. Identify the high risk/underserved and/or disadvantaged populations in the community(ies) that you serve and describe specifically the actions you have taken, based on relevant assessment data, to increase their accessibility to health services.

According to a 2017 report from the Chicago Coalition for the Homeless, there are over 82,000 homeless individuals in Chicago. While Lincoln Park is an affluent community, there is still great need. 100% of clients served by LPCS have incomes below the median income, and the vast majority live below the federal poverty line ($12,140 for a single adult) upon entry. Because of this need, LCPS has seen a continued demand for interim housing services with a waitlist of up to eight weeks. LPCS serves approximately 400 adult men and women experiencing homelessness or who are at risk of becoming homeless each year. In fiscal year 2017, LPCS served clients who were 67% male, 31% female, 1% other, and 1% undisclosed; 74% Non-Hispanic, 14% Hispanic, and 12% undisclosed; 55% African American, 34% Caucasian, 2% multiracial, 1% Asian, and 8% undisclosed; and 32% aged 18-45, 41% aged 46-62, 10% aged 63+, and 17% undisclosed. On average 40% of Guests experience chronic homelessness, 35% experience episodic homelessness, and 25% experience homelessness for the first time.

Upon entry to LPCS's Interim Housing Community, Guests undergo an intake assessment with a case manager. Demographics are collected, and income is verified. Additionally, it is determined if an individual has health insurance, what their general medical needs are, and what their regular access to health care is, if any. It is a priority for all Guests to enroll in Medicaid, if they are eligible, and meet on-site with a Nurse Practitioner to discuss their health needs.

2. Describe specific partnerships with other providers and community-based organizations to promote continuity of health care for high risk/underserved and/or disadvantaged populations.

In recent years LPCS has seen a significant increase in demand for services emphasizing our current physical limitations. To plan for expansion, town hall meetings were held by LPCS Board leadership with Guests and community clients to gather feedback on their needs and ideas for improvements and additions to a new space. A listening tour within the immediate area was held with representatives of the four founding churches and partner agencies to assess the needs of the community. Three key components of need were identified: an increased demand in services (LPCS served 73% more community clients in the past two years); an ongoing waiting list for interim housing access (LPCS maintains a full waiting list of 6-8 weeks annually for 35 beds); and a lack of permanent housing throughout Chicago. Additionally, LPCS's bylaws state that a member of the Graduate Community,

former interim housing Guests who have secured permanent housing, must always serve on the Board of Directors. This position is critical to ongoing, direct input from our community.

3. Describe specific partnerships with other providers and community-based organizations to promote continuity of health care for high risk/underserved and/or disadvantaged populations.

LPCS has partnered with Heartland Health Outreach (HHO) for over 8 years. HHO provides a Nurse Practitioner 2-3 times per month to provide on-site medical appointments and assessments for LPCS clients, approximately 10 appointments per month. The Nurse Practitioner provides basic health care and referrals for specialty care when needed.

LPCS also partners with a retired Nurse Practitioner, Nurse Mary, who volunteers her time twice per week to provide additional health support, approximately 30 appointments per month. Nurse Mary primarily focuses on medical adherence, diet control, diabetes management, and mental health check ins. She also regularly provides blood pressure checks, conducts blood sugar tests, and reads TB test results.

4. Provide two examples of how you have used the community-oriented approach to program development specified in the attached principles to develop a program of service for high risk/underserved and/or disadvantaged populations specified in the guidelines. Include in each description components of the current program and the following quantitative information for the most recent year available:

Homelessness requires a community response. LPCS offers a range of supportive services and a framework that engages all elements of our community. This approach guides us to empower individuals experiencing homelessness to secure permanent housing, achieve economic and emotional stability, and establish self-sufficiency. We continue to grow and serve more people in large part because of the continued support we receive from the community. With more than 2,000 volunteers, 50 program partners, and hundreds of donors in 2017, LPCS continues to bring communities together to deliver services that empower individuals experiencing homelessness to make life changes. Our commitment is to continue to find creative means to increase our impact and expand our services to people in need. LPCS has refined its approach to case management and personalized treatment resulting in 30% more Graduates obtaining housing in 2017 than the year before. With the help of our program partners and dedicated staff, 85% of our Graduates left LPCS employed and housed - the highest success rate in our 32-year history. Our volunteer community has grown to unprecedented levels with not a minute going by without a volunteer being onsite and making a direct contribution to our programs.

Example One:

One of the programs LPCS provides as a valuable service in the Lincoln Park community is a referral source for those in need. This program was developed directly from feedback from community members and an increase of demand in services. Neighborhood churches, hospitals, and police direct people in need of assistance to the LPCS Community Engagement Program (CEP) for resources addressing temporary housing and other services. CEP provides basic services including showers, laundry, clothing, toiletries, and a warm meal. CEP is LPCS's satellite location on Sundays at 645 W. Fullerton from 1:30 pm- 6:00 pm. Any adult experiencing homelessness or at risk of becoming homeless is eligible to come to CEP for basic services and/or for case management.

Example Two:

In 2017, with input and support of the local community, the LPCS Green Team was formed to create work opportunities for Guests while providing a sense of purpose and community by beautifying the surrounding Lincoln Park and Old Town neighborhoods through waste management and sidewalk cleanup. By fostering growth, confidence, and a sense of community inclusion for our Guests and clients, the impact on physical and mental health is profound.

5. Number of clients served
LPCS served 441 individuals total in the last year, and approximately 190 individuals for health-related appointments.

6. Total amount budgeted by your organization for the program
$37,500

7. Percent that program budget is of total agency budget
3%

8. Percent of program budget that is directly reimbursed by third party payers
0%

9. Percent of program budget that is covered by public/private grants
100%