

OLD IRVING PARK COMMUNITY CLINIC

STRATEGIC PLAN

YEARS 2010-2012

Introduction:

An estimated 46 million Americans have no health insurance. There are over 1.3 million uninsured individuals in the Chicago area according to the Chicago Department of Mental Health, the Cook County Health Department, and the U.S. Census Bureau. Due to the overwhelming need for additional resources to serve the health care needs of the uninsured in the Chicago area, the Old Irving Park Community Clinic was founded in March, 2007. The clinic began seeing patients in December, 2007. By May, 2010, over 900 uninsured patients who otherwise most likely would have been denied medical care have been provided over 3,000 doctor visits by an all volunteer medical staff and administrative support group. The clinic is funded entirely by contributions from individual donors and grant foundations.

Mission:

To provide quality health care at no cost to the medically uninsured (low income patients) in the Chicago area by individual volunteers from the medical community in partnership with local community institutions and community based providers and other appropriate individual and institutional volunteers in a manner respectful of the dignity of the persons served.

Vision:

We envision a community that comes together to support and assist uninsured families and individuals with services to help provide for their health needs and improve their quality of life.

Values:

Culturally competent treatment with dignity can make a significant difference in patients' lives; we are therefore dedicated to providing services with compassion and respect. We will provide comprehensive outpatient medical services to assist clients with their efforts towards achieving satisfactory levels of physical and mental well-being. Recognizing the need for providing an array of integrated services, we are committed to future ongoing development of comprehensive family services in the best interest of the community.

To appropriately serve all members of our community we are committed to being responsive to, and respectful of, the various cultural and linguistic needs of our clients, clinical staff and administrative volunteers.

The clinic's focus will be on providing quality services to as many patients that can reasonably be served given the clinic's resources..

Every consideration will be given to providing for the comfort level of the clinic staff and volunteers to include their full participation in creating clinic policy, operation functions, and the facility physical design.

Indicators of Success:

The following elements are identified as indicators for a successful start and maintenance of a free clinic:

- 1) Articulate the specific problem and provide documentation regarding the scope of the problem.
- 2) Define the population served.
- 3) Identify the eligibility requirements of all relevant entitlement programs, at the federal, state, county and municipal levels.
- 4) Identify the existing health care system, what services currently exist in the community and what gap/barriers exist (e.g. what organizations providing health care services have a backlog).
- 5) Identify specific organizations to approach for support (cash or in kind), e.g. local hospitals for radiology services, a local business to donate office furniture, local businessmen and professionals to give small seed grants.
- 6) Create partnerships with other organizations (e.g. treatment providers, community organizations, civic groups, etc.)
- 7) Create operating manuals for each component of the clinic:
 - a) Policy and procedure
 - b) Medical clinic operating
 - c) Behavioral Health Program
 - d) Recruiting and retaining volunteers
 - e) Overcoming language barriers for clinicians and administrators
 - f) Pharmacy
 - g) Dental

Population Served:

Patients will be limited to uninsured persons who have a medical condition or symptoms of a medical condition and are unable to self-pay for medical care. Donations may be accepted but all care will be at no cost to the patient.

Medical Services:

Note: * Planned implementation Fall 2010

- 1) Primary diagnostic and therapeutic medical intervention.

- 2) Laboratory diagnostic tests.
- 3) Radiology and special consultant referrals.
- 4) Prescription Medication Assistance.
- 5) Dental Intervention. *
- 6) Diabetic and Cardiovascular Disease Education
- 7) Dietary Education. *
- 8) Health Awareness. *

Behavioral Health Services:

- 1) Mental Health and Substance Abuse Assessment and Evaluation
- 2) Treatment Referrals
- 3) Case Management *
- 4) Short Term Brief Resolution Counseling *

On-site Medical Staff:

- 1) Physicians
- 2) Podiatrist
- 3) Nurse Practitioners
- 4) Physician Assistants
- 5) Volunteer nurses
- 6) Student nurses
- 7) Volunteer medical students
- 8) Diabetic Nurse
- 9) Pharmacy consultant
- 10) Medical social worker *

Behavioral Health Staff:

- 1) Psychiatrist *
- 2) Psychologist *
- 3) Licensed Clinical Professional Counselor
- 4) L.C.S.W.
- 5) Certified Addictions Counselor

Support Services:

- 1) Attorney
- 2) C.P.A.
- 3) Clerical
- 4) Fund Raiser
- 5) Volunteer Coordinator
- 6) Data Base Records
- 7) Language Interpreters
- 8) Community Resources Development Coordinator

Strategic Plan 2010- 2012

A current assessment concerning our strengths, weaknesses, and performance will help highlight the critical issues that the organization faces and that the strategic plan must address.

- 1) Strengths:
 - a) Dedicated chairman and medical director.
 - b) An active and capable fund raising committee.
 - c) Nurse Manager with strong clinical skills.
 - d) Clean, pleasant appearing facility.
 - e) Held in high regard by community.
 - f) Expanded diversified Board of Directors.
 - g) Dedicated staff of medical and administrative volunteers.
 - h) High level of patient satisfaction of services.

- 2) Weaknesses:
 - a) Fund raising committee needs greater support.
 - b) Need for more primary care clinicians and nurses.
 - c) Radiologic referral base inadequate.
 - d) Need for a strong case management initiative for our most serious and common chronic diseases---hypertension, diabetes, cardiovascular disease, asthma and COPD.
 - e) Volunteer financial management help at times inadequate.
 - f) In kind services from hospitals, pharmaceutical companies, medical schools, medical supplies companies need to be increased.
 - g) Volunteer pool of professional nurses needs expansion
 - h) Patient education in several common diseases inadequate.
 - I) Office management.
 - j) No movement on dental services.
 - k) Expanded Behavioral Health counseling services.
 - l) Liaison with community medical and health care facilities
 - m) Greater partnership with community non-medical entities
 - n) Need for a (free if possible) larger facility.
 - o) Expanded Board with an increased active level of governance.
 - p) Volunteer Coordinator.
 - q) Corporate and Individual donor consistency and expansion needed
 - r) Need for medical social worker.
 - s) Overall reliance on volunteers without key paid staff members

The following issues will be addressed:

- 1) Board Development
- 2) Financial Management
- 3) Corporate and Individual donor expansion
- 4) Behavioral Health Services

- 5) Medical Social Worker
- 6) Establishment of Dental Services
- 7) Relocate to a 4,000 sq. ft. Facility

Board Development:

The Board will act as a Board Development Committee responsible for the recruitment of additional qualified Board members willing and competent to assume the responsibility for the governance of the Old Irving Park Community Clinic. The Board of Directors will be responsible for the following:

Strategies, Goals, and Objectives :

- 1) **Grant writing: Goal:** to accelerate the foundation grant application process. Provide present grant writer with additional volunteer resources.

Strategy: Establish a volunteer grant writing committee chaired by a Board member to recruit experienced volunteer grant writers to assist the OIPCC grant writer. The committee will provide an ongoing review of the grant write process.

- 2) **Radiologic referral base: Goal:** Need two no questions asked radiologic procedures a month from at least 5 hospitals and/or free standing private radiologic groups.

Strategy: Local hospitals (eight have been identified and contacted but only four are in agreement) will be repeatedly contacted to offer this service. In addition free standing radiologic facilities (especially those with whom a Board member has a personal contact) will also be approached. Two Board members (Drs. Godwin and Martinez) will take charge of this issue and have a timeline of 6 months. This will require personal contact and meetings with the heads of these hospitals and radiological facilities.

- 3) **Financial management: Goal:** to recruit qualified volunteers committed to the long term financial management of the clinic.
- 4) **Strategy:** The OIPCC Treasurer will oversee the fiscal management of the clinic; with Board support, recruit qualified volunteers to maintain financial statements and other accounting activity and fiscal reporting.
- 5) **Corporate Development: Goal:** to establish a Board Development Committee chaired by a Board member. .
Strategy: a) Corporate Development: A Board member will chair a committee to recruit qualified individuals for the Board. member in charge of this issue will report to the Board at each meeting his progress and problems in creating and enlarging this strategy. We would expect progress within a six month time frame.

- Individual Donor Development. :** Goal: The Board member in charge of this issue will also report to the Board at each meeting his number of contacts, results and goals. A minimal goal is a 10% increase in this aspect of fund raising within six months.
- 6) **Behavioral Health: Goal:** To provide intervention and counseling services for mental health and substance abuse patients.
Strategy: Pending additional space acquisition (proposed by FY 2011) the clinic will partner with one or more teaching programs at local universities and/or free standing psychology teaching programs. The goal is recruit volunteer mental health professionals and to establish the clinic as a practicum site for graduate psychology student to include on site supervision by faculty and/or volunteer credentialed individuals.
- 7) **Medical social worker: Goal:** to organize and increase contacts with outside institutions and our referral base to better serve the needs of our patients.
Strategy: Contact will be made with several University based social service programs to seek out faculty –student volunteers and/or a required community health service rotation to the clinic. These contacts will be made in the next 6 months. Continued word of mouth and community advertising will be done at the same time seeking volunteers from active and retired social workers. Two Board members will be assigned to this task.
- 8) **Establishment of a dental facility: Goal:** to serve the markedly underserved in regard to dental care.
Strategy: Four aspects of establishing dental care are: funds, space, equipment, and personnel. Funds are estimated to be \$70,000 as build out costs for a single operative suite. Space will be obtained when a move is made to a facility with at least 3,000 square feet. The dental suite with a single operative unit will need 250 to 350 square feet. Equipment may be obtained from surplus units from the U.S government. Obtaining dentists will be done by word of mouth and direct contacting of e.g. dental schools and dental societies. Costs of ongoing consumable supplies may be \$12,000.
Time line will be establishment by the end of 2011 if we are in a new, larger facility by the end of FY 2010.
- 9) **Movement to a larger facility: Goal:** In order to serve a growing number of patients: provide adequate space for the clinicians to provide for the evaluation of patients and their records; and allow for greater ability to perform private counseling and consultation in a non examining room setting, as well as to establish a dental suite, and allow for greater storage space for supplies and equipment, the clinic needs to expand to at least 3,000 square feet.
Strategy: The clinic volunteer real estate professional will research available properties to qualify a site to enable the clinic to relocate by August, 2010.

Monitoring and Evaluating the Strategic Plan:

Volunteers responsible for meeting goals and objectives shall provide a status report at each Board Meeting. The Board shall be responsible for providing additional resources to assist in meeting goals and objectives on a timely basis