

**OLD IRVING PARK
COMMUNITY CLINIC
(OIPCC)**

**STRATEGIC PLAN
Year 2007 -2008**

Revised November 22, 2007

Introduction:

Over 46 million Americans, including some 10 million children, have no health insurance. There are an estimated 1.3 million individuals in the Chicago area who are without adequate medical care. Several community health clinics in the Chicago area currently provide quality free health care, however, given the overwhelming need for additional resources to serve the health care needs of the uninsured in the Chicago area, the following out-patient free primary and specialty care program is proposed to include medical, dental, and, pharmaceuticals..

Mission:

To provide free quality health care to the medically uninsured in the Chicago area by individual volunteers from the medical community, partnership with local community institutional treatment 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 disenfranchised families and individuals with services to help provide for their health needs and to improve their quality of life.

Values:

Culturally competent treatment with dignity can make significant differences in clients' lives; we are therefore dedicated to providing services with compassion and respect.

Comprehensive outpatient medical services initially will be provided 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 being mindful not to over-extend for the purpose of generating a large client base for outcome purposes.

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, operations functions, and the facility 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 organization to approach for support, (cash and in kind), e.g., local hospital 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 at the outset (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) Mental health/addictions program
 - d) Recruiting and retaining volunteers
 - e) Overcoming language barriers for clinicians and administrators
 - f) Pharmacy Dispensary
 - g) Dental

Population Served:

Clients will be limited to uninsured persons with the inability to self-pay for medical care. Donations may be accepted. No one will be turned away due to the inability to pay for services.

Medical Services:

1. Primary diagnostic and therapeutic medical intervention
2. Laboratory and Radiology Referrals
3. Prescription Medication Assistance
4. Dental Intervention
5. Diabetes Education
6. Dietary Education
7. Health Awareness

Mental Health Services:

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

Required Volunteer Resources:

Board of Directors:

1. Chairman
2. Secretary
3. Treasurer
4. Other Board Members

Advisory Committee:

Program acceptance is directly related to the degree of community support and involvement. An Advisory Committee of concerned and interested members of the community should be formed at the earliest opportunity. The Committee can formulate a policy statement as well as specific strategies and procedures for implementing the health clinic services and the criteria for evaluating the clinics performance and treatment outcome. The committee should include at least one member of the Board of Directors to coordinate the activities of the Committee with the Board. The Committee is co-chaired by the Clinic Medical Director and the Mental Health Program Director.

On-site Medical Staff:

1. On-site Physicians
2. Nurse Practitioner
3. Diabetic Nurse
7. Pharmacy Services

Mental Health Staff:

1. Psychiatrist
2. Psychologist
3. Licensed Clinical 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 Translator(s)
8. Community Resources Development Coordinator

Clinic Facility Plan:

The Irving Park Lutheran Church (IPLC) congregation has voted approval to underwrite the first year's lease expense for the clinic. The clinic space build out is complete and the clinic is officially opened November 1, 2007. Patients will be scheduled during November, 2007 currently. The leased location will serve as a temporary site pending location of a permanent donated facility.

Clinic Schedule:

Patients will be seen by appointment only. Clinic hours will be driven by patient volume and available professional resources.

CURRENT PROGRESS AND DISPOSITIONS:

Budget: established for FY 2008, 2009 (see attached)

Development and Fund Raising: Chairman of committee is in place and a credentialed, professional fund raiser has volunteered services pro bono. The first event realized over \$18,000 and several events are in the planning stage.

Recruitment strategy: The Board of Directors, Advisory Committee and the Physician Recruitment sub-committee under the direction of the Medical Director aggressively pursuing medical staff recruitment. The recruitment program includes ongoing presentation to the Emeritus retired physicians association at Lutheran General Hospital, information in local church bulletins and newspapers, contacts with Chicago medical school to bring in medical students, and contact with the heads of Family Practices, Pediatrics and Internal Medicine at Lutheran General and Swedish Covenant hospitals.

Equipment Procurement: We have obtained a large amount of office equipment free of charge from Evanston-Northwestern Health Care System. The clinic has been outfitted accordingly. Significant overflow inventory has been placed in donated storage pending space pending future needs. One examining room is fully equipped from donated funds. A second examining room furnishings, supplies and other medical materials have been purchased and will be available during November/December 2007. .

Pharmaceutical: Experienced volunteers have committed to implementing a medication procurement program and Dispensary scheduled for completion during November, 2008.

Treatment Provider Resources- Networking: Contact has been made with several hospitals and labs to obtain pro bono services.

Community Outreach: Advisory Committee members have made contact with neighborhood organizations, local politicians, and churches to explain the function of the clinic. Local newspaper articles have been distributed.

Patient Outreach: Advisory Committee will plan ongoing outreach for patients to inform the general community of the availability of services.

Clinic Facility: A leased facility is in place. Every available clinic resource will be dedicated to locating donated space to meet anticipated rapid increase in patient demand for services.

Recruit members of the Advisory Committee (see above): This Committee is currently under expansion and will meet initially during November, 2007.

Elect Additional Directors to the Board of OIPCC: Recognizing the need for the active participation and representation from the various local community organization, the medical, legal and business community and individuals representative of cultural diversity it is the policy of the OIPCC to expand the Board accordingly.

OIPCC Budget - Fiscal 2008 - 2009 Rev 10-29-2007

<u>Income:</u>	<u>Year 2008</u>	<u>Year 2009</u>
Individual Donations	\$ 2,000	\$ 5,000
Fund Raising Events *	\$ 56,065	\$ 23,500
IPLC Lease Funding	\$ 12,500	\$ -
Grants		\$ 100,000
Carry-over from year 2008		\$ 20,722
Total income	\$ 70,565	\$ 149,222

Total

Operating Expense

Rent	\$ 9,625	\$ 24,500
Utilities	\$ 1,500	\$ 2,500
Occupancy insurance	\$ 500	\$ 600
Audit expense	\$ 3,000	\$ 3,000
Fund Raising Expense	\$ 5,000	\$ 2,600
Telephone	\$ 1,800	\$ 1,900
Internet	\$ 200	\$ 200
Corporate liability Insurance	\$ 1,350	\$ 1,350
Volunteer expense	\$ 1,600	\$ 3,000
Office supplies	\$ 2,000	\$ 2,200
Medical supplies	\$ 8,400	\$ 11,200
Dental supplies		\$ 10,500
Pharmacy Assisstance	\$ 3,000	\$ 6,000
Lab Analysis Expense	\$ 10,200	\$ 15,200
Misc.	\$ 2,500	\$ 1,500
Total operating expense	\$ 50,675	\$ 86,250

Medical Equipment Prurchases

Examining Room Equipment	\$ 5,500	\$ 2,500
Dental Equipment	\$ -	\$ 57,000
Total Equipment Purchases *	\$ 5,500	\$ 59,500

Total Operating/ Equipment	\$ 56,175	\$ 145,750
Availably balance LaSalle 10/01/01	\$ 6,332	
Excess(Deficit)	\$ 20,722	\$ 3,472

* See Fund Raising Events - attached

** Dental Equipment (used) - estimated cost provided by Dr. Mark Jacob, DDS- Northbrook, IL