

COMMUNITY HEALTH CARE REPORT

North Side Housing and Supportive Service

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Mission: Our mission is to end homelessness in the lives of individuals by providing housing and comprehensive supportive services. We also strive to eradicate the conditions that cause, contribute to and exacerbate homelessness.

Identify the high risk/underserved and/or disadvantage 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.

Populations served:

- a. Homelessness: All participants of North Side Housing and Supportive (NSHSS) services have a history of homelessness or are currently experiencing homelessness.

Actions taken to increase accessibility to health services:

- b. From 2016-2020, North Side Housing has employed an agency nurse to perform home visits and health education with any permanent supportive housing clients who would like to receive these services. The nurse has met with over 100 participants during this time. In the first year of program development, the RN increased the percentage of participants linked to primary care services by 24%. By providing home visits, North Side Housing's in-home health services model addresses significant mobility barriers that affect participants' ability to successfully attend medical appointments. The agency provides bus cards and transportation in its van to get clients to/from medical appointments when needed. Case managers assist clients in obtaining and retaining important benefits, including health insurance, SSI/SSDI, and food stamps. In 2020, our agency nurse pivoted to address agency needs due to COVID-19; this included developing more health services for individuals in the emergency shelter and finding resources for those seeking service through the day support program.

Describe specifically the strategies you have used to gather input from high risk, underserved and/or disadvantaged populations and their leaders as a basis for programs or service development.

NSHSS historically has had an in-person Community Advisory Council (CAC) that meets regularly to gain participant input on its program model and design services that meet clients' needs. The

agency also hosts an annual “Refreshments with the Board” which allows participants to meet directly with members of the agency’s board of directors to provide feedback. Currently, NSHSS has one board member with “lived experience” and is in the process of recruiting a second former program user to join the board. Our Executive Director also has an “open door” policy with consumers and is very open to discussing their needs and challenges. Additionally, the agency conducts an annual anonymous participant survey for all programs that evaluates participants’ experiences in a quantitative and qualitative manner.

During the COVID-19 pandemic, the CAC has not had in-person meetings. In lieu of this, all permanent supportive housing clients were asked to participate in a health survey that obtained information on the types of health services they engage in, which health services they would like to be delivered through their permanent supportive housing program, and what specific health needs have come up during the COVID-19 pandemic.

Participants who may not feel comfortable answering questions directly with their case management team are encouraged to utilize an anonymous suggestion box to provide feedback. Program policies state clients’ rights to ensure they know they can provide feedback or criticisms of the program without concerns that their housing or program status will ever be in jeopardy.

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

NSHSS has had a long-standing partnership with Heartland Alliance Health to deliver health-services to clients experiencing homelessness and those enrolled in permanent supportive housing. The agency has bimonthly calls with leadership at Heartland Alliance Health to troubleshoot concerns and ensure high-quality healthcare throughout the pandemic. The agency was part of Heartland’s flagship program, Health Neighborhood, which linked permanent supportive housing programs with Federally Qualified Health Centers through shared-staffing, EMR access, and prompt electronic communication about participant health needs during permanent supportive housing home visits with the agency nurse. Today, Heartland Alliance Health has a physician assistant and nurse assigned to the shelter’s COVID-19 response and the agency nurse regularly communicates with medical providers for shared participants.

NSHSS has a relationship with Chicago Recovery Alliance to provide opioid-overdose training and resources to staff and participants. The agency nurse received a “train-the-trainer” course through Chicago Recovery Alliance to expand the number of trainings to reach more staff. All staff members and participants can receive training and resources for opioid overdose.

NSHSS has a relationship with Rush University College of Nursing- Department of Faculty Practice. Its agency nurse is assigned to NSHSS through this partnership. Both the shelter and permanent supportive housing programs have had rotations of Rush’s Master’s in Nursing

students to work with clients.

NSHSS has a relationship with Rush's doctoral program in occupational therapy. To date, 10 clients have received free, one-on-one occupational therapy visits in the home setting to address mobility issues, fall prevention, chronic pain, mental health, and sleep hygiene.

Provide two examples of how you have used 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 qualitative information for the most recent year available.

Naloxone Program Development:

In 2017, case management teams reported instances of opioid overdoses occurring both within our participant population and the greater community that they interacted with. While clients are never required to disclose details about their substance use to our program, case managers were encouraged to ask clients if they would be interested in getting trained on how to use Naloxone to reverse opioid overdoses. Once we opened this dialogue, other clients came forward. One client shared that they had a significant partner who had recently overdosed, and he was very anxious about the risk of this happening again. Other clients reported living in a high-rise where they frequently saw neighbors using drugs and paramedics responding to overdoses. As a program, we acknowledged that we valued being a harm-reduction, housing first agency, but our referrals to external organizations for Naloxone were not reaching our clients and their communities with enough ease. In 2017, we collaborated with Chicago Recovery Alliance to establish a partnership, to develop an Overdose Training and Distribution Protocol that were in line with Illinois law, and to begin a program that distributed opioid overdose supplies and education directly in our clients' homes, at our office, and at our shelter. In 2020, staff members responded to opioid overdoses during their shifts both at the shelter and out in the community and saved the lives of 2 participants. We provided training and appropriate supplies to participants if they were interested. Following instances of overdoses, withdrawals, or any conversations around opioid use disorder, referrals are made to Lutheran Social Services for detox or to Heartland Alliance Health or local methadone clinics for medication-assisted treatment.

Shelter Response to COVID-19:

In March 2020, our 72-bed shelter in Uptown had to make dramatic and rapid changes to its programming to ensure the safety and health of the residents and staff members. While some elements of this response were well-supported by the city of Chicago, like moving the most high-risk residents to Hotel 166 to decompress our shelter, other components were left to the ingenuity of local agencies like our own. Staff and shelter residents were understandably fearful. Within the first month of the pandemic, the agency nurse, shelter management and agency leadership developed educational materials and information sessions for staff on how to effectively manage infection control. The agency's board and staff members connected with different volunteers and donors to obtain meals for residents, which had suddenly stopped

being served by our existing meal provider due to safety concerns. We developed policies to guide staff members in responding to a potential positive case of COVID-19 and developed comprehension quizzes to assess whether staff understood infection prevention and control. We collaborated with Rush University and University of Illinois at Chicago to obtain necessary personal protective equipment and interact regularly with the city of Chicago Department of Public Health on COVID-19. We connected with Heartland Alliance Health, which initially provided exclusively phone consultation for potential positive COVID-19 cases and later expanded to in-person primary care services weekly and onsite COVID-19 surveillance testing. To date in 2020, Heartland Alliance Health has administered 3 rounds of surveillance testing of staff and participants in June, September, and October and those tests have revealed no positive COVID-19 cases at our shelter. Individual cases that have occurred when symptoms were present were successfully isolated in a timely fashion and no subsequent infections occurred.

Our agency holds bi-monthly calls with Heartland Alliance Health, Weiss Memorial Hospital, and additional shelters on the north side to discuss infection prevention and control. Every Wednesday, NSHSS community meetings are held by our Emergency Shelter Program Manager with emergency shelter participants to discuss questions and concerns related to the program, the emergency shelter facilities, and how the program and agency are managing COVID-19. Feedback and suggestions regarding current agency response are then brought to the North Side Shelter COVID-19 Response Group.

Each Monday, dedicated Physician's Assistant from Heartland Alliance Health provides individual primary care to shelter participants. Additionally, she provides education to participants and staff regarding proper infection prevention and control and is available during the week to address concerns related to COVID-19. Prior to the pandemic, primary care services were not offered onsite at the shelter; participants were referred to external providers, which included Heartland Alliance Health and Weiss Hospital. Offering primary care onsite at the shelter allows for case consultation and care coordination with the Shelter Manager and/or other shelter staff (as appropriate). Shelter participants have been more engaged with onsite services, primarily due to the ease of access.

Number of clients served: 741

Total amount budgeted by your organization for the program: \$25,000 (for Stay Home, Stay Safe)

Percent that program budget is of the total agency budget: 1%

Percent of program budget that is directly reimbursed by third party payers: 0

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