



Healthcare & Housing Profile: *LifeLong Medical Care* *Berkeley, California*

Overview

LifeLong Medical Care (LMC) was founded in 1996 when two established organizations merged: the Over 60 Clinic (founded by the Gray Panthers, a senior citizens' services and advocacy group) and the Berkeley Primary Care Access Clinic.¹ Today, LMC includes six medical clinics, a dental clinic, two Adult Day Health Centers for elders with complex care needs and a Supportive Housing Program for formerly homeless adults.² The LifeLong Supportive Housing Program (SHP), also known as the Alameda County Health, Housing, and Integrated Services Network, provides on-site, multidisciplinary support services to over 600 tenants living in seven subsidized housing sites located throughout Berkeley and Oakland. In addition, LMC provides a range of support services to residents living in scattered-site housing in the same area. With funding from the City of Berkeley and the City of Oakland, LMC conducts street outreach to connect people experiencing chronic homelessness with subsidized housing. Finally, LMC's Project RESPECT identifies and reaches frequent users of the Emergency Department and provides them with case management and health services. LMC does not own or operate any of the housing sites, but collaborates with several nonprofit housing development corporations which create and operate affordable housing in Alameda and Contra Costa Counties.

Services

All services are voluntary and LMC staff members meet weekly with property managers to discuss pending evictions, to determine who is ready to move into independent housing and to create an overall safe environment. Services include:

Benefits advocacy: Lifelong contracts with a benefits advocacy agency to provide legal representation for SSI/SSDI applicants. Benefits advocacy has not only been very successful in gaining clients access to SSI/SSDI benefits and health insurance, it has also been an important way to engage clients in services.

Integrated primary and behavioral health care: Primary care and mental health service providers meet regularly with case management staff to ensure that psychosocial and medical teams are well-integrated. Four supportive services teams provide individual case management and organize and lead a variety of groups. On-site clinical services are provided by the team leaders (LCSWs), case managers, doctors, psychologists, and a psychiatrist.

Individual and group "stabilizing" interventions/Intensive case management: Non-therapeutic group interventions and support groups are led half by social service staff and half by medical providers on physical health topics. Staff also help individual clients with money management, provide vocational and transportation assistance, promote harm reduction and community involvement. These stabilizing interventions enable clients to negotiate community service systems, hook up with mental health treatment, return to school or work, and feel more connected to the broader community. More intensive case management is provided at the point of engagement during the transition from the street to housing.

Other services include outreach; housing stabilization and eviction prevention; money management; substance abuse services; community building and social activities; employment and vocational support.

¹ LifeLong Medical Care. 2003. "About LifeLong: Our History.": http://www.lifelongmedical.org/about_history.html

² LifeLong Medical Care. 2003. "About LifeLong: Our History.": http://www.lifelongmedical.org/about_history.html

*** Unless otherwise noted, information was obtained from: Post, Patricia A (September 2008). Defining and Funding the Support in Permanent Supportive Housing. Corporation for Supportive Housing and National Health Care for the Homeless Council. <http://documents.csh.org/documents/pubs/CSNHCHCHHealthCentersReportNov07.pdf>

Outcomes

- In 2009, total visits to LifeLong clinics were 130,751, with a total of 20,728 patients.³
- *For clients living at a supportive housing site or housed through Shelter Plus Care (2009):*⁴
- 95% of clients housed have retained housing for at least 12 months
- Less than 4% of residents have been evicted because of non payment of rent
- 75% of residents are enrolled in services
- 100% have identified personal goals as part of a case management care plan
- Over 60% of clients received professional medical or mental health services from on-site staff
- Over 34% of clients participated in vocational or employment-related activities
- *For frequent users of the Emergency Department (ED) (2009):*⁵
- 35% reduction in ED visits for all clients enrolled 12 months. The median reduction in ED visits was 60%
- 40% reduction in ED charges
- 20% reduction in inpatient days and 25% reduction in inpatient admissions
- 24% of patients received Medicare, 33% received Medi-Cal and 31% were uninsured.⁶

³ LifeLong Medical Care. 2009 Annual Report. P.15. found at: <http://lifelongmedical.org/AR2009.pdf>

⁴ LifeLong Medical Care. March 2010. Supportive Housing Program.

⁵ LifeLong Medical Care. March 2010. Supportive Housing Program.: **This data comes from a formal evaluation conducted by the Lewin Group for the Frequent Users of Health Services Initiative and represents combined outcomes for clients served at both Alta Bates and Highland Hospital.

⁶ LifeLong Medical Care. 2009 Annual Report. P.16. found at: <http://lifelongmedical.org/AR2009.pdf>

Major Funding Sources

- 30% of revenue in 2009 came from grants and contracts
- Health Resources and Services Administration (HRSA)
- Medi-Cal Care Revenues
- HUD Services Only Grant
- City of Berkeley
- City of Oakland/Housing subsidies through Oakland Housing Authority
- Hospital Contracts
- Mercy Housing

Engaged Partners

- City of Oakland
- City of Berkeley
- Bonita House Inc.
- Bay Area Community Services
- Alameda County Medical Center
- Alameda County Health Care Services Agency
- Berkeley Food and Housing Project
- Alta Bates/Summit Medical Center
- Non- profit housing developers

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