new name, same heart



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FROM OUR EXECUTIVE DIRECTOR

THOMAS D. YATES, ESQ.

This past year has been quite an exciting one at the Council. We officially changed our name to Legal Council for Health Justice. This is a reflection of our expanded mission to serve additional vulnerable populations—children with disabilities and homeless individuals facing severe mental health challenges—while continuing to grow our services for low-income people with HIV.

While our name has changed, our heart has not. As the Council has always done, we provide "legal care" to those who are the most at-risk among us. We do this work through our three programs: AIDS Legal Council, Chicago Medical-Legal Partnership for Children, and Homeless Outreach Project.

It's now been over 27 years since we opened our doors as AIDS Legal Council of Chicago. Since the very beginning, the Council has stayed ahead of the needs of those whom we serve and remains a client-centered, street-smart agency delivering high-quality legal services immediately, with no waiting list.

The Council's model has made us a national leader in providing legal help to people who have nowhere else to turn—with our staff serving over 1,700 people this year!

We now operate free legal clinics at 14 sites across the region. We are helping at-risk individuals access medical care and become better advocates for themselves. The Council has long had the reputation as an organization that evolves and responds quickly to the needs of its clients and the greater community.

Our homeless advocates take the utmost of care to help a population that has suffered profound trauma. The Council serves families whose children often require round-the-clock help because of the complexity of their medical conditions. And our HIV program is having a greater impact than ever—helping clients lead lives of dignity and stability.

Because of the many generous supporters who are listed in this report, we will be here as long as we are needed. Nothing the Council does on behalf of people in need would be possible without the kind support of our loyal funders and volunteers. The belief in our mission and goals is invaluable and allows us to keep helping those who come to us facing the most difficult of situations. I would be remiss if I didn't thank our clients for placing their trust in us.

Thank you very much for your interest in the work and support of the Legal Council for Health Justice.

Sincerely,

Tom Yates, Esq.

Executive Director

AIDS Legal Council

In addition to providing free, immediate legal assistance to nearly 900 individuals impacted by HIV, as well as conducting free legal trainings to hundreds of people across the state, our AIDS Legal Council program engaged in significant policy work on behalf of people with HIV in fiscal year 2015. A few highlights are listed here.

AIDS Confidentiality Act: In early 2015, AIDS Legal Council, along with advocates from AIDS Foundation of Chicago and the ACLU of Illinois, worked on legislation to update the Illinois AIDS Confidentiality Act to promote expanded HIV testing. The Centers for Disease Control and Prevention recommends that medical providers offer routine, voluntary HIV testing to nearly all of their patients, as a means of decreasing the number of people who do not know they are HIV-positive. Despite these recommendations, some medical providers in Illinois were unable to comply due to confusion about HIV testing requirements in the AIDS Confidentiality Act. The changes to the law crafted by AIDS Legal Council and our partners eliminated those confusions and will expand access to voluntary HIV testing while still maintaining the strong patient protections that the law has always provided. The law was signed by Gov. Rauner.

IDHS Comments and Testimony: In the summer of 2015, AIDS Legal Council submitted comments and provided testimony at hearings in response to proposed changes by the Illinois Department of Human Services to the rules governing the grievance and appeal process in Medicaid managed care. We want to ensure that Medicaid-eligible individuals in managed care are properly and continuously covered, so that they have ready access to routine medical care and necessary medications. Ensuring uninterrupted access to care eliminates over-reliance on costly emergency room services. And just as important, securing continuous access to medications is the surest way to suppress viral loads in people with HIV, greatly reducing the likelihood of spreading the infection to others. We were concerned that these proposed regulations would make it difficult for people who are HIV-positive to maintain their health insurance, thereby jeopardizing not only those individuals but also the community at large. For these reasons, we voiced our concerns about the confusing and contradictory proposed regulations. By doing this together with a coalition of legal services partners, we made a strong statement on behalf of our Medicaid-eligible clients.

Marketplace Insurance Negotiations: The high price of HIV medications on many Marketplace plans has long been a concern for AIDS Legal Council. In spite of rules contained in the Affordable Care Act (ACA) barring discrimination against enrollees based on their health status, many insurers designed their drug formularies to place HIV medications in expensive, "speciality" tiers—even when those medications are recognized as "standard of care." In early 2015, working together with the AIDS Foundation of Chicago, AIDS Legal Council successfully negotiated with Aetna and Coventry Health. After an analysis of the plans, we found that commonly-used HIV drugs were placed in specialty tiers—the most expensive category. We then met with Aetna and Coventry officials. During the negotiations, we expressed serious concern about their pricing practices and strongly encouraged them to amend their policies. As a result, the insurers agreed to dramatically reduce the out of pocket costs for HIV medications in individual plans. This is a big win for HIV-positive individuals.

Remind me, why the new name?

The response to our official name change to **Legal Council for Health Justice** has been overwhelmingly positive.

But some people still ask, Wait, why did you change your name? And we know that it takes time for a new name to set in.

We changed our name because in 2014, two longstanding legal services programs (Chicago Medical-Legal Partnership for Children and Homeless Outreach Project) came over to the AIDS Legal Council family. While our three programs keep their names, the "umbrella" agency name is now Legal Council for Health Justice.

Make no mistake, our commitment to the HIV/AIDS community has not changed, and our AIDS Legal Council program is now bigger and stronger than ever.

We hope you like our new name as much as we do, and we look forward to building a healthier and happier tomorrow, together.



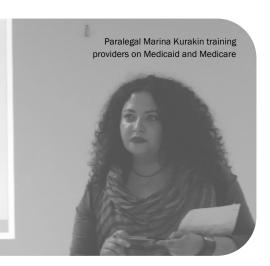


edicaid & Medicare benefits

sluntary, but you have to OPT OUT if you do not ate. You will also receive an enrollment letter. If p the coverage you have now, then you must Opt as in the letter. If you do not call, then you will enrolled

s will be assigned a Care Coordinator (dental, free phone)

letter about picking a plan, you can find out 1-877-912-8880 (You will need to have you our doctors, & medication list ready)



Client spotlight: JOHN

John is a 65-year-old, low-income man living with HIV. He is a frequent client of AIDS Legal Council. He suffers from debilitating anxiety and, like many of our clients, lacks both social skills and regular access to a reliable telephone.

So when John needed to complete his Medicaid redetermination paperwork earlier this year, he contacted the Council for help from a familiar, reliable face. One of our paralegals jumped to help him complete and submit the paperwork and supporting documentation to the Medicaid office, and followed up with him to ensure that he received a new medical card—without which John wouldn't have access to the care he needs to remain healthy and stable.

While actions taken for John may seem simple, for the clients we serve, like John, they are critical activities that enable them to access public benefits and supportive services for their long-term health and well-being.

In our clients' words...

"I'm still alive because of this organization. Thank you!"

"Your HIV services have always been very helpful to me."

"If anyone would ask me about Legal Council, I would clearly speak in their favor."

"The Council is the devoted partner to whom I matter."

"Ruth was always on top of things and helped in every way possible." "Marina has always been there for me. She is an important part of my life."

"Dale is very helpful and knowledgeable about every service that one might need."

"Justin was very helpful and handled my application in an extremely timely manner."

"I support the Homeless Outreach Project because this population deserves advocacy!" "I support Legal Council for Health Justice because good health requires doctors and legal advocates."

"The Chicago Medical-Legal Partnership for Children has been able to directly advocate for our families that have had difficulty securing appropriate special education services in the Chicago Public Schools."

"This organization has a unique and deep approach to addressing complex social and health challenges."

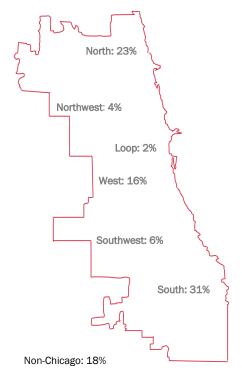
Our client and case profile

AFRICAN-AMERICAN 58%	STABLE HOUSING65%
WHITE24%	UNSTABLE HOUSING25%
LATINO 14%	LITERALLY HOMELESS 10%
OTHER 4%	
	UNINSURED14%
MALE72%	NO INCOME34%
FEMALE27%	MENTAL HEALTH NEEDS.70%
TRANSGENDER 1%	
	PUBLIC BENEFITS46%
AGE 1-1923%	HEALTH15%
AGE 20-29 8%	INDIVIDUAL RIGHTS8%
AGE 30-3913%	HOUSING6%
AGE 40-4920%	EDUCATION5%
AGE 50-5925%	FAMILY4%
AGE 60+ 11%	CONSUMER3%
	EMPLOYMENT2%
	IMMIGRATION2%
	OTHER9%

TOTAL CLIENTS: 1,727

TOTAL CASES: 2,642

Where our clients come from:





Client spotlight: Hatim

Hatim, an HIV-positive man with limited English skills, first came to AIDS Legal Council after he sustained a devastating injury at his job as a butcher, and was unable to continue working. Hatim's dominant hand had been caught in a meat grinder; as a result, he lost fingers and suffered extensive bone and nerve damage to his hand and arm. With three minor children at home, a prognosis of 12 to 18 months for rehabilitation, and no other job skills or training, Hatim's future was unclear.

He applied for Social Security disability benefits, but was denied initially because he had been disabled for only 6 weeks at the time of application. Upon reapplication, he was denied again because his wife's self-employment earnings were mistakenly reported under his name and Social Security number. Meanwhile, Hatim struggled to perform daily living tasks with his remaining hand and, not surprisingly, developed depression, insomnia, and flashbacks from the accident. He was in near-constant pain from the accident, and because of existing medical conditions—high blood pressure and HIV—was worried about the impact medication to treat the depression would have on his overall health.

Our attorney worked with Social Security to correct the self-employment reporting error, and argued successfully that Hatim's medical conditions, education, and skills combine to prevent him from sustainable work. Because of our attorney's advocacy and persistence in his case, Hatim was awarded disability benefits as well as supplemental benefits for his children. He now has help to cover some basic expenses and provide a bit of stability to his children's lives.

HOMELESS OUTREACH PROJECT

The Council's Homeless Outreach Project continued to engage in regular outreach to vulnerable clients at shelters, drop-in centers, mental health clinics and anywhere else in the greater Chicago area where persons with serious mental illness and who are homeless are able to meet with staff.

Clients served and positive economic impact: Over the past year, staff connected with 167 individual persons seeking help to obtain federal disability

Top 2015

Outreach Sites

Breakthrough Urban Ministries

Fantus Clinic

Franciscan Outreach

Heartland Health Outreach

Thresholds Mobile Outreach Unit

benefits and provided "specialized benefits advocacy" to 115 persons in need of legal representation to secure their benefits. During that twelve-month period we successfully secured benefits for 74 clients and continue to work on behalf of the remaining clients. Those disability benefits awards conservatively represent an annual economic impact of over \$650,000 into Chicago communities. An award of benefits typically means \$733 per month for a client. While that may seem like very little to you—considering it is less than \$9,000 per year—this is often the greatest income security our clients have ever achieved. With some stable income, connection to medically necessary and supportive services and housing resources, all clients are better positioned to focus on recovery.

The meaning of "specialized benefits advocacy": Homeless Dutreach Project staff provide highly accessible services to clients, utilizing a compassionate and non-judgmental approach to our "legal care." With our growing awareness around the significance of adverse childhood experiences (ACEs) and adult trauma on the physical and mental health and well-being of persons we serve, our staff underwent a five-week training program to become "trauma-informed." Landmark medical research has shown that adults who have been exposed to adverse childhood experiences are at much higher risk of chronic illness and mental and behavioral health conditions. The more traumatic experiences children are exposed to, the greater the likelihood that they will experience serious health issues in adulthood. There is a clear connection between childhood trauma and learning and behavioral issues, criminal justice involvement, substance abuse, homelessness, and suicide. All of these conditions and realities correlate to challenges to sustaining a stable, living wage work as well as successfully navigating the disability benefits application process for those who are medically unable to work. Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Our staff utilize trauma awareness to better advise and represent clients and work toward more just laws and fairer application of the law.

Legal trainings across the nation: In addition to providing "legal care" to individual clients, our staff also trained community mental health, social service agency, and shelter personnel on how to help clients who are disabled due to serious mental health. In response to an invitation by the Chicago Bar Association's Mental Health and Social Security Law Committees, we trained 40 local attorneys on Social Security Disability benefits, Emergency Resources, and Support Services for Persons with Severe Mental Illness and Co-Occurring Substance Use disorders.

Client spotlight: Rashelle

When we met Rashelle for help with a disability claim, she was homeless, destitute, and in severe mental anguish as a result of 22 years of profound emotional, physical, and sexual abuse and neglect by her birth mother, adoptive family, foster care, and relationship partner. Our Homeless Outreach Project attorney met her in the only place she felt comfortable—a partner agency's van parked on the street in Chicago's Rogers Park neighborhood.

Rashelle's disability claim had previously been dismissed four times. During the first visit, our attorney approached Rashelle carefully, using her trauma-informed training to explain Rashelle's rights for legal representation and the status of her claim.

Unable to care for herself—with no means of financial, social-emotional, or intellectual support—Rashelle was disconnected from everything except the voices in her head, a symptom of the schizophrenia that has plagued her since the age of 14. Forced to transition out of a teen group home at age 19, but lacking vocational or educational competence to support herself, Rashelle simply wasn't equipped to cope with daily living tasks, let alone stay connected to psychiatric care and maintain compliance with her medications. Her schooling ended at 8th grade and she has had no job skills or training, so she asked the Legal Council for Health Justice to take over her disability case.

Our attorney immediately set to work, reviewing over 1,200 pages of medical records, and expediting the hearing to address Rashelle's homelessness. Legal Council staff worked with Rashelle's clinicians at the partner agency to document her case and testify as to the extent of her symptoms. At the hearing, we convinced the judge to allow us to present Rashelle's case while she waited in reception area, protecting her from the acute anxiety symptoms that she experiences when she is in an enclosed space with male strangers. After a two-hour hearing, we achieved a favorable outcome.

Rashelle sat in stunned disbelief in the waiting room when our attorney informed her that the system that had failed to protect her as a child had agreed to support her financially as an adult. With the partner agency serving as her protective payee on retroactive payments, Rashelle will have some regular income for the first time in her life—something that will provide some stability for the first time in many years.

Chicago Medical-Legal Partnership for Children

In 2015, the Chicago Medical-Legal Partnership for Children program exceeded its annual goals for systemic advocacy and training medical teams at major pediatric hospitals across Chicago. Staff attorneys represented 425 children and their families on 735 case matters—mostly involving special education, public benefits, and access to health. Our team members also trained and supported 1,216 physicians, medical residents, social workers, early care and education providers, Head Start disability coordinators, parents, attorneys, and law students to identify and resolve health-harming legal needs. Last year, staff also worked on a variety of policy issues to maximize opportunity and well-being among low-income Illinois children, including:

Early Intervention (EI): Our small but mighty team mobilized to save Early Intervention, the statewide program that closes the gaps for infants and toddlers with developmental disabilities and delays. Without our advocacy, proposed cuts would have resulted in the loss of services for thousands of children, and transformed Illinois from one of the best to one of the worst states in the nation in service to very young children with special needs.

Charter School Health and Safety: In Jan. 2015, we released a comprehensive study of children's health and safety in Illinois, pointing out that charter schools were exempt from most of the minimum health and safety requirements applicable to public schools statewide. We worked with diverse stakeholders—including the Illinois Network of Charter Schools, which was originally opposed—to successfully pass legislation filed by Rep. Robyn Gabel, and later signed into law by Gov. Bruce Rauner, to ensure that all students in charter schools receive the same health and safety protections quaranteed to public school students across the state.



Protecting Very Sick Children from Institutionalization: In late 2014, all of our medical partners at children's hospitals across the region began referring numerous clients to us because Illinois' Medicaid program had eliminated or drastically reduced in-home nursing services that allowed children with severe health conditions to live with their families and outside of hospitals and nursing homes. As a result, we became co-counsel in M.A. v. Narwood, challenging the legality of the standard adopted by the state to assess medical need for in-home nursing services for children, as well as a related class action pursued later in fiscal year 2016. This ongoing advocacy also makes fiscal sense, as it is a greater burden to taxpayers to institutionalize these children instead of adopting less costly, community-based solutions.

Client spotlight: Sharifa

Fourteen-year-old Sharifa lives with her grandmother, Rose, her only familial caregiver. Sharifa faces six complex medical conditions and developmental delays. She can't walk, talk, or feed herself, and she must have five daily breathing treatments and continuous oxygen in order to breathe.

Sharifa receives 56 hours per week of nursing services through the Medicaid Nursing and Personal Care Program. These nursing services are medically necessary and provide Rose some respite from the enormous responsibility that taking care of Sharifa entails. Although Sharifa's physician recommended the nursing services be increased to 84 hours per week, the state decided she needed only 24 – a cut that would have been devastating to the family

Yes, 24. That's the number that the state deemed adequate for Sharifa's care, even after her physician recommended an increase to 84 hours per week last year.

Sharifa's physician referred Rose to Chicago Medical-Legal Partnership for Children for help. Along with co-counsel, we brought a class action challenging the legality of this decision on behalf of Sharifa and hundreds of other children like her. The federal court issued a stay halting the reduction of nursing services and allowing children with significant medical impairments to remain at home with their families.



funding and administration

July 1, 2014 to June 30, 2015

EXPENSES BY CATEGORY

PROGRAM SERVICES	76%	\$1,403,692
ADMINISTRATION	13%	255,834
FUNDRAISING	11%	199,543
	TOTAL EXPENSES	\$1,859,069
REVENUES BY CATEGORY		
GOVERNMENT	32%	\$671,109
FOUNDATIONS	30%	639,808
INDIVIDUALS / EVENTS	8%	164,866
CY PRES AWARDS	0%	0
CORPORATE SUPPORT	5%	95,644
EARNED INCOME	19%	404,715
IN-KIND PROFESSIONAL SERVICES	6%	140,801
	TOTAL REVENUES	\$2,116,943

financial statement

Statement of Activities and Changes in Net Assets Year Ended June 30, 2015

	Unrestricted	Temporarily Restricted	Total
REVENUES & OTHER SUPPORT			
Public Support			
Government Grants	\$ 671,109		671,109
Foundations and Individual Contributions	539,033	294,000	833,033
In-Kind Professional Services	140,801		140,801
Net assets released from restriction	189,000	(189,000)	
Cy Pres distributions			
Special events			
Gross Proceeds	93,170		93,170
Direct Expenses	(25,884)		(25,884)
TOTAL PUBLIC SUPPORT	1,607,229	105,000	1,712,229
Other Revenue			
Program services fees	401,989		401,989
Investment Income	2,725		2,725
TOTAL REVENUE	2,011,943		2,116,943
EXPENSES			
Program Services	\$ 1,403,692		1,403,692
Management and General	255,834		255,834
Fundraising	199,543		199,543
TOTAL EXPENSES	1,859,069		1,859,069
CHANGE IN NET ASSETS	152,874	105,000	257,874
NET ASSETS BEGINNING OF YEAR	1,183,357	189,000	1,372,357
NET ASSETS, END OF YEAR	1,336,231	294,000	1,630,231

community support

July 2014 to June 2015

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Ryan White HIV/AIDS Program, Parts A & B Illinois Department of Public Health
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