UNION COMMUNITY CARE

Union Community Care @ Hourglass Lancaster

Our Purpose

At Union Community Care, we stand for whole health to help you live your fullest life.

UNION COMMUNITY CARE

Our Vision

Vibrant and healthy communities supported by inclusive healthcare that embraces each member's unique culture, needs, and values, and emboldens them to make healthful choices that fuel their well-being and the well-being of others.

UNION COMMUNITY CARE

Our Guiding Goals

- Empower a Culture of Purpose and Connection
- Deliver Operational Excellence with Impact
- Grow with Purpose to Reach More People
- Innovate With and For the Community
- Integrate Technology to Advance Innovation and Access

UNION COMMUNITY CARE

Our C.A.R.E. Values

- **Common Ground for the Greater Good** - We connect authentically and embrace tough conversations to uncover new ideas and perspectives that spark creative solutions, advancing the greater good for our communities.
- **Advocating for Change** - Whether leading or supporting, we advocate to eliminate health disparities by prioritizing affordability, excellence, and equity so everyone can thrive.
- **Rethinking Health** - Transforming health begins with empowered care. We dig in to the underlying factors that shape health, innovate what we do and how we do it, and create lasting impact for the communities we serve.
- **Engaging as Good Neighbors** - We seek opportunities to grow, improve, and scale our services. We are deeply embedded in the communities we serve, seeing and valuing each other as brave, complex, and unique human beings.

Here's What Makes Union Truly Different

- We're a **community-led care movement**
- We're a **home for whole health** – where medical, dental, behavioral, and social support services work together.
- We're a **workplace that empowers** – where leadership isn't a title, it's a mindset. Through our Empowerment Model, everyone has the space to lead, grow, and thrive.
- We're also a cornerstone of **local health and economic vitality** – saving families money, keeping workers healthy, building the healthcare workforce, and making healthcare more efficient for everyone.

Overview of the U.S. Health Insurance Crisis

Insurance Affordability
Insurance premiums and deductibles have risen faster than wages, reducing affordability for many families.

Coverage Instability
Employment changes and gig work cause frequent insurance disruptions, affecting continuous care access.

Medicaid Redetermination Challenges
Millions lose Medicaid due to administrative errors despite eligibility, impacting vulnerable populations.

Strain on Safety-Net Providers
Community health organizations face growing demand and financial strain from uninsured patients.

Key Drivers Behind the Current Insurance Instability

Rising Healthcare Costs

Healthcare cost increases make insurance more expensive, shifting costs to patients through premiums and copayments.

Medicaid Coverage Unwinding

Ending of Medicaid continuous coverage leads to many losing insurance due to procedural issues, not eligibility.

Employer Insurance Challenges

Rising costs cause employers to reduce benefits or increase employee costs, limiting coverage accessibility.

Administrative & Market Fragmentation

Complex enrollment and fragmented insurance markets lead to coverage gaps and care disruptions, especially for vulnerable groups.

Direct Impact on Union Community Care and Its Patients

Increased Patient Complexity
Uninsured patients often present with advanced conditions due to delayed care, raising clinical demands.

Financial and Operational Strain
Rising uninsured patient volume increases reliance on sliding fees and grants, while reimbursement lags behind costs.

Administrative Workload Increase
Frequent insurance changes require staff to handle verification, eligibility, and patient education tasks intensively.

Patient Trust and Engagement
Navigating insurance confusion impacts patient trust; the clinic supports patients as both provider and guide.

UNION COMMUNITY CARE

Together.

STREET MEDICINE

Bianca Cruz DNP, CRNP

STREET MEDICINE

The direct delivery of health care to people experiencing homelessness (PEH).

Meeting patients where they are - on the streets, in encampments and other nontraditional settings while addressing both the immediate medical needs and the broader social determinants that impact health.

PHILOSOPHY OF STREET MEDICINE

1. “Go to the People”
2. Flexible, reality-based approach
3. Non-judgmental care that values personal autonomy
4. Authenticity
5. Work as a multi-disciplinary team
6. Collaboration with others providing care or services
7. Show solidarity

STREET MEDICINE TEAM

- Core team of 2 half-time clinicians (MD and CRNP) with RN care manager
- Collaborative approach alongside multiple community agencies
- Shelter and street-based rounds every week in Lancaster City
- Consistent presence at several homelessness services providers county wide.
- Rotating visits to Columbia, Elizabethtown, Ephrata, Lincoln Highway corridor and other sites as needed
- Targeted outreach to hospitalized patients at LGH and LBHH

Vulnerabilities to homelessness

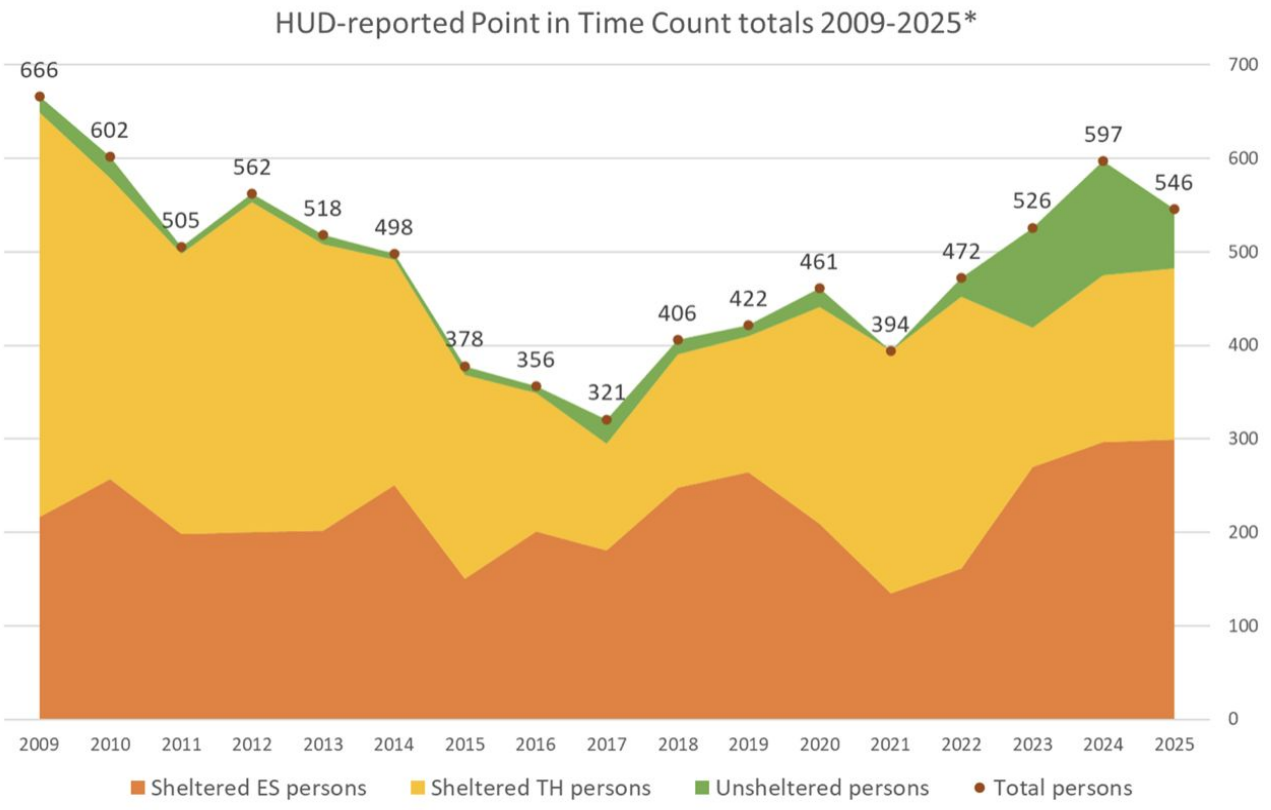
Rising Housing Costs

Adverse Childhood Experiences	Mental Health Problems	School Expulsion	Low Wages	Job Loss
Eviction	Divorce or Separation	Incarceration	Racial Minority Status	Family Violence
LGBTQ identity	Chronic Health Conditions	Medical Debt	Age	Cognitive Impairment

Low Supply of Affordable Housing

Homelessness in Lancaster – PIT Count 2025

- 9% decrease from 2024 in total count
- Unsheltered count remains historically high
- Extreme cold weather likely had an effect on 2025 count



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OFFICE FOR THE
Homelessness Coalition

HEALTHCARE UTILIZATION TRENDS

Boston: Patients averaged 10 ambulatory visits, 4 ED visits, and 1 hospital stay per year.

- $2036 per member per month vs $568 among the overall MassHealth population
- Almost half of total annual expenditures were incurred by 10% of the study population

Toronto: Rate ratios for homeless participants compared with matched controls were 1.76 for ambulatory care encounters, 8.48 for ED encounters, 4.22 for medical–surgical hospitalizations

- Estimated expenditures $5725 per person per year compared with $1500 for matched controls

STREET MEDICINE STATISTICS – 2024/2025

2024 - 466 distinct patients and 1196 encounters with hundreds more in formal encounters

2025 - 382 distinct patients and 1269 medical encounters

- Out of 2500 ED and hospital encounters at LGH in 2025, nearly 400 had a visit with us within 30 days

HOW

- Build trust and engage in trauma informed care through consistency and presence
- The healthcare environment itself can undermine treatment plans
- “Unsilo” care
- Measure differently

WITHOUT STABLE HOUSING

- Chronic disease management is much more difficult
- Recovery is fragile
- Hospital discharges/recovery plans can fail

You can treat infections, stabilize conditions but… discharging someone back to the street often undoes the care that was just provided.

PARTNERS

TENFOLD

LANCASTER CITY ALLIANCE

ANCHOR
Lancaster
EST. 1985

UNION
COMMUNITY CARE

PennState Health

ECHOS

THANK YOU

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Penn Medicine

WHAT WE'RE SEEING IN LANCASTER COUNTY

Access to Care in a Time of Coverage Instability

Tracey Lavallias
Executive Director Behavioral Health Service Line
Penn Medicine Lancaster General Health
May 1, 2026

What's Actually Happening

IT'S NOT JUST LOSS OF COVERAGE—IT'S INSTABILITY

Patients moving in and out of insurance coverage

Delayed care → higher acuity when they enter the system

Underinsurance limiting access to timely outpatient care

Where It Shows Up

SYSTEM IMPACT

- Increased pressure on emergency departments
- Growth in crisis presentations
- Longer wait times for outpatient behavioral health
- Navigation challenges for patients without system support

What We're Seeing Locally

LANCASTER COUNTY REALITY

- Increase in uninsured individuals presenting for care
- Higher utilization of crisis services (CWIC)
- Many eligible for Medicaid—but lack navigation support
- Growing reliance on grant and philanthropic funding to fill gaps

What We're Doing Differently

REDESIGNING ACCESS TO CARE

- Crisis Walk-In Center (front door alternative to ED)
- Integrated behavioral health in primary care
- Active support for Medicaid enrollment/navigation
- Community-based partnerships to close gaps

The Bigger Opportunity

WHERE WE GO FROM HERE

EARLIER ACCESS → BETTER OUTCOMES, LOWER COST

COMMUNITY + HEALTH SYSTEM ALIGNMENT IS CRITICAL

SUSTAINABLE FUNDING MODELS NEEDED BEYOND GRANTS

FOCUS ON ACCESS, NOT JUST CAPACITY

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