

Healthcare Transformation Collaboratives Cover Sheet



1. Collaboration Name: Developmental and Behavioral Health Pediatric Center

2. Name of Lead Entity: Saint Anthony Hospital

3. List All Collaboration Members:

(1) Saint Anthony Hospital, (2) Lawndale Christian Health Center, (3) Esperanza Health Centers, (4) NAMI Chicago, (5) Family Focus, (6) Carole Robertson Center for Learning, (7) Clinify Health, (8) Garfield Park Behavioral Hospital, (9) Health Care Council of Chicago, (10) Benford Brown & Associates, (11) PIE Org, (12) Skills for Chicagoland's Future

4. Proposed Coverage Area: West and Southwest Sides of Chicago

5. Area of Focus: (1) Child Behavioral Health, (2) Maternal and Child Health

6. Total Budget Requested: \$12,281,713.00

Form 0: Eligibility Screen

Does your collaboration include multiple, external entities?

Yes

Can any of these entities in your collaboration bill Medicaid?

Yes

Form 1: Participating Entities

1. What is the name of the lead entity of your collaborative?

Saint Anthony Hospital

2. Please provide primary contact information, secondary contact information, and the Tax ID # of each entity in your collaborative. Please list the lead entity in the top row.

Entity Name	Tax ID #	Primary Contact	Position	Email	Office Phone	Secondary Contact	Secondary Contact Position	Secondary Contact Email
Saint Anthony Hospital	51-0217097	Ellen Canter	Senior Director, Campaigns	ercanter@sahchicago.org	774-484-1912	Sarah Bergen	Grant Writer	sbergen@sahchicago.org
Lawndale Christian Health Center	36-3308953	Alyssa Sianghio	Vice President, External Affairs and Strategy	alyssasianghio@lawndale.org	872-588-3015	Andrew Koetz	Development Manager	andrewkoetz@lawndale.org
Esperanza Health Centers	32-0115907	Justin Hayford	Director of Government and Foundation Relations	jhayford@esperanzachicago.org	773-828-8270	Heidi Ortolaza-Alvear	Vice President of Strategy and Business Development	hortolaza@esperanzachicago.org
NAMI Chicago	36-3075407	Ben Frank	Chief Wellness Officer	ben@namichicago.org	312-563-0445	Rachel Bhagwat	Director of Policy	rachelb@namichicago.org
Family Focus	36-2884042	Dara Munson	President and Chief Executive Officer	Dara.munson@family-focus.org	312-421-5200 x111	Sherneron Hilliard	Senior Vice President of Programs and Impact	Sherneron.hilliard@family-focus.org
Carole Robertson Center for Learning	36-2882124	Ashley Nazarak	Vice President, Program and Scaling Dissemination	anazarak@caroleroberstoncenter.org	267-629-9291	David Walker	Director of Mental Health	dwalker@caroleroberstoncenter.org
Clinify Health	83-3220221	Nathan Pelzer	Chief Executive Officer	npelzer@clinifyhealth.com	312-471-5514 x1	Eric Peebles	Chief Technology Officer	epeebles@clinifyhealth.com
Garfield Park Behavioral Hospital	46-0775763	Patrick Sanders	Group Chief Operating Officer	Patrick.sanders@uhsinc.com	773-265-3738	Carol Kilgallon	Group Director of Business Development	Carol.kilgallon@uhsinc.com
Health Care Council of Chicago	84-3983128	Meghan Phillip	Executive Director	meghan@HC3.health ; meghan@thirdhorizonstrategies.com	630-309-1983	Sara Howe	Strategic Advisor	sara@thirdhorizonstrategies.com
Benford Brown & Associates	36-4124699	Kimi Ellen	Partner	kellen@benfordbrown.com	773-731-1300 x402	Erica M. Crook	Senior Manager	esellers@benfordbrown.com
PIE Org	47-5604485	Jay Wade	Executive Director	jay@pieorg.org	615-513-9104	Laura Watzke	Business Manager	laura@pieorg.org
Skills for Chicago-land's Future	45-1287418	Chelsey Echevarria	Manager of Neighborhood Impact Consulting	cechevarria@skillsforchicagoland.com	727-422-1777	Kim Dole	Director of Business Development and Operations	kdole@skillsforchicagoland.com

3. Please confirm that you have entered the required information for each entity in the table above, including secondary contact information and Tax ID #.

I confirm

1. Are there any primary or preventative care providers in your collaborative?

Yes

1A. Please enter the names of entities that provide primary or preventative care in your collaborative.

- Saint Anthony Hospital
- Lawndale Christian Health Center
- Esperanza Health Centers

2. Are there any specialty care providers in your collaborative?

Yes

2A. Please enter the names of entities that provide specialty care in your collaborative.

- Saint Anthony Hospital
- Garfield Park Behavioral Hospital

3. Are there any hospital services providers in your collaborative?

Yes

3A. Please enter the name of the first entity that provides hospital services in your collaborative.

Saint Anthony Hospital

3B. Which MCO networks does this hospital participate in?

- YouthCare
- Blue Cross Blue Shield Community Health Plan
- CountyCare Health Plan (Cook County only)
- IlliniCare Health
- Meridian Health Plan (Former Youth in Care Only)
- Molina Healthcare

3C. Are there any other hospital providers in your collaborative?

Yes

3D. Please give the name of your second hospital provider here.

Garfield Park Behavioral Hospital

3E. Which MCO networks does this hospital participate in?

- YouthCare
- Blue Cross Blue Shield Community Health Plan
- CountyCare Health Plan (Cook County only)
- IlliniCare Health
- Meridian Health Plan (Former Youth in Care Only)
- Molina Healthcare

3F. Are there any other hospital providers in your collaborative?

No

4. Are there mental health providers in your collaborative?

Yes

4A. Please enter the name of the entities that provide mental health services in your collaborative.

- Saint Anthony Hospital
- Garfield Park Behavioral Hospital
- Lawndale Christian Health Center
- Esperanza Health Centers
- NAMI Chicago

5. Are there any substance use disorder services providers in your collaborative?

Yes

5A. Please enter the names of entities that provide substance abuse disorder services in your collaborative.

- Saint Anthony Hospital
- Garfield Park Behavioral Hospital
- Lawndale Christian Health Center
- Esperanza Health Centers

6. Are there any social determinants of health services providers in your collaborative?

Yes

6A. Please enter the names of entities that provide social determinants of health services in your collaborative.

- Saint Anthony Hospital
- Lawndale Christian Health Center
- Esperanza Health Centers
- NAMI Chicago
- Family Focus
- Carole Robertson Center for Learning
- Health Care Council of Chicago
- PIE Org
- Skills for Chicagoland's Future

7. Are there any safety net or critical access hospitals in your collaborative?

Yes

7A. Please list the names of the safety net and/or critical access hospitals in your collaborative.

- Saint Anthony Hospital

8. Are there any entities in your collaborative that are either certified by the Illinois Business Enterprise Program (BEP) or not-for-profit entities that that are majorly controlled and managed by minorities?

Yes

8A. Please list the names of the entities in your collaborative that are either certified by the Illinois Business Enterprise Program (BEP) or not-for-profit entities that that are majorly controlled and managed by minorities.

- BEP Certified
 - Clinify Health
 - Benford Brown & Associates
- Not-for-Profit Entities Majorly Controlled and Managed by Minorities (as defined by leadership and board member racial/ethnic minority representation of at least 50%)
 - Esperanza Health Centers
 - Lawndale Christian Health Center
 - Saint Anthony Hospital
 - PIE Org
 - Garfield Park Behavioral Hospital

9. Please list the Medicaid-eligible billers (firms that can bill Medicaid for services) in your collaborative, and the Medicaid ID for each.

- Saint Anthony Hospital
 - 510217097009
- Esperanza Health Centers
 - California: 320115907002
 - Little Village: 320115907003
 - Marquette: 320115907004
 - Brighton Park: 320115907005

- Vida Pediatrics: 320115907006
- Lawndale Christian Health Center
 - 363308953001
- Garfield Park Behavioral Hospital
 - 2329835704003

10. Below are high-level descriptions of project types that appeared in the Transformation funding statute. Check any that apply to your project; if none apply, please provide a brief description of what kind of entities comprise your collaboration. (This question is informational only and will not affect your eligibility).

- Safety Net Hospital Partnerships to Address Health Disparities
- Safety Net plus Larger Hospital Partnerships to Increase Specialty Care
- Hospital plus Other Provider Partnerships in Distressed Areas to Address Health Disparities (led By Critical Area Hospitals, Safety Net Hospitals or other hospitals in distressed communities)

Form 2: Project Description

- 1. Provide an official name for your collaboration. NOTE: Please ensure that this name matches the name given in the "Application Name" field in the Project Information form at the beginning of the application.**

Developmental and Behavioral Health Pediatric Center (DBHPC)

- 2. Provide a one to two sentence summary of your collaboration's overall goals.**

The DBHPC Collaborative proposes an innovative structure for a Behavioral Health Home (BHH) serving children, adolescents, and families on the west and southwest sides of Chicago. The purpose is threefold: (1) To expand access to developmental health providers to conduct assessments and provide services including occupational, speech, and physical therapy, (2) To expand access to pediatric behavioral health providers to address the growing mental, emotional, and behavioral health needs of children and adolescents, and (3) To address the social and structural determinants of health through care coordination, case management, peer support services, home visiting, policy and advocacy, localized hiring, workforce development, data sharing, and collaborative learning.

- 3. Detailed Project Description: Provide a narrative description of your overall project, explaining what makes it transformational. Specify your service area, identify the healthcare challenges it faces, and articulate your goals in addressing these challenges; explain your strategy and how it addresses the causes of these challenges, and lay out the expected timeframe for the project. Describe any capital improvements, new interventions, delivery redesign, etc. Your narrative should explain the need for each significant item in your budget, clarifying how each connects to the overall goals and operations of the collaboration.**

The Developmental and Behavioral Health Pediatric Center (DBHPC) serving the west and southwest sides of Chicago will improve critical access to pediatric behavioral and developmental health providers through a Behavioral Health Home model. The DBHPC Collaborative ("Collaborative") is led by Saint Anthony Hospital, a community-based safety net hospital, and includes federally qualified health centers (FQHCs), an inpatient pediatric behavioral health hospital, community-based organizations, a Business Enterprise Program (BEP) population health tech company, a BEP fiscal intermediary, and an evaluator specializing in assessment through a racial equity lens. Health and social inequities rooted in systemic racism and chronic disinvestment have persisted and worsened on the west and southwest sides of Chicago. Transformational change catalyzed by robust, hyper-local, cross-sector collaboration is necessary to address these significant inequities and disrupt the status quo. In alignment with IHFS' goal to reorient our healthcare delivery system in Illinois around people and communities, the DBHPC will provide community-centric, specialized developmental and behavioral health services, linkage to primary healthcare, clinical and social determinants of health (SDOH) care coordination, peer support services, home visiting, case management, and implement community-led policy and advocacy campaigns.

Pediatric Behavioral and Developmental Health Inequities on the West and Southwest Sides

Inadequate pediatric behavioral and mental health services have significantly impacted children and families on the west and southwest sides of Chicago for generations. As demonstrated in the Data Support section of our proposal, the combined burden of inaccessible healthcare, a severe shortage of providers, inadequate insurance coverage, and culturally unresponsive care results in adverse life outcomes such as suicide, substance use, inability to live independently, justice involvement, school dropout, economic hardship, and physical health problems (American Psychological Association, 2017). According to the CDC, COVID-19 exacerbated mental health issues among children with the proportion of mental health-related emergency department visits among adolescents in 2020 increasing by 31% compared to 2019 (Leeb et al., 2020). Lack of access to behavioral and mental health care disproportionately impacts children from underserved, under-resourced, communities of color as demonstrated by our service area's designation as a Mental Health Professional Shortage Areas (HPSA).

Furthermore, unaddressed developmental health issues in early childhood, middle childhood, and adolescence are also of critical concern for the Collaborative. As with other health conditions,

communities of color experience vast inequities surrounding developmental and rehabilitative conditions. According to a study published in the *Journal of Autism and Developmental Disorders*, African American children are diagnosed with autism spectrum disorder (ASD) at least 1.5 years later when compared to their white peers (Bishop-Fitzpatrick and King, 2017). Lack of access to screening and diagnostics results in a compromised and limited window of opportunity for accessing early intervention services proven to significantly improve outcomes and quality of life. The Collaborative seeks to increase access to developmental health screenings, diagnostics, and services, particularly during critical periods of development to decrease the striking inequities impacting Black and Latinx children in our community.

Project Description and Goals

Recognizing the profound need to address inequities surrounding pediatric behavioral and developmental health, the DBHPC Collaborative formed with the shared goal of providing family-centered, culturally competent, and integrated developmental and behavioral health care to our youngest community members. The Collaborative recognizes early childhood, middle childhood, and adolescence as critical periods during which support and evidence-based interventions are crucial to identifying, preventing, and treating developmental and behavioral health concerns. Too often, Black and Latinx children residing in economically disinvested communities lack access to the same level of services as children in more resourced communities, further perpetuating structural inequities leading to adverse life outcomes.

Every collaborator identified in this proposal provides, to varying degrees, for the biopsychosocial needs of our population, however, integration of services must occur for optimal treatment and service delivery. A BHH is the model the Collaborative is using for the integration of behavioral and physical health care.

The Collaborative will identify and rent space located on the southwest side of Chicago which will provide a physical structure for the BHH. The goal will be the provision of a comprehensive assessment team focusing on physical, developmental, and behavioral health (mental health and substance use), and the SDOH serving as barriers to securing quality care. Appropriate services, treatment-based referrals, and the provision of care coordination, case management, peer support, and educational support will also be provided. A focus on workforce development and localized hiring will also be critical components of this proposal. Finally, the project will be supported through a combined database, financial integration, and services provided by an external evaluator.

The Collaborative is comprised of partner organizations primarily serving the west and southwest sides of Chicago. The Collaborative is robust, addressing both healthcare needs and SDOH and extending across sectors, with representation from the healthcare, family support, childcare, policy, advocacy, workforce development, health-tech, finance, and evaluation sectors. The Collaborative is comprised of the following partner organizations:

Biopsychosocial Partners:

- **Saint Anthony Hospital (SAH):** An independent, community safety net hospital dedicated to serving the needs of more than 600,000 residents living primarily in Chicago's west and southwest sides. SAH has been a State of Illinois designated Children's Hospital since 2018. Pediatric care offered at SAH includes inpatient and outpatient services, an EDAP (Emergency Department Approved for Pediatrics), inpatient and specialty care, neonatology, and pediatric specialists. SAH has also partnered with the University of Chicago Comer's Children Hospital to bring pediatric specialists closer to the community. Additionally, SAH offers outpatient clinic locations providing primary care to children, adolescents, and families.
- **Lawndale Christian Health Center (LCHC):** A FQHC modeled as a Patient Centered Medical Home (PCMH) providing a wide range of comprehensive primary care, dental, optometry, and support services for pediatric patients and their families, including well-child visits, immunizations, school and sports physicals, sick visits, and immediate care. Additionally, licensed psychologists and pre- and post-doctoral students offer behavioral health consultations and services including individual and group therapy. LCHC also specializes in substance use treatment.

- Esperanza Health Centers: A FQHC modeled as a Patient Centered Medical Home providing services in both English and Spanish, including sick and well-child visits, school physicals, immunizations, obesity and asthma counseling, and after-hours pediatric services. Consultation for behavioral health needs is provided in areas including anxiety, depression, life challenges, trauma, and family issues. Psychiatry and substance use services are also available.

Biopsychosocial Partners:

- Garfield Park Behavioral Hospital (GPBH): A free-standing psychiatric hospital focusing exclusively on inpatient and outpatient treatment of children and adolescents. GPBH provides inpatient treatment for children 3-11 with behavioral or emotional issues requiring 24-hour care. A partial hospitalization program is designed for school-age children who may benefit from therapeutic services but who do not require 24-hour monitoring. The adolescent inpatient treatment program is for individuals ages 12-17, with specialized programs for LGBTQ adolescents, youths who are at risk for sex trafficking or who have been previously involved, and a program for youths exhibiting sexualized symptoms. A partial-hospital program is also available for adolescents.
- NAMI Chicago: A community-based, mental health advocacy organization dedicated to breaking down barriers to mental health care through the delivery of peer-led supportive services, training and education, advocacy, and outreach. NAMI Chicago is the local affiliate of the National Alliance on Mental Illness.

Biopsychosocial Partners:

- Carole Robertson Center for Learning: A community-based organization providing an array of child-focused programming, including education and school readiness, youth and leadership development, advocacy research and publication, and childcare networking.
- Family Focus: A community-based organization with a site in the Lawndale community providing early childhood development, youth development, and family support services through developmental screenings, parenting education workshops, evidence-based early childhood education, prenatal education and birthing support, family goal setting, pre-literacy learning activities, and father engagement.
- Skills for Chicagoland's Future: A public-private partnership working to match businesses that have current, unmet hiring needs with qualified, unemployed, and underemployed job seekers.

Integrative Partners:

- Clinify Health: A BEP, minority-owned health tech and value-based care enablement company focused exclusively on supporting providers caring for underserved communities to drive improved financial stability, remove barriers to healthcare access, and improve health outcomes of their communities by addressing culturally meaningful clinical, social, and behavioral components of population health. Specific to this proposal, Clinify will provide a method of unified system integration that cultivates, combines, and manages EHR, financial, and social datasets to support tailored value-based care delivery.
- Benford Brown & Associates: A BEP, minority-led, and woman-owned full-service CPA firm providing auditing, accounting, tax, and small business consulting services.
- Planning, Implementation, & Evaluation (PIE) Org: A community-based organization specializing in external evaluation, strategic planning, and evaluation coaching with expertise in leading large groups of diverse stakeholders.
- Health Care Council of Chicago (HC3): Co-convened by Third Horizon Strategies and MATTER, HC3 is an action-oriented collaborative that brings leaders from across the health care ecosystem together to solve our city's most important health-related issues.

A Shared Model of Care

Serving communities on the west and southwest sides of Chicago (See Attachment A: Zip Codes and Community Areas to be Served), the DBHPC will utilize an interdisciplinary, shared model of care to address inequities surrounding pediatric behavioral developmental health and SDOH. The Collaborative

will focus on the Child Behavioral Health and Maternal and Child Health Quality Pillars through the improved integration of physical and behavioral health, improved transitions of care from inpatient to community-based services and expanded access to prevention-based services to reduce avoidable psychiatric hospitalizations and emergency department visits.

The proposed staffing model is comprised of three teams: Behavioral Health, Developmental Health, and Supportive Services. The teams will be co-located in the physical space of the DBHPC to foster integrated care, shared care planning, and warm hand-offs. Please see Attachment B: Proposed Staffing Model and Attachment C: Projected Patient Visits for more information on the center's projected patient volume.

Behavioral Health Team

The Behavioral Health (BH) Team will include Pediatric Psychiatrists, Pediatric Psychiatric Nurse Practitioners, Medical Assistants, LCSW/LPC Therapists, LCSW/LPC Interns, Behavioral Health Clinicians, and a MSW Care Manager for a total of 16.4 FTE staff. The BH Team will operate on a split schedule, ensuring equitable access to services with clinic hours outside of the traditional workday. In collaboration with the Developmental Health and Supportive Services Teams, the BH Team will carry out a variety of pediatric outpatient evidence-based evaluations, treatments, and interventions:

- Psychiatric diagnostic evaluations
- Medication management
- Individual, family, and group psychotherapy
- Social-emotional learning groups
- Psychiatry e-consults to FQHCs

The BH Team will collaborate closely with Garfield Park Behavioral Hospital to transition youth receiving inpatient care to outpatient support at the DBHPC. A LGBTQ+ Care Manager will work specifically with the LGBTQ+ population receiving care through Garfield Park's Polaris Program to provide affirming transition of care support and care management.

Developmental Health Team

The Developmental Health (DH) Team will include Clinical Child Psychologists, Occupational Therapists, a Speech Therapist, a Physical Therapist, a Medical Assistant, Home Visitors, a Home Visiting Project Manager, a Service Coordinator, and a Program Assistant for a total of 11.85 FTE staff. Due to the shortage of providers trained in conducting psychological assessments, the Clinical Child Psychologist will primarily conduct assessments and link children with school-based services or services at the DBHPC. The DH Team will collaborate with the School Services Care Coordinator to ensure children with developmental concerns are linked to assessment services at the DBHPC.

Additionally, the DBHPC will provide home visiting services for children ages 0-5 through Family Focus using the Parents as Teachers (PAT) curriculum. The PAT curriculum includes: (1) Promoting positive parenting behaviors and child development through parent-child activities, (2) Providing development-centered parenting focusing on the link between child development and parenting on key developmental topics (e.g., attachment, discipline, health, nutrition, safety, sleep, transitions/routines, healthy births), (3) Working collaboratively with families to identify, set, and achieve goals that lead to positive outcomes, and (4) Focusing on family strengths, capabilities, skills, and the building of protective factors. Home Visitors will also monitor development by assessing cognitive, language, social-emotional, and motor skills progress and screening for delays or concerns in vision, hearing, and health. Furthermore, home visitors will conduct adult screenings to identify parental depression, substance abuse, and intimate partner violence, all of which impact a child's development. Socialization Groups following the Group Collections curriculum will also be offered twice a month for parents to attend with their child to obtain information and receive support from their peers. Group Connections formats include family activities, presentations, community events, parent cafes, and ongoing groups.

DH Team services will include:

- Developmental screenings
- Home visiting (Parents as Teachers)

- Parent socialization groups (Group Connections)
- Developmental test administration
- Emotional/Behavioral assessments
- Psychological testing evaluations
- PT, OT, and Speech evaluations
- Therapeutic exercise and activities
- Treatment of speech, language, voice, communication and/or auditory processing disorder

Supportive Services Team

The Supportive Services Team will collaborate closely with both the BH and DH Teams to provide care coordination, case management, peer support services, and implement policy and advocacy campaigns. According to the Agency for Healthcare Research and Quality, care coordination is a recognized best practice, patient-centered approach to support the continuum of care and is an essential intervention for our community area. A team of 7 FTE Care Coordinators and Peer Support staff will work in conjunction with clinicians to screen patients and their families for SDOH, provide personalized closed-loop referrals through NowPow, a web-based referral tool, and conduct outreach to schools, community-based organizations, primary and specialty care providers, to link patients to additional care.

Care Coordinators will collaborate with Garfield Park Behavioral Hospital and SAH's Emergency Department (ED) to identify pediatric patients who have been hospitalized for mental illness to conduct timely follow-up and linkage to outpatient care. A LGBTQ+ Care Manager will provide affirming and comprehensive support to LGBTQ+ youth who have been hospitalized for mental illness and for youth seeking outpatient support. Additionally, a Clinical Manager will link individuals in crisis calling NAMI Chicago's Mental Health Helpline to services at the DBHPC, and a Clinical Support Manager will help individuals with intensive case management needs.

The Supportive Services Team will leverage a Peer Support Model. According to Mental Health America, peer support programs are an evidence-based practice, enhancing hope and social networking through role modeling and activation (2021). The lived experience of peer support workers provides invaluable knowledge, empowerment, and system navigation as children and families cope with mental health. A Peer and Family Support Manager will engage family units and children in their recovery efforts by providing education, serving as a family advocate, and coordinating support groups and family education workshops.

The Collaborative will also leverage Clinify, an integrated population health data sharing platform, to support the sharing of real-time data across partner organizations. Clinify will integrate with the EHRs of healthcare partners, and non-healthcare partners will have access to the platform as well. The integrated platform will enable optimized clinical decision support, helping all members of the patients' clinical, social, and behavioral care team operate in a coordinated matter. Additionally, the platform will support the screening, identification, and management of behavioral/mental health needs and preventive clinical services. Patients who require a behavioral-based screening or patients with an existing medical condition requiring ongoing care will be flagged to ensure all needs are addressed. Through the platform's Specialty Care Hub, providers will also be able to provide referrals and return information to a patient's primary care provider in order to close the communication loop.

Finally, the Collaborative will address the structural determinants of health by conducting policy and advocacy campaigns led by NAMI. The Collaborative will engage with providers and community members to organize and execute a grass-roots legislative advocacy campaign to promote the Collaborative's service model which requires state funding for sustainability, scalability, and health equity. Additionally, the Health Care Council of Chicago (HC3) will harness the power of its diverse membership to strategically disseminate information, best practices, and conduct technology transfer to expand impact across Chicago's healthcare sectors through reports, virtual and in-person learning opportunities, and member networks. HC3 will also convene a learning collaborative to advance structural change among project participants and beyond.

The Collaborative will be evaluated by PIE, a Chicago-based provider of evaluation, strategic planning, and capacity building services. With experience leading large groups of diverse stakeholders, particularly in the North Lawndale community, PIE will engage with key stakeholders and community members

through a listening tour, quarterly meetings, a data audit, and community engagement sessions to evaluate the DBHPC through a racial equity lens.

For more details about the DBHPC's model of care, please see Attachment D: Logic Model and Attachment E: Description of Partner Roles.

Project Budget and Timeframe

The Collaborative respectfully requests \$12,281,713 in HTC funding over five years to support our integrated Behavioral Health Home model. The overall five-year cost of the project is \$28,469,218, with \$15,787,504 projected in revenue for new billable services and a \$400,000 philanthropic contribution from the SAH Foundation. Additional budget details are presented in the budget template.

Months 1-9 of the project will consist of planning and development, clinic procurement and set-up, staff recruitment and hiring, and workforce development and training. The Collaborative will begin providing services during Month 10 of Year 1 and will continue providing integrated services throughout the duration of the project. Please see the Milestones section for additional details on project timeframe and a Gantt Chart detailing monthly activities for Year 1.

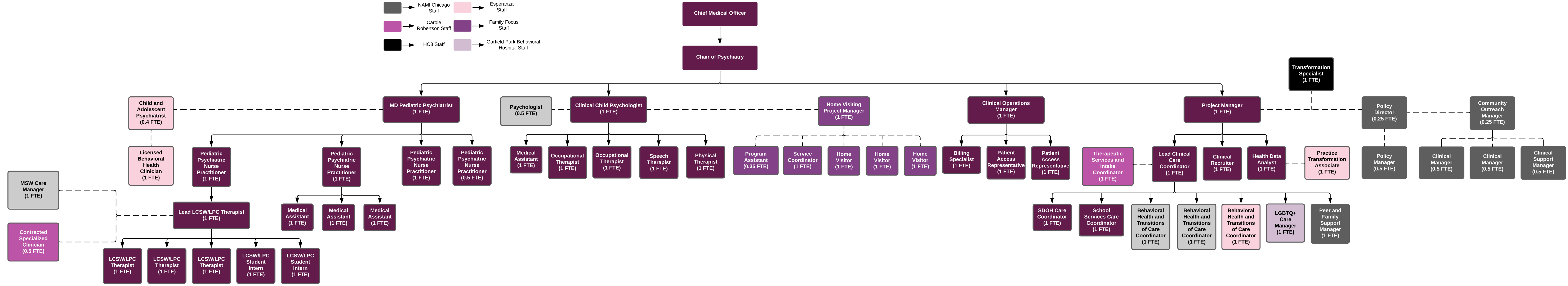
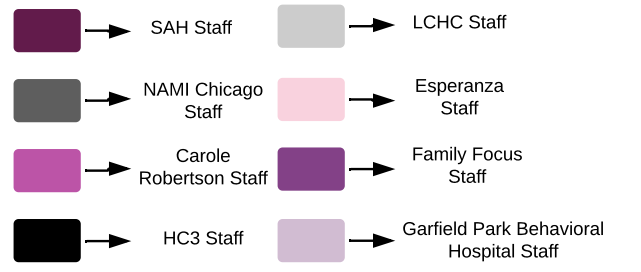
Attachment A: Zip Codes and Community Areas to be Served

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Zip Code	Community Area(s)
60402	Berwyn (suburbs)
60608	Lower West Side, Bridgeport, McKinley Park, Near West Side, South Lawndale, North Lawndale
60609	Fuller Park, New City, McKinley Park, Bridgeport, Grand Boulevard, Armour Square, Gage Park, Washington Park, Douglas, Brighton Park
60612	East Garfield Park, Near West Side, Humboldt Park, West Town, North Lawndale
60623	North Lawndale, South Lawndale
60624	Archer Heights, Brighton Park, Gage Park, West Elsdon, South Lawndale, Garfield Ridge
60629	Chicago Lawn, West Lawn, West Elsdon, Gage Park, Clearing, Ashburn, Garfield Ridge
60632	Archer Heights, Brighton Park, Gage Park, West Elsdon, South Lawndale, Garfield Ridge
60638	Clearing, Garfield Ridge
60644	Austin
60651	Humboldt Park, Austin
60652	Ashburn, West Lawn
60804	Cicero (suburbs)

Attachment B: Proposed Staffing Model

Key

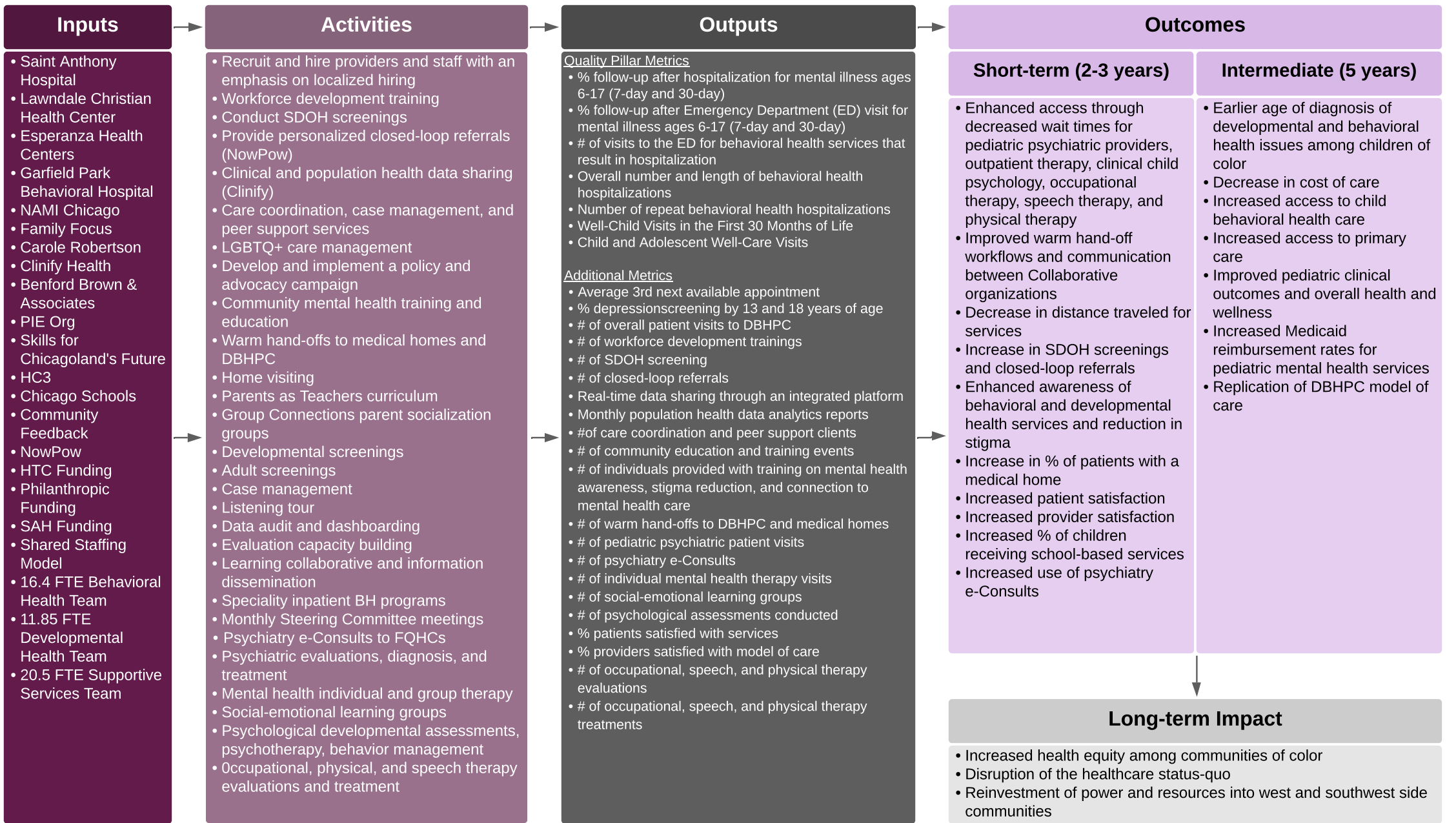


Attachment C: Projected Patient Visits over 12 Months

Attachment C: Projected Patient Visits over 12 Months*		
Service	Patient Visits	Justification
Pediatric Psychiatry	17,640	75 visits/week per 1 FTE (75 x 4.9 FTE x 48 weeks = 17,640) <ul style="list-style-type: none"> MD Pediatric Psychiatrist: 1 FTE Pediatric Psychiatric Nurse Practitioners: 3.5 FTE Child and Adolescent Psychiatrist: 0.4 FTE
Mental Health Therapy	7,680	30 visits/week per 1 FTE (30 x 4 FTE x 48 weeks = 5,760) <ul style="list-style-type: none"> LCSW/LCPC Therapist: 4 FTE 20 visits/week per 1 FTE LCSW Intern (20 x 2 FTE x 48 weeks = 1,920) <ul style="list-style-type: none"> LCSW/LCPC Student Intern: 1 FTE
Clinical Child Psychology	1,080	15 visits/week per 1 FTE (15 x 1.5 FTE x 48 weeks = 1,080) <ul style="list-style-type: none"> Clinical Child Psychologist: 1 FTE LCHC Psychologist: 0.5 FTE
Occupational Therapy	2,880	30 visits/week per 1 FTE (30 x 2 FTE x 48 weeks = 2,880) <ul style="list-style-type: none"> Occupational Therapist: 2 FTE
Speech Therapy	1,440	30 visits/week per 1 FTE (30 x 1 FTE x 48 weeks = 1,440) <ul style="list-style-type: none"> Speech Therapist: 1 FTE
Physical Therapy	1,440	30 visits/week per 1 FTE (30 x 1 FTE x 48 weeks = 1,440) <ul style="list-style-type: none"> Physical Therapist: 1 FTE
TOTAL	32,160	

*Visit counts do not include Care Coordination clients. Visit counts are based on the DBHPC being fully staffed.

Attachment D: Logic Model



Assumptions

- The Collaborative will work together closely to improve patient outcomes, leveraging the assets of respective partner organizations
- In the foreseeable future, Medicaid reimbursement rates for pediatric mental health services will increase leading to the sustainability of the DBHPC

External Factors

- The impact of COVID-19 continues to contribute to the worsening of pediatric behavioral and mental health issues
- The current federal, state, and city administrations are prioritizing health equity and an investment in communities of color

Attachment E: Description of Partner Roles

Attachment E: Description of Partner Roles

Organization	Role	Staff included in Budget
Saint Anthony Hospital	<ul style="list-style-type: none"> • Serve as the Collaborative’s lead organization • Provide project management and clinic oversight • Provide behavioral and developmental health services • Provide care coordination • Provide psychiatry eConsults to FQHC partners • Conduct data analysis in collaboration with PIE (evaluator) 	<ul style="list-style-type: none"> • 1 FTE Pediatric Psychiatrist • 3.5 FTE Pediatric Psychiatric Nurse Practitioner • 4 FTE LCSW/LPC Therapist • 2 FTE LCSW/LPC Student Intern • 1 FTE Clinical Child Psychologist • 2 FTE Occupational Therapist • 1 FTE Speech Therapist • 1 FTE Physical Therapist • 4 FTE Medical Assistant • 1 FTE Clinical Operations Manager • 2 FTE Patient Access Representative • 1 FTE Billing Specialist • 1 FTE Project Manager • 1 FTE Clinical Recruiter • 1 FTE Health Data Analyst • 1 FTE Lead Clinical Care Coordinator • 1 FTE SDOH Care Coordinator • 1 FTE School Services Care Coordinator
Lawndale Christian Health Center	<ul style="list-style-type: none"> • Serve as a patient-centered medical home for pediatric patients • Facilitate warm hand-offs to DBHPC • Provide care coordination and transitions of care support • Participate in data sharing • Provide psychological assessments • Provide care management 	<ul style="list-style-type: none"> • 1 FTE MSW Care Manager • 0.5 FTE Psychologist • 2 FTE Behavioral Health and Transitions of Care Coordinators
Esperanza Health Centers	<ul style="list-style-type: none"> • Serve as a patient-centered medical home for pediatric patients • Facilitate warm hand-offs to DBHPC • Provide care coordination and transitions of care support • Participate in data sharing • Provide psychiatric services and mental health therapy • Provide data collection and analysis support 	<ul style="list-style-type: none"> • 0.4 FTE Child and Adolescent Psychiatrist • 1 FTE Licensed Behavioral Health Clinician • 1 FTE Pediatric Behavioral Health Care Coordinator • 1 FTE Practice Transformation Associate
Garfield Park Behavioral Hospital	<ul style="list-style-type: none"> • Serve as a preferred partner for patients in need of inpatient BH services • Facilitate warm hand-offs to DBHPC for outpatient services • Provide the following specialty clinical programs: <ul style="list-style-type: none"> ○ Worthy Program: an acute inpatient program for adolescents who are at risk of being sex trafficked or have experienced it ○ Polaris: an inpatient psychiatric unit for sexual and gender minorities, serving ages 12 to 17. Provides a place where gender and sexual minority adolescents can receive affirming psychiatric care ○ YESS: a specialty program designed to address specific treatment issues related to youths who display sexually problematic behaviors 	<ul style="list-style-type: none"> • 1 FTE LGBTQ+ Care Manager

	<ul style="list-style-type: none"> • Participate in data sharing 	
Family Focus	<ul style="list-style-type: none"> • Provide home visits to implement the Parents as Teachers curriculum and provide developmental monitoring and screenings • Provide socialization groups (Group Connections) for parents and children to obtain information and social support and share experiences with their peers • Provide targeted case management to families • Facilitate warm hand-offs to DBHPC for diagnostic evaluations and services • Participate in data sharing 	<ul style="list-style-type: none"> • 3 FTE Home Visitors • 1 FTE Project Manager • 1 FTE Service Coordinator • 0.35 FTE Program Assistant
Carole Robertson Center for Learning	<ul style="list-style-type: none"> • Provide care coordination for critical therapeutic services for children and families • Provide cognitive behavioral therapy at Centers • Facilitate warm hand-offs to DBHPC for diagnostic evaluations and services • Participate in data sharing 	<ul style="list-style-type: none"> • 1 FTE Therapeutic Services and Intake Coordinator • 0.5 FTE Contracted Specialized Clinician
NAMI Chicago	<ul style="list-style-type: none"> • Provide care coordination through NAMI Chicago's Helpline, to support connection and system navigation for individuals connected with the collaborative • Coordinate DBHPC specific support groups, family education, and engage community members in providing community-based support • Organize and execute a legislative advocacy campaign to promote the models and services developed out of the collaborative that should be sustainably funded • Train FQHC staff and other provider partners on mental health awareness concepts, linkage and connection to the collaborative, and self-care • Train community members as a preventive approach to the collaborative's efforts, focused on mental health awareness concepts and linkage and connection to mental health care 	<ul style="list-style-type: none"> • 1 FTE Peer and Family Support Manager • 0.25 FTE Policy Director • 0.5 FTE Policy Manager • 0.25 FTE Community Outreach Manager • 1 FTE Clinical Manager • 0.5 FTE Clinical Support Manager
Clinify Health	<ul style="list-style-type: none"> • Develop and implement an integrated population health data sharing platform which will capture relevant data needed for all members of the program staffing model to communicate with each other and their patients, risk-stratify patients based on clinical and social needs, and monitor/measure the impact of interventions that take place as part of the patient's individualized care plan and medical needs. 	
Benford Brown & Associates	<ul style="list-style-type: none"> • Serve as the fiscal agent for the DBHPC 	
PIE	<ul style="list-style-type: none"> • Serve as the evaluator for the DBHPC • Conduct a Listening Tour with all project stakeholders and community members to identify goals, capacities, needs, and equity priorities • Conduct a data audit to understand historical referral systems and baseline data prior to the start of the project • Provide capacity building support for all partners to implement, scale, and administer key data collection practices • Engage with community members to understand ways the project can better support needs and improve services • Conduct data collection and dashboarding • Develop an annual report and conduct a data walk with 	

	all partners to review findings and lessons learned each year	
Skills for Chicagoland's Future	<ul style="list-style-type: none"> • Provide location and site selection services for the Center location, including consultation and information regarding labor market and location analysis, development of site selection criteria, and consultation on the site launch plan • Provide hyper-local staff recruitment support for the following positions: 1 FTE Lead Clinical Care Coordinator, 1 FTE SDOH Care Coordinator, 1 FTE School Services Care Coordinator, 4 FTE Medical Assistants, 1 FTE Billing Specialist, and 2 FTE Patient Access Representatives 	
Health Care Council of Chicago (HC3)	<ul style="list-style-type: none"> • Harness the power of its diverse membership to strategically disseminate information, best practices, and conduct technology transfer to expand impact across Chicago's healthcare sectors • Conduct research on health inequities in the Chicago market to complement project goals. HC3 would disseminate the findings of this market analysis to Project leadership as well as key stakeholders in the Chicago market to advance project goals • Create a learning collaborative to advance change management strategies among project participants and beyond 	<ul style="list-style-type: none"> • 1 FTE Transformation Specialist

Citations

- American Psychological Association. (n.d.). *Promoting awareness of children's mental health issues*. Promoting Awareness of Children's Mental Health Issues. Retrieved October 12, 2021, from <https://www.apa.org/advocacy/health/children>.
- Leeb, R., Bisko, R., Radhakrishnan, L., Martinez, P., Njai, R., & Holland, K. (2020, November 12). *Mental health–related emergency department visits among children aged 18 years during the covid-19 pandemic - United States, January 1–October 17, 2020*. Centers for Disease Control and Prevention. Retrieved October 12, 2021, from <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>.
- Bishop-Fitzpatrick, L., & Kind, A. J. H. (2017, November). *A scoping review of health disparities in autism spectrum disorder*. Journal of autism and developmental disorders. Retrieved October 12, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5693721/>.
- Mental Health America. (2021). *Peer Services*. Mental Health America. Retrieved October 12, 2021, from <https://www.mhanational.org/peer-services>.

Form 3: Governance Structure

1. Please describe in detail the governance structure of your collaboration and explain how authority and responsibility will be distributed and shared. How will policies be formulated and priorities set?

The Collaborative will be governed by a Steering Committee with shared representation from each organizational partner and community members. Each partner organization will select two staff members to sit on the Steering Committee for a total of 24 partner organization members. Additionally, five members of the community will be recruited to serve on the Steering Committee. Each partner organization will nominate two community members to serve on the Steering Committee and provide a statement of support for their nomination. The partner organizations will then vote on which community members will join the Steering Committee. Community members will be compensated for their time. Steering Committee members will have an equal vote on all matters.

The Steering Committee may also elect to form subcommittees to facilitate the work of the collaborative, including, but not limited to, Data Quality, Finance, and Policy and Advocacy subcommittees. Subcommittees will be formed at the discretion of the Steering Committee as needs for more targeted working groups arise.

The Steering Committee will develop a charter to guide its work including problem statements, goals, and guiding principles. As indicated by signed Letters of Commitment, each partner organization pledges to adhere to the Collaborative's policies and to act honestly, prudently, ethically, and in good faith regarding the Collaborative (See Attachment A: Letters of Commitment). During Year 1 of the collaborative, the Steering Committee will meet at least monthly to guide strategic planning of the initiative and the recruitment and hiring of providers and staff. In Years 2-5, the Steering Committee will likely shift to quarterly meetings as the project enters its implementation phase. Major responsibilities of the Steering Committee include:

- Oversee the strategy and vision of the collaborative
- Monitor performance, outcomes, and impact and utilize findings to refine the collaborative's goals and objectives
- In collaboration with Clinify, establish a data sharing plan to enable real-time sharing of data among partners
- Leverage organizational assets to recruit and hire providers and staff
- In collaboration with Benford Brown & Associates (fiscal agent), establish billing policies and procedures to ensure funds are properly disbursed to each partner organization
- Review education, outreach, and training strategies through a racial equity lens
- Serve as an ambassador for the DBHPC and participate in advocacy for sustainable models of care for pediatric developmental and behavioral health
- Establish subcommittees as needed
- Participate in monthly meetings during Year 1 and quarterly meetings during Years 2-5

The DBHPC Project Manager will be a non-voting member of the Steering Committee responsible for facilitating meetings, maintaining meeting minutes, and sharing out programmatic, operational, and financial updates.

A new legal entity will not be created to govern the Collaborative. The Collaborative will execute a joint venture agreement outlining the individual functions of each partner organization and establishing the terms for day-to-day management. Additionally, a Business Associate Agreement will be executed to ensure the sharing of Protected Health Information (PHI) is adequately safeguarded. Benford Brown & Associates, a State of Illinois BEP certified CPA firm, will act as the fiscal agent of the collaborative and will be responsible for ensuring the project adheres to the budget and payments are directed to partner organizations as outlined.

2. How will collaborating entities be made accountable for achieving desired outcomes? How will the collaboration be made accountable for acting prudently, ethically, legally, and with extensive participation from each participating entity? What methods will be used to enforce policy and procedure adherence?

The Collaborative is committed to our shared community and to improving life outcomes for children. During the first three months of the funding period, the Steering Committee will establish accountability measures, including processes for developing corrective action plans, to be approved by a majority of members through a shared decision-making process.

Additionally, PIE, the Collaborative's evaluator, will implement a listening tour during Year 1 with all project partners and community members to identify goals, capacities, needs, and equity priorities for the Collaborative. Culturally responsive and equitable evaluation practices will be leveraged to rigorously document implementation and impact from the perspective of community members and providers. Through these methods, the Collaborative will be held accountable for achieving desired outcomes defined by the community. Dashboards will be created in a shared data platform powered by Clinify to consistently monitor program implementation and impact across partners and in real time. PIE will provide evaluation coaching to the Collaborative by working on-site with partners and community members to build capacity to implement and sustain evaluation practice.

3. Will a new umbrella legal entity be created as a result of your collaboration?

No

4. How will you ensure direct payments to providers within your collaboration are utilized for your proposed program's intended purpose? If the plan is to use a fiscal intermediary, please specify.

Benford Brown & Associates (BB&A) will serve as the fiscal intermediary for the Collaborative. BB&A is a multi-office, State of Illinois BEP certified CPA firm with over 15 years of fiscal agent experience with various nonprofit organizations and the fiscal intermediary for proposals funded in the first round of HTC. To ensure direct payments to providers within the Collaborative are utilized for the intended purpose, BB&A will provide the following services:

- Recording detailed funding source vouchers and invoices program and funding source
- Recording detailed vendor bills by program and funding source in accordance with the cost allocation plan
- Recording cash receipts and applying to vouchers and invoices when applicable
- Recording cash disbursements and applying to vendor bills when applicable
- Performing reconciliations of accounts receivable
- Performing reconciliations of accounts payable (reconciliations of each collaborative partner account)
- Performing reconciliations of bank accounts
- Performing reconciliations of any credit cards, line of credit and long-term debt accounts, if applicable
- Preparing payrolls for all employees and issue year-end tax documents, if applicable
- Preparing journal entries to recognize depreciation, if applicable
- Preparing journal entries to recognize allowance for uncollectible accounts, if applicable
- Preparing monthly and year-to-date statements of financial position, activities and changes in net assets, cash flows, and functional expenses
- Preparing monthly and year-to-date budget-to-actual statement of activities by program
- Preparing analysis of monthly financial statements using standard industry key performance indicators and ratios and prior period financial information
- Preparing financial schedules and information requested for annual financial audit
- Preparing financial statement footnotes, as necessary
- Monitoring the cost allocation plan and update, as necessary
- Monitoring budget and recommending updates for annual/upcoming budgets
- Designing and documenting reporting between BB&A and the DBHPC and monitor compliance, as necessary
- Documenting workflow of all accounting and financial reporting processes. As capacity increases, monitor and update workflow design and documentation
- Implementing software for encrypted file sharing between the DBHPC and BB&A
- Identifying, reviewing, documenting, and implementing IT policies and procedures, as necessary

- Developing and implementing a Request for Proposal for annual audit services if they are requested in addition to the normal Saint Anthony Hospital audit. Circulate RFP to audit firms in Illinois, as applicable
- Reviewing audit proposals and providing a list of qualified proposers to management
- Functioning as liaison between the audit firm and the organization
- Preparing for year-end audit, if applicable
- Working with the Saint Anthony financial team to ensure seamless reporting between this collaborative's financial information and the Saint Anthony financial information

Attachment A: Letters of Commitment



8334 South Stony Island Avenue
Chicago, IL 60617
(773) 731-1300
Fax (773) 731-1301
www.benfordbrown.com

October 28, 2021

Theresa Eagleson, Director

Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

On behalf of Benford Brown and Associates, LLC, I would like to extend my full commitment and support for the following goals of Saint Anthony Hospital's (SAH) Developmental and Behavioral Health Pediatric Center (DBHPC):

- Expand access to pediatric mental health providers, including psychiatrists, to address the growing mental, emotional, and behavioral health needs of children
- Expand access to developmental health providers to conduct assessments and provide supportive services, including occupational, speech, and physical therapy
- Provide comprehensive care coordination and transitions of care support to families to ensure interrelated medical, social, developmental, behavioral, educational, and financial needs are addressed

Benford Brown and Associates, LLC is well-informed about this initiative, and we share an interest in improving mental, behavioral, and developmental health outcomes and expanding access to services for children on the west and southwest sides of Chicago. If awarded funding, our organization will work with SAH and other partner organizations to support the goals of the DBHPC Collaborative.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care to the low-income, uninsured, and underinsured community members our organizations serve. We look forward to supporting SAH in this initiative.

Sincerely,

A handwritten signature in black ink that reads 'Kimi L. Ellen'.

Kimi L. Ellen, CPA
Partner
Benford Brown & Associates, LLC



1111 S. Western Ave. Suite B
Chicago, IL 60612
tel 312.243.7300
fax 312.243.4881
carolerobertsoncenter.org

2929 W. 19th St.
Chicago, IL 60623
tel 773.521.1600
fax 773.521.3617

3701 W. Ogden Ave.
Chicago, IL 60623
tel 773.522.8400
fax 773.522.8403

CAROLE ROBERTSON CENTER
for Learning

November 1st, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

On behalf of Carole Robertson Center for Learning, I would like to extend my full commitment and support for the following goals of Saint Anthony Hospital's (SAH) Developmental and Behavioral Health Pediatric Center (DBHPC):

- Expand access to pediatric mental health providers, including psychiatrists, to address the growing mental, emotional, and behavioral health needs of children
- Expand access to developmental health providers to conduct assessments and provide supportive services, including occupational, speech, and physical therapy
- Provide comprehensive care coordination and transitions of care support to families to ensure interrelated medical, social, developmental, behavioral, educational, and financial needs are addressed

Carole Robertson Center for Learning is well-informed about this initiative, and we share an interest in improving mental, behavioral, and developmental health outcomes and expanding access to services for children on the west and southwest sides of Chicago. If awarded funding, our organization will work with SAH and other partner organizations to support the goals of the DBHPC Collaborative.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care to the low-income, uninsured, and underinsured community members our organizations serve. We look forward to supporting SAH in this initiative.

Sincerely,

Sonja Knight
Chief Programs and Impact Officer

10/27/2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

On behalf of Clinify Inc. (d.b.a. – Clinify Health), I would like to extend my full commitment and support for the following goals of Saint Anthony Hospital's (SAH) Developmental and Behavioral Health Pediatric Center (DBHPC):

- Expand access to pediatric mental health providers, including psychiatrists, to address the growing mental, emotional, and behavioral health needs of children
- Expand access to developmental health providers to conduct assessments and provide supportive services, including occupational, speech, and physical therapy
- Provide comprehensive care coordination and transitions of care support to families to ensure interrelated medical, social, developmental, behavioral, educational, and financial needs are addressed

Clinify Health is well-informed about this initiative, and we share an interest in improving mental, behavioral, and developmental health outcomes and expanding access to services for children on the west and southwest sides of Chicago. If awarded funding, our organization will work with SAH and other partner organizations to support the goals of the DBHPC Collaborative.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care to the low-income, uninsured, and underinsured community members our organizations serve. We look forward to supporting SAH in this initiative.

Sincerely,

Nathan Pelzer

Nathan Pelzer
Chief Executive Officer



1940 S. Western Ave, Suite 205
Chicago, IL 60608
773-584-6200
www.esperanzachicago.org

October 6, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson:

On behalf of Esperanza Health Centers, I would like to extend my full commitment and support for the following goals of Saint Anthony Hospital's (SAH) Developmental and Behavioral Health Pediatric Center (DBHPC):

- Expand access to pediatric mental health providers, including psychiatrists, to address the growing mental, emotional, and behavioral health needs of children
- Expand access to developmental health providers to conduct assessments and provide supportive services, including occupational, speech, and physical therapy
- Provide comprehensive care coordination and transitions of care support to families to ensure interrelated medical, social, developmental, behavioral, educational, and financial needs are addressed

Esperanza is well-informed about this initiative, and we share an interest in improving mental, behavioral, and developmental health outcomes and expanding access to services for children on the west and southwest sides of Chicago. If awarded funding, our organization will work with SAH and other partner organizations to support the goals of the DBHPC Collaborative.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care to the low-income, uninsured, and underinsured community members our organizations serve. We look forward to supporting SAH in this initiative.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Dan Fulwiler", is written over a faint, light-colored signature line.

Dan Fulwiler, MPH
President & CEO



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*Denotes Member, Center
Advisory Council
†Denotes deceased member

October 21, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

On behalf of Family Focus, I would like to extend my full commitment and support for the following goals of Saint Anthony Hospital's (SAH) Developmental and Behavioral Health Pediatric Center (DBHPC):

- Expand access to pediatric mental health providers, including psychiatrists, to address the growing mental, emotional, and behavioral health needs of children
- Expand access to developmental health providers to conduct assessments and provide supportive services, including occupational, speech, and physical therapy
- Provide comprehensive care coordination and transitions of care support to families to ensure interrelated medical, social, developmental, behavioral, educational, and financial needs are addressed

Family Focus is well-informed about this initiative, and we share an interest in improving mental, behavioral, and developmental health outcomes and expanding access to services for children on the west and southwest sides of Chicago. If awarded funding, our organization will work with SAH and other partner organizations to support the goals of the DBHPC Collaborative.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care to the low-income, uninsured, and underinsured community members our organizations serve. We look forward to supporting SAH in this initiative.

Sincerely,

Shereron Hilliard

Senior Vice President of Program and Impact

November 8, 2021

Theresa Eagleson, Director

Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

On behalf of Garfield Park Behavioral Hospital (GPH), I would like to extend my full commitment and support for the following goals of Saint Anthony Hospital's (SAH) Developmental and Behavioral Health Pediatric Center (DBHPC):

- Expand access to pediatric mental health providers, including psychiatrists, to address the growing mental, emotional, and behavioral health needs of children
- Expand access to developmental health providers to conduct assessments and provide supportive services, including occupational, speech, and physical therapy
- Provide comprehensive care coordination and transitions of care support to families to ensure interrelated medical, social, developmental, behavioral, educational, and financial needs are addressed

GPH is well informed about this initiative, and we share an interest in improving mental, behavioral, and developmental health outcomes and expanding access to services for children on the west and southwest sides of Chicago. If awarded funding, our organization will work with SAH and other partner organizations to support the goals of the DBHPC Collaborative.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to collaborate and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care to the low-income, uninsured, and underinsured community members our organizations serve. We look forward to supporting SAH in this initiative.

Sincerely,



Patrick Sanders, MS, MA, MHA
Group Chief Operating Officer

November 3, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

On behalf of the Health Care Council of Chicago (HC3), I would like to extend my full commitment and support for the following goals of Saint Anthony Hospital's (SAH) Developmental and Behavioral Health Pediatric Center (DBHPC):

- Expand access to pediatric mental health providers, including psychiatrists, to address the growing mental, emotional, and behavioral health needs of children
- Expand access to developmental health providers to conduct assessments and provide supportive services, including occupational, speech, and physical therapy
- Provide comprehensive care coordination and transitions of care support to families to ensure interrelated medical, social, developmental, behavioral, educational, and financial needs are addressed

The Health Care Council of Chicago (HC3) is well-informed about this initiative, and we share an interest in improving mental, behavioral, and developmental health outcomes and expanding access to services for children on the west and southwest sides of Chicago. If awarded funding, our organization will work with SAH and other partner organizations to support the goals of the DBHPC Collaborative.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care to the low-income, uninsured, and underinsured community members our organizations serve. We look forward to supporting SAH in this initiative.

Sincerely,

A handwritten signature in black ink that reads "Meghan Phillipp". The signature is written in a cursive, flowing style.

Meghan Phillipp
Executive Director, Health Care Council of Chicago (HC3)

Thursday, October 28, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

On behalf of Lawndale Christian Health Center (LCHC), I would like to extend my full commitment and support for the following goals of Saint Anthony Hospital's (SAH) Developmental and Behavioral Health Pediatric Center (DBHPC):

- Expand access to pediatric mental health providers, including psychiatrists, to address the growing mental, emotional, and behavioral health needs of children
- Expand access to developmental health providers to conduct assessments and provide supportive services, including occupational, speech, and physical therapy
- Provide comprehensive care coordination and transitions of care support to families to ensure interrelated medical, social, developmental, behavioral, educational, and financial needs are addressed

LCHC is well-informed about this initiative, and we share an interest in improving mental, behavioral, and developmental health outcomes and expanding access to services for children on the west and southwest sides of Chicago. If awarded funding, our organization will work with SAH and other partner organizations to support the goals of the DBHPC Collaborative.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care to the low-income, uninsured, and underinsured community members our organizations serve. We look forward to supporting SAH in this initiative.

Sincerely,



Alyssa Sianghio
VP, External Affairs and Strategy
LCHC



Mental health
advocacy, education
and support.

10/12/2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

On behalf of NAMI Chicago, I would like to extend my full commitment and support for the following goals of Saint Anthony Hospital's (SAH) Developmental and Behavioral Health Pediatric Center (DBHPC):

- Expand access to pediatric mental health providers, including psychiatrists, to address the growing mental, emotional, and behavioral health needs of children
- Expand access to developmental health providers to conduct assessments and provide supportive services, including occupational, speech, and physical therapy
- Provide comprehensive care coordination and transitions of care support to families to ensure interrelated medical, social, developmental, behavioral, educational, and financial needs are addressed

Our organization is fully supportive of the initiative and shares an interest and commitment to improving mental, behavioral, and developmental health outcomes and expanding access to services for children on the west and southwest sides of Chicago. If awarded funding, our organization will work with SAH and other partner organizations to support the goals of the DBHPC Collaborative.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care to the low-income, uninsured, and underinsured community members our organizations serve. We look forward to supporting SAH in this initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "JMT".

Jennifer McGowan-Tomke
Chief Operating Officer, NAMI Chicago

10/28/2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

On behalf of Planning, Implementation & Evaluation Org (PIE), I would like to extend my full commitment and support for the following goals of Saint Anthony Hospital's (SAH) Developmental and Behavioral Health Pediatric Center (DBHPC):

- Expand access to pediatric mental health providers, including psychiatrists, to address the growing mental, emotional, and behavioral health needs of children
- Expand access to developmental health providers to conduct assessments and provide supportive services, including occupational, speech, and physical therapy
- Provide comprehensive care coordination and transitions of care support to families to ensure interrelated medical, social, developmental, behavioral, educational, and financial needs are addressed

PIE is well-informed about this initiative, and we share an interest in improving mental, behavioral, and developmental health outcomes and expanding access to services for children on the west and southwest sides of Chicago. If awarded funding, our organization will work with SAH and other partner organizations to support the goals of the DBHPC Collaborative.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care to the low-income, uninsured, and underinsured community members our organizations serve. We look forward to supporting SAH in this initiative.

Sincerely,

A handwritten signature in cursive script that reads "Jay Wade".

Jay Wade, Ph.D.
Executive Director, PIE Org

Nov 4, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

On behalf of Skills for Chicagoland's Future (Skills), I would like to extend my commitment and support for the following goals of Saint Anthony Hospital's (SAH) Developmental and Behavioral Health Pediatric Center (DBHPC):

- Expand access to pediatric mental health providers, including psychiatrists, to address the growing mental, emotional, and behavioral health needs of children
- Expand access to developmental health providers to conduct assessments and provide supportive services, including occupational, speech, and physical therapy
- Provide comprehensive care coordination and transitions of care support to families to ensure interrelated medical, social, developmental, behavioral, educational, and financial needs are addressed

Skills is informed about SAH's initiative to improve mental, behavioral, and developmental health outcomes and expand access to services for children and families on the west and southwest sides of Chicago. Skills serves as a business intermediary focused on increasing economic mobility for the under and unemployed in the Chicagoland region. With 70% of the 9,200+ placements residing in Chicago's South and West side communities, the work aligns with bringing equitable access to the same geographic focus as SAH. If funding is awarded, Skills will support SAH through our Neighborhood Impact Consulting line of service to provide consult on Location/Site Selection and Recruitment in support of the goals of the DBHPC Collaborative.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care to the low-income, uninsured, and underinsured community members our organizations serve. We look forward to supporting SAH in this initiative.

Sincerely,

Susan M. Dunseth

Susan M. Dunseth (Nov 4, 2021 12:11 CDT)

Vice President, Business Development

Form 4: Racial Equity

High-Level Narrative: A fundamental focus of healthcare transformation is racial equity. Please provide a high level description of how the design of your proposal incorporates racial equity. (Greater detail will be requested in the questions below.)

This proposal brings together community-centric providers that define services around community need to improve health outcomes and further community development. A large part of our identity is the community we serve. SAH's patient mix is approximately 66% Hispanic/Latinx and 23% Black, LCHC's is 56% Hispanic/Latinx and 40% Black, and Esperanza's is 93% Hispanic/Latinx. Our partners share this commitment, serving communities made up of more than 87% Black and Latinx residents.

Our Collaborative Commitment

The Collaborative is committed to providing patient-centered, culturally competent, respectful quality care to all our patients. People of color have been found to receive less (and often worse) medical care in part due to lower rates of health care coverage, communication barriers, and systemic racism resulting in medical mistrust.

First, the Collaborative is led by SAH, one of the few remaining community-based safety net hospitals. SAH never turns away or leaves behind anyone, regardless of insurance or ability to pay, and works tirelessly to address the challenges our families face. Our Community Wellness Program (CWP) provides all services free of charge, mitigating barriers related to cost which disproportionately affect racial and ethnic minorities and SAH's payor mix of 59% Medicaid and 35% Medicare.

Second, the Collaborative seeks to overcome communication barriers. The South Lawndale community, in particular, is home to a large population of immigrants. In this area, 61 percent of residents speak a language other than English and 28 percent report speaking English 'less than very well'. Likewise, more than 70% of Esperanza Health Centers' patients are best served in a language other than English. To meet the needs of second language learners, we offer services to patients in their preferred language and employ bilingual staff and clinicians. We also provide medical translation services, recognizing many clients can speak but cannot read or write and need assistance in translating and interpreting documents. With many multicultural and bilingual staff, we communicate with patients in their language of choice, including English, Spanish, Mandarin and/or Cantonese.

Finally, the Collaborative partners demonstrate a commitment to racial equity through its staff. We strive to elevate the voices and skills of our community members by prioritizing hiring from within the community. DBHPC organizations' staff are representative of the communities of color we serve with 33% identifying as Black/African American, 26.5% as Hispanic/Latino, 26.5% as white, and 10% as Asian. We provide cultural competency and implicit bias training for all staff on an ongoing basis.

Transforming Models of Care for Children

The Collaborative directly addresses racial inequities in health and SDOH outcomes affecting the communities we serve on the west and southwest sides of Chicago. We focus our attention on children as early intervention and quality care at a young age has lifelong impacts on health outcomes and intergenerational health.

The proposed Pediatric Developmental and Behavioral Health Center will transform the healthcare delivery model for Black and Latinx children through the following:

1. Establishing robust, cross-sector partnerships in the community by forming a Behavioral Health Home to better coordinate care and facilitate referrals, to ensure diverse community members have multiple entry points to care, including those community-based institutions they trust the most.
2. Addressing barriers to care disproportionately affecting Black and Latinx community members, including a lack of insurance, out-of-pocket cost, language, and health literacy.
3. Increasing the availability and quality of care to address inadequate early development screening and care, which is most prevalent among non-white populations, and a well-

documented shortage in child and adolescent mental health providers on the west and southwest sides of Chicago.

As part of this work, with the expertise of PIE and Clinify, we will continually monitor performance, evaluate outcomes and results, and invest in improvements to programs and services. PIE will serve as the project's evaluator and assess the program through a racial equity lens using culturally validated and reliable tools. Data will be delineated by race and ethnicity to ensure all are benefitting equally from our work and the community will be actively engaged throughout the project.

Racial Equity Impact Assessment Questions

1. Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal?

Communities of color served by the Collaborative will be most affected by and concerned with issues related to this proposal. Black/African American and Hispanic/Latinx communities on the west and southwest sides of Chicago have experienced significant inequities related to behavioral and developmental health for generations. The Collaborative aims to markedly increase the resources and services available to its community members, including quality healthcare services, to begin to address inequities stemming from the unequal allocation of power and resources.

2. Have stakeholders from different racial/ethnic groups — especially those most adversely affected or from vulnerable communities — been informed, meaningfully involved and authentically represented in the development of this proposal? Who's missing and how can they be engaged?

The Collaborative utilized a community-centered approach to inform the development of the proposal. SAH, LCHC, and Family Focus collaborated to deploy a Children's Behavioral Health Community Assessment Survey. The Collaborative engaged with community members in a variety of settings, including in-person in clinic waiting rooms, parent support groups, and through phone calls and emails. Bilingual Patient Navigators conducted in-person outreach and provided technical and language assistance to respondents who completed the self-administered survey on a tablet. Bilingual Case Managers conducted surveys through the phone with clients.

The total sample size inclusive of SAH, LCHC, and Family Focus is 65 respondents. Of those respondents, 46% reside in zip code 60623 (North and South Lawndale) and 17% reside in 60624 (West Garfield Park, East Garfield Park, Humboldt Park, and North Lawndale). The remaining respondents reside in the following zip codes: 60608, 60609, 60612, 60616, 60621, 60629, 60632, 60639, 60640, 60644, 60651, and 60659. Respondents identify as 70% Black/African American, 17% white, 10% other, 3% multi-racial, and 65% non-Hispanic and 35% Hispanic.

Survey results reinforced the significant need for additional behavioral health resources outlined in the IHFS Transformation Data and Community Needs Reports. Approximately 25% of respondents have attempted to access mental health services for their child, but only 33% of these individuals were successful in accessing services, indicating almost 70% of individuals could not access mental health services within the community. Additionally, 30% of respondents stated their child had shown signs of depression in the past 12 months, 29% had shown signs of fear, and 22% had shown signs of anxiety. Despite almost one-third of respondents indicating their child showed signs of depression, such as disinterest in activities, frustration, frequent crying, loss of focus, and decreased desire to be around people, only 11% had received a diagnosis of depression. Findings from the Children's Behavioral Health Community Assessment Survey are reflected in city and state-wide data provided throughout the proposal.

The Collaborative also engaged with local and state officials, including Congressman Danny K. Davis, State Senator Tony Muñoz, Alderman George Cardenas of the 12th Ward, Alderman Michael D. Rodriguez of the 22nd Ward and Alderman Michael Scott Jr. of the 24th Ward, to receive feedback on the proposal. Additionally, staff from each of the organizations in the Collaborative provided input on the proposal. Staff are representative of the communities served with 33% identifying as Black/African American, 26.5% as Hispanic/Latino, 26.5% as white, and 10% as Asian. At SAH, over one-third of staff reside in our immediate service area, which facilitates a community-led approach.

In future efforts to engage the community, the Collaborative will aim to reach a larger group of individuals by focusing on outreach and providing incentives for participation. Additionally, the Collaborative will utilize more robust forms of community engagement such as community forums and focus groups, rather than relying on surveys which can be limiting. The Collaborative will also engage with youth 1:1 to understand their perspective as the survey used to inform the proposal was completed by parents.

3. Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?

Non-Hispanic White communities are currently most advantaged by the issues this proposal seeks to address, while Black/African American and Hispanic/Latinx communities are the most disadvantaged. Communities of color in Chicago experience marked inequity in health indicated by the 8.8-year gap in life expectancy between Black and white Chicagoans, a gap that is widening.

To demonstrate the substantial level of inequity communities of color experience in regards to social and health outcomes, Chicago zip codes with predominantly White residents (60601, 60602, 60603, 60604, 60605, 60606, 60607, 60610, 60611, 60613, 60614, 60622, 60630, 60631, 60634, 60640, 60642, 60646, 60654, 60655, 60656, 60657, 60660 and 60661), were compared to predominantly Black/African American (60612, 60624, 60644, 60651 and 60652) and Hispanic/Latinx zip codes (60608, 60609, 60623, 60629, 60632 and 60638) in the Collaborative's service area across a number of indicators related to behavioral and developmental health (Chicago Health Atlas). Please see Attachment A: Racial Equity Assessment Evidence.

While there are significant health and social inequities in all communities served by the Collaborative compared to primarily White communities, inequities in predominantly Black/African American communities are more pronounced among most indicators when compared to predominantly Hispanic/Latinx communities. Predominantly Black/African American communities experience almost twice the rate of avoidable ED visits when compared to both predominantly White and Hispanic/Latinx communities, and twice the rate of preventable hospitalizations when compared to predominantly White communities, demonstrating the need for increased access to clinically appropriate care such as outpatient behavioral health services. Additionally, unemployment rates for both predominantly Black/African American and Hispanic/Latinx communities are approximately three times the rate of unemployment in predominantly White communities, underscoring the need for investment in communities of color, localized hiring, and workforce development opportunities.

Significant evidence exists demonstrating the vast inequities experienced by communities of color, and more evidence can be collected to show the full depth of the inequities. For example, due to insufficient resources, screenings for SDOH have not been universally implemented at healthcare organizations despite knowing SDOH account for more than 50% of health outcomes. By implementing SDOH screenings as a standard of care and systematically tracking this data, additional evidence about the issues faced by community members will be captured.

4. What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?

Inequities have been perpetuated by generations of structural racism sustained by macro-level mechanisms such as redlining, social segregation, discriminatory banking, mass incarceration, and community disinvestment. This socioeconomic and political context impacts an individual's overall health and wellness through SDOH such as access to healthcare, high quality education and jobs, and food. Systemic racism is pervasive, and despite increased recognition of the impact of racism, inequities have continued to expand. This proposal begins to address root causes by shifting resources and power into the communities the Collaborative serves. Instability is a byproduct of structural racism, and this proposal aims to provide further stability to the community through increased access to healthcare services, job opportunities, workforce development and community-based social services and increased power in decisions surrounding their community through participation in the Steering Committee, listening tours, community forums, and focus groups.

5. What does the proposal seek to accomplish? Will it reduce disparities or discrimination?

This proposal seeks to address inequities by providing prevention, screening, and treatment services for pediatric behavioral and developmental health issues. The Collaborative will address needs across the lifespan and the impact of discrimination by providing whole-family care, including services aimed at addressing SDOH. Services will focus on children and their parents in order to address the impact of intergenerational trauma and systemic racism. For example, during home visits, developmental screenings will be provided to children, and parents will also be screened for depression, substance use disorder, and intimate partner violence. The Collaborative recognizes the importance of intergenerational health and will therefore focus on providing support to the whole family as a means of reducing disparities and adverse childhood experiences. In addition to providing health and SDOH services, the proposal will create sustainable, transformative change through a grassroots advocacy campaign, learning collaboratives, workforce development, and community engagement.

6. What are negative or unforeseen consequences and positive impacts/opportunities for equity as a result of this proposal? Which racial/ethnic groups could be harmed or could benefit? How could adverse impacts be prevented/minimized and equitable opportunities be maximized?

The Collaborative's service area, comprised primarily of Black/African American and Hispanic/Latinx community members, could benefit or be harmed by this proposal. Providing culturally responsive care is a key component of this proposal, but inadvertently providing care that further stigmatizes or traumatizes community members could be an unforeseen consequence. To ensure culturally competent, trauma-informed care is provided, the Collaborative will prioritize local hiring and provide training to all staff. Additionally, progress monitoring will be utilized to ensure equity of outcomes, consistent feedback loops, and to address unforeseen consequences in real time. The Collaborative will be evaluated through a racial equity lens by PIE. All data collected will be disaggregated by race/ethnicity and all tools will be culturally validated and reliable. The diversity of PIE's Evaluation Team matches that of the community, and community members will be engaged throughout the project to maintain a community-centric approach.

7. Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

While increasing the overall number of behavioral and developmental health providers on the west and southwest sides is essential, ensuring these providers are representative of the communities served will provide the highest quality of care. The Collaborative will utilize a hyper-local approach, working alongside the communities we serve to ensure services are both available, and culturally responsive. Additionally, the Collaborative includes BEP partners Clinify Health and Benford Brown & Associates, and not-for-profit minority majority controlled and managed organizations, including Esperanza Health Centers, LCHC, SAH, PIE, and Garfield Park Behavioral Hospital. The proposal aims to address access gaps in the community and ensure providers are of, by, and for the community. The Collaborative will continue to assess provisions that should be added through ongoing monitoring, community engagement, and learning collaboratives.

8. Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement? Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

The Collaborative includes a diverse array of organizations spanning across the healthcare, family support, childcare, policy, advocacy, workforce development, health-tech, finance, and evaluation sectors. Each organization provides resources, services, and expertise essential to addressing inequities surrounding pediatric developmental and behavioral health. While the scope of this proposal is adequately funded, increased Medicaid reimbursement rates will be crucial to ensuring transformative changes are sustainable. Additionally, increasing the reimbursement rates will help to address the mental health provider shortage in disinvested areas by leading to more competitive wages for providers serving Medicaid populations. To ensure sustainability of the proposal, the Collaborative will develop and implement a community-led advocacy campaign. NAMI Chicago will organize and execute a legislative advocacy campaign to promote the models and services developed out the Collaborative that should be sustainably funded.

This proposal includes several provisions to ensure ongoing data collection, public reporting, stakeholder participation, and public accountability. To facilitate data collection, Clinify will develop an integrated data sharing platform with a customized dashboard to track success indicators and progress benchmarks in real time. Clinify will also build a communication platform which will facilitate provider-to-provider and provider-to-patient communication to ensure public accountability and stakeholder participation. PIE, the Collaborative's Evaluator, will engage with community members through listening tours, focus groups, and key stakeholder interviews. Additionally, five community members will sit on the Collaborative's Steering Committee to ensure the proposal continues to be community-led. The Health Care Council of Chicago will disseminate information, including best practices, to the larger healthcare community as a form of public reporting.

9. What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed?

The Collaborative has developed a robust data collection and evaluation plan. PIE will evaluate the Collaborative through a racial equity lens and disaggregate all data by race/ethnicity to ensure equitable implementation. Please see the Quality Metrics section for additional details on established progress benchmarks. Outside of established quality pillar metrics and clinical metrics, PIE will conduct a listening tour with the community and a data audit to establish additional goals, capacities, needs, and equity priorities for the Collaborative. The Steering Committee will include five community members who will participate in monthly meetings and have an equal vote on all matters.

Attachment A: Racial Equity Assessment Evidence

Attachment A: Racial Equity Assessment Evidence
Source: Chicago Health Atlas

Indicator	Definition	Predominantly non-Hispanic White Communities	Predominantly Black and African American Communities	Predominantly Hispanic and Latinx Communities
Avoidable ED Visit Rate	Age-adjusted rate of emergency department (ED) discharges that are non-urgent or primary care treatable (2017)	485.5 per 10,000 population	984 per 10,000 population	492 per 10,000 population
Uninsured Rate	Percent of residents without health insurance (at the time of the survey) (2015-2019)	6.1%	10.5%	14.3%
Preventable Hospitalization Rate	Age-adjusted rate of preventable hospitalization rates among adults (2017)	151.8 per 10,000 population	309.4 per 10,000 population	201.9 per 10,000 population
Behavioral Health Hospitalization Rate	Age-adjusted rate of behavioral health hospitalization discharges (2017)	212.5 per 10,000 population	337.5 per 10,000 population	140.4 per 10,000 population
High School Graduation Rate	Residents 25 or older with at least a high school degree: including GED and any higher education (2015-2019)	95.8%	79.7%	72.3%
Unemployment Rate	Percent of residents 16 and older in the civilian labor force who are actively seeking employment (2015-2019)	3.8%	13.4%	11%
Hardship Index	A composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies (2015-2019)	14.1	80.2	80.7

Form 5: Community Input

Service Area of the Proposed Intervention

- 1. Identify your service area in general terms (e.g., "West Chicago", "East St. Louis Metro Area", "Southeastern Illinois").**

West and Southwest Chicago

- 2. Please select all Illinois counties that are in your service area. (NOTE: Selecting a county does not mean that your intervention must service the entire county.) (Hold CTRL click on a PC or command click on a Mac to select multiple counties).**

Cook

- 3. Please list all zip codes in your service area, separated by commas.**

60402, 60608, 60609, 60612, 60623, 60624, 60629, 60632, 60638, 60644, 60651, 60652, 60804

Community Input

- 1. Describe the process you have followed to seek input from your community and what community needs it highlighted.**

When developing programs and services, SAH utilizes a community-centered approach. While the analysis of existing secondary data is an important aspect of program development, engaging with community members to understand their vision for their own community is critical to create equitable and sustainable programs.

Every three years, SAH conducts a comprehensive Community Health Needs Assessment (CHNA) to inform intersectional approaches to achieving health equity. SAH also regularly conducts community outreach to understand needs, including a COVID-19 Needs Assessment in September and October 2020. The Community Wellness Program (CWP) gathered feedback from clients about their experience regarding the social determinants of health during the pandemic, including lost income and experiences with utility shutoff, housing instability, loss of health insurance, barriers to e-learning, and access to public benefits, unemployment insurance and Medicaid/Medicare.

Findings from these resources demonstrate systemic racism, chronic disinvestment, and the inequitable allocation of resources have created a substantially greater burden of unmet social needs and adverse health outcomes for our community members. Data indicates SAH patients experience multiple challenges related to SDOH, such as food insecurity, insurance instability, unemployment, a lack of access to high quality education, neighborhood violence, domestic violence, and household poverty. SAH recognizes SDOH and structural racism must be addressed in order to provide whole-person care. This perspective is especially critical in meeting the needs of children and families, as they are more likely to experience poverty and less equipped with the resources to access care.

To inform the development of the DBHPC, SAH, LCHC, and Family Focus collaborated to deploy a Children's Behavioral Health Community Assessment Survey to our respective patient populations (See Attachment A: Community Assessment Survey—English and Spanish Versions).

SAH utilized JotForm, a HIPAA-compliant survey platform, to conduct surveys. Bilingual Patient Navigators conducted outreach to patients with children in SAH hospital and clinic waiting rooms, and Community Wellness Case Managers conducted surveys with clients through the phone. Surveys completed in-person were self-administered and available in both English and Spanish with patients completing the surveys on a tablet. Patient Navigators were available for any technical or language assistance needed. LCHC deployed their surveys through a patient newsletter, while Family Focus conducted surveys with Parent Support Group participants.

The total sample size inclusive of SAH, LCHC, and Family Focus is 65 respondents. Of those respondents, 46% reside in zip code 60623 (North and South Lawndale) and 17% reside in 60624 (West Garfield Park, East Garfield Park, Humboldt Park, and North Lawndale). The remaining respondents reside in the following zip codes: 60608, 60609, 60612, 60616, 60621, 60629, 60632, 60639, 60640, 60644, 60651, and 60659. Respondents identify as 70% Black/African American, 17% white, 10% other, 3% multi-racial, and 65% non-Hispanic and 35% Hispanic.

Survey results reinforced the significant need for additional behavioral health resources outlined in the IHFS Transformation Data and Community Needs Reports. Approximately 25% of respondents have attempted to access mental health services for their child, but only 33% of these individuals were successful in accessing services, indicating almost 70% of individuals could not access mental health services within the community. Additionally, 30% of respondents stated their child had shown signs of depression in the past 12 months, 29% had shown signs of fear, and 22% had shown signs of anxiety. Despite almost one-third of respondents indicating their child showed signs of depression, such as disinterest in activities, frustration, frequent crying, loss of focus, and decreased desire to be around people, only 11% had received a diagnosis of depression. Findings from the Children’s Behavioral Health Community Assessment Survey are reflected in city and state-wide data provided throughout the proposal.

The Collaborative will continue to seek the community’s input on an ongoing basis. PIE will conduct listening tours with the community during Year 1 and engage with the community throughout the duration of the project through focus groups, community forums, and key stakeholder interviews. The Steering Committee will also include five community members who will provide continuous input on the Collaborative’s work.

Input from Elected Officials

1. Did your collaborative consult elected officials as you developed your proposal?

Yes

1A. If you consulted Illinois federal or state legislators, please select all legislators whom you consulted.

- Senator Tony Munoz, 1st District
- Congressman Danny K. Davis, 7th District

1B. If you consulted local officials, please list their names and titles here.

- Alderman George Cardenas, 12th Ward of the City of Chicago
- Alderman Michael D. Rodriguez, 22nd Ward of the City of Chicago
- Alderman Michael Scott, Jr., 24th Ward of the City of Chicago

Attachment A: Community Assessment Survey—English and Spanish Versions

**Children's Behavioral Health Community Assessment Survey
Chicago Southwest Side Communities**

Name of Community and Zip Code: _____

Age of Child: _____ Male: _____ Female: _____

Race

White: _____ Black/African American: _____ Asian: _____ Multi Racial: _____ Other: _____

American Indian/Alaska Native: _____ Native Hawaiian/Pacific Islander: _____

Ethnicity

Hispanic/Latino: _____ Non-Hispanic/Latino: _____

- 1) Have you ever tried to access mental health services for your child? _____
- 2) Were you successful? _____ if no, skip questions 3 and 4.
- 3) If yes, approximately how many weeks before you got an appointment? _____
- 4) How many total mental health appointments has your child had? _____
- 5) In the past 12 months has your child shown any of the following:

<p>Anxiety: Yes _____ No _____ Refuse _____ Don't know _____</p>	<p>If yes, how have you seen this displayed? Restlessness _____ Insomnia _____ Fatigue _____ Headaches _____ Nausea _____ Frequent urination or diarrhea _____ Chest Pain _____ Shortness of breath _____ Dizziness/lightheadedness _____</p>	<p>Approximately how many days per week did your child experience anxiety? 1-2 days _____ 3-5 days _____ More than 5 days _____</p>
<p>Sadness/Depression: Yes _____ No _____ Refuse _____ Don't know _____</p>	<p>If yes, how have you seen this displayed? Change in eating habits _____ Disinterest in hobbies or activities _____ Anger _____ Frustration _____ Frequent crying _____ Frequent temper tantrums _____ Distracted, loss of focus/memory _____ Extremely sensitive to scolding/criticism _____ _____ Recurring stomach aches _____ Recurring headaches _____ Decreased desire to be around people _____</p>	<p>Approximately how many days per week did your child experience sadness/depression? 1-2 days _____ _____ 3-5 days _____ More than 5 days _____</p>

Fear: Yes ___ No ___ Refuse ___ Don't know ___	If yes, how have you seen this displayed? Heart palpitations ___ Trembling ___ Avoiding places or people ___ Nightmares ___ Bedwetting ___ Loss of appetite ___ Lack of concentration ___ Extreme awareness, always alert, or on the lookout for potential danger ___	Approximately how many days per week did your child experience fear? 1-2 days ___ 3-5 days ___ More than 5 days ___
Suicidal Thoughts: Yes ___ No ___ Refuse ___ Don't know ___	If yes, how have you seen this displayed? Talking about suicide: I am going to kill myself, " " I wish I were dead," "I wish I was never born." ___	Approximately how many days per week did your child experience suicidal thoughts? 1-2 days ___ 3-5 days ___ More than 5 days ___

- 6) Has a doctor or other health care provider EVER told you that your child suffers from depression?
 Yes ___ No ___ Refuse ___ Don't know ___
- a. If yes, does your child CURRENTLY have the condition?
- 7) Has a doctor or other health care provider EVER told you that you child has anxiety?
 Yes ___ No ___ Refuse ___ Don't know ___
- a. If yes, does your child CURRENTLY have the condition?
- 8) During the past 12 months, did your child take any prescription medication to help with his/her emotions, concentration, behavior, or mental health?
 Yes ___ No ___ Refuse ___ Don't know ___
- 9) During the past 12 months, did your child receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?
 Yes ___ No ___ Refuse ___ Don't know ___
- 10) During the past 12 months, how often was your child bullied, picked on, or excluded by other children? Includes cyber bullying.
- 10 or more times ___
 5-10 times ___
 3-5 times ___
 1-2 times ___
 Never ___

- 11) On a scale of 1 to 5 (1 being no need, 5 being a high need) how would you rate the need for Substance Use Disorder services within your community?
- 1, 2, 3, 4, 5
- 12) On a scale of 1 to 5 (1 being no need, 5 being a high need) how would you rate the adequacy of available services for Substance Use Disorder within your community?
- 1, 2, 3, 4, 5
- 13) In the past 12 months have you or someone in your family received treatment for a Substance Use Disorder?
- Yes ____ No ____ Refuse ____ Don't know ____
- 14) Are you personally aware of where Substance Use Disorder treatments are available within your community, if you needed to refer someone?
- Yes, I know where to refer someone for Substance Use Disorder services: ____
- No, I don't know any local Substance Use Disorder services: ____
- Some, but I don't know all of what's available: ____
- 15) Which of the following services do you see as barriers for accessing local Substance Use Disorder services? In order of relevance, how would you rank these potential barriers to accessing local Substance Use Disorder services? (1 is the most important)
- Transportation Challenges: ____
- Lack of Awareness of Local Services: ____
- Language barriers: ____
- Inability to pay: ____
- Lack of insurance: ____
- Social perception: ____
- Availability of local treatment options (long wait times, etc.): ____
- 16) In order of relevance, how would you rank the importance of the following components to ensuring usage of Substance Use Disorder services in your community? (1 is most important)
- Community outreach: ____
- Full-service treatment options: ____
- Wraparound services like mental health care and social support: ____
- Financial assistance: ____
- One-stop-shop for all service types: ____

**Encuesta de evaluación comunitaria de salud conductual infantil
Comunidades del lado suroeste de Chicago**

Nombre de la comunidad y código postal: _____

Edad del niño/a: _____ Hombre: ____ Mujer: ____

Raza

Blanco: ____ Negro / Afroamericano: ____ Asiático: ____ Multirracial: ____ Otro: ____

Indio Americano / Nativo de Alaska: ____ Nativo de Hawái / De las Islas del Pacífico: ____

Etnicidad

Hispano / latino: ____ No hispano / latino: ____

- 1) ¿Ha intentado alguna vez acceder a servicios de salud mental para su hijo/a ? _____
- 2) ¿Tuviste éxito? _____ si no, omita las preguntas 3 y 4.
- 3) En caso afirmativo, ¿aproximadamente cuántas semanas antes de la cita? _____
- 4) ¿Cuántas citas de salud mental en total ha tenido su hijo/a ? _____
- 5) En los últimos 12 meses, su hijo/a mostró alguno de los siguientes síntomas:

<p>Ansiedad: Sí ____ No ____ Negar ____ No lo sé ____</p>	<p>Si es así, ¿cómo ha visto esto mostrado? Inquietud ____ Insomnio ____ Fatiga ____ Dolores de cabeza ____ Náuseas ____ Micción frecuente o diarrea ____ Dolor de pecho ____ Dificultad para respirar ____ Mareos / aturdimiento ____</p>	<p>Aproximadamente, ¿cuántos días a la semana experimentó su hijo/a ansiedad? 1-2 días ____ 3-5 días ____ Más de 5 días ____</p>
<p>Tristeza / Depresión: Sí ____ No ____ Negar ____ No lo sé ____</p>	<p>Si es así, ¿cómo ha visto esto mostrado? Cambio en los hábitos alimenticios ____ Desinterés por pasatiempos o actividades ____ Coraje ____ Frustración ____ Llanto frecuente ____ Rabietas frecuentes ____ Distraído/a, pérdida de concentración / memoria ____ Extremadamente sensible a los regaños / críticas ____ Dolores de estómago recurrentes ____ Dolores de cabeza recurrentes ____ Disminución del deseo de estar rodeado de personas ____</p>	<p>Aproximadamente, ¿cuántos días a la semana experimentó su hijo/a tristeza / depresión? 1-2 días ____ 3-5 días ____ Más de 5 días ____</p>

Temor: Sí ____ No ____ Negar ____ No lo sé ____	Si es así, ¿cómo ha visto esto mostrado? Palpitos del corazón ____ Temblando ____ Evitando lugares o personas ____ Pesadillas ____ Mojar la cama ____ Pérdida de apetito ____ Falta de concentración ____ Conciencia extrema, siempre alerta/o o atento a un peligro potencial ____	Aproximadamente, ¿cuántos días a la semana experimentó su hijo/a miedo? 1-2 días ____ 3-5 días ____ Más de 5 días ____
Pensamientos suicidas: Sí ____ No ____ Negar ____ No lo sé ____	Si es así, ¿cómo ha visto esto mostrado? Hablando de suicidio: me voy a suicidar, "Ojalá estuviera muerto", "Ojalá nunca hubiera nacido". ____	Aproximadamente, ¿cuántos días a la semana experimentó su hijo/a pensamientos suicidas? 1-2 días ____ 3-5 días ____ Más de 5 días ____

6) ¿ALGUNA VEZ le ha dicho un médico u otro proveedor de atención médica que su hijo sufre de depresión?

Sí ____ No ____ Rechazo ____ No sé ____

un. En caso afirmativo, ¿tiene su hijo ACTUALMENTE la afección?

7) ¿ALGUNA VEZ le ha dicho un médico u otro proveedor de atención médica que su hijo tiene ansiedad?

Sí ____ No ____ Se niega ____ No sé ____

un. En caso afirmativo, ¿tiene su hijo ACTUALMENTE la afección?

8) Durante los últimos 12 meses, ¿tomó su hijo algún medicamento recetado para ayudarlo con sus emociones, concentración, comportamiento o salud mental?

Sí ____ No ____ Rechazo ____ No sé ____

9) Durante los últimos 12 meses, ¿su hijo recibió asesoramiento o terapia de un profesional de salud mental como un psiquiatra, psicólogo, enfermero psiquiátrico o trabajador social clínico?

Sí ____ No ____ Rechazo ____ No sé ____

10) Durante los últimos 12 meses, ¿con qué frecuencia otros niños acosaron, molestaron o excluyeron a su hijo? Incluye el acoso cibernético.

10 o más veces ____

5-10 veces ____

3-5 veces ____

1-2 veces ____

Nunca ____

11) En una escala del 1 al 5 (1 es sin necesidad, 5 es una necesidad alta), ¿cómo calificaría la necesidad de servicios para el trastorno por abuso de sustancias en su comunidad?

o 1, 2, 3, 4, 5

12) En una escala del 1 al 5 (1 es sin necesidad, 5 es una necesidad alta) ¿cómo calificaría la idoneidad de los servicios disponibles para el trastorno por uso de sustancias en su comunidad?

o 1, 2, 3, 4, 5

13) En los últimos 12 meses, ¿usted o alguien de su familia ha recibido tratamiento por un trastorno por consumo de sustancias?

Sí ____ No ____ Rechazo ____ No sé ____

14) ¿Conoce personalmente dónde están disponibles los tratamientos para el trastorno por uso de sustancias en su comunidad, si necesita recomendar a alguien?

Sí, sé dónde derivar a alguien para los servicios de trastorno por uso de sustancias: ____

No, no conozco ningún servicio local para el trastorno por abuso de sustancias: ____

Algunos, pero no sé todo lo que está disponible: ____

15) ¿Cuáles de los siguientes servicios considera que son barreras para acceder a los servicios locales para el trastorno por abuso de sustancias? En orden de relevancia, ¿cómo clasificaría estas posibles barreras para acceder a los servicios locales para el trastorno por abuso de sustancias? (1 es el más importante)

Desafíos del transporte: ____

Falta de conocimiento de los servicios locales: ____

Las barreras del idioma: ____

Incapacidad para pagar: ____

Falta de seguro: ____

Percepción social: ____

Disponibilidad de opciones de tratamiento local (largos tiempos de espera, etc.): ____

16) En orden de relevancia, ¿cómo clasificaría la importancia de los siguientes componentes para garantizar el uso de los servicios para trastornos por abuso de sustancias en su comunidad? (1 es el más importante)

Alcance comunitario: ____

Opciones de tratamiento de servicio completo: ____

Servicios integrales como atención de salud mental y apoyo social: ____

Asistencia financiera: ____

Ventanilla única para todos los tipos de servicios: ____

Attachment B: Letters of Support

DANNY K. DAVIS
7TH DISTRICT, ILLINOIS



COMMITTEE ON
WAYS AND MEANS

CHAIRMAN:
WORKER AND FAMILY SUPPORT

SUBCOMMITTEE:
TRADE

COMMITTEE ON
OVERSIGHT AND REFORM

SUBCOMMITTEES:
CIVIL RIGHTS AND CIVIL LIBERTIES
GOVERNMENT OPERATIONS

WASHINGTON OFFICE:
2159 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5006
(202) 225-5641 (fax)

CHICAGO OFFICE:
2813-15 W 5TH AVENUE
CHICAGO, IL 60612
(773) 533-7520
(773) 533-7530 (fax)

Congress of the United States House of Representatives

November 5, 2021

Theresa Eagleson, MSN
Director
Illinois Department of Healthcare and Family Services
Prescot Bloom Building
201 South Grand Avenue, East
Springfield, IL. 62763

Dear Director Eagleson,

Please accept this communique as a letter in support of Saint Anthony's Hospital (SAH) application for the Illinois Department of Healthcare and Family Services to provide funding for their Developmental and Behavioral Health Pediatric Center (DBHCP) Program. The purpose of this program is to address the Child Mental Health Crisis on the West and Southwest sides of Chicago. Their hope is to ensure that members of our Black and Brown Communities receive equitable healthcare access.

As an independent, community-based hospital, SAH has provided comprehensive services to more than 600,000 residents for over 125 years. Since 2018, SAH has served the community as a designated Children's Hospital. Through this designation, SAH provides vital services to pediatric patients within a challenging healthcare landscape in which many neighboring pediatric inpatient units are closing. SAH's dedication to our pediatric population is crucial in the face of worsening mental health issues. SAH's innovative DBHPC will fill a service gap in our community by providing much needed pediatric psychiatric, behavioral, developmental, and therapeutic health services. West and southwest side children deserve the same high-level, timely care available in more resourced community areas, and SAH is dedicated to serving the needs of these children.

Saint Anthony Hospital plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care for the low-income, uninsured, and underinsured community members SAH serves.

Thank you for your consideration of their funding request, and we urge your support.

Sincerely,

Danny K. Davis
Member of Congress, IL-7th

DKD:jmw



Tony Munoz

STATE SENATOR • 1ST DISTRICT
Assistant Majority Leader
www.SenatorTonyMunoz.com

Springfield Office:
323 Capitol Building
Springfield, IL 62706
(217) 782-9415

District Office:
1836 W. 35th St. 1st Fl.
Chicago, IL 60609
(773) 869-9050

Nov. 1, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

I am writing in strong support of investing in Saint Anthony Hospital's (SAH) proposed Developmental and Behavioral Health Pediatric Center (DBHPC) aimed at addressing the child mental health crisis on Chicago's west and southwest sides. To ensure equitable healthcare access in Black and Brown communities, I am requesting IHFS' support of this funding request.

As an independent, community-based hospital, SAH has provided comprehensive services to more than 600,000 residents for over 125 years. Since 2018, SAH has served the community as a designated Children's Hospital. Through this designation, SAH provides vital services to pediatric patients within a challenging healthcare landscape in which many neighboring pediatric inpatient units are closing. SAH's dedication to our pediatric population is crucial in the face of worsening mental health issues. SAH's innovative DBHPC will fill a service gap in our community by providing much needed pediatric psychiatric, behavioral, developmental, and therapeutic health services. West and southwest side children deserve the same high-level, timely care available in more resourced community areas, and SAH is dedicated to serving the needs of these children.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care for the low-income, uninsured, and underinsured community members SAH serves.

Thank you for your consideration of this important funding request, and we urge your support.

Sincerely,

A handwritten signature in black ink that reads "Sen Tony Munoz".

Senator Antonio "Tony" Munoz
Assistant Majority Leader | 1st District

GEORGE CARDENAS
ALDERMAN, 12TH WARD
3476 SOUTH ARCHER AVENUE
CHICAGO, ILLINOIS 60608
PHONE: 773-523-8250
FAX: 773-523-8440
EMAIL: WARD12@CITYOFCHICAGO.ORG



CITY OF CHICAGO
CITY COUNCIL

COUNCIL CHAMBER
CITY HALL ROOM 300
121 NORTH LASALLE STREET
CHICAGO, ILLINOIS 60602
PHONE: 312-744-3040

COMMITTEE MEMBERSHIPS
ENVIRONMENTAL PROTECTION
AND ENERGY
(CHAIRMAN)
COMMITTEES AND RULES
FINANCE
PEDESTRIAN AND TRAFFIC SAFETY
LICENSE AND CONSUMER PROTECTION
ECONOMIC, CAPITAL, AND
TECHNOLOGY DEVELOPMENT
CONTRACTING OVERSIGHT AND EQUITY
BUDGET AND GOVERNMENT OPERATIONS

September 23, 2021

Theresa Eagleson
Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

I am writing in strong support of investing in Saint Anthony Hospital's (SAH) proposed Developmental and Behavioral Health Pediatric Center (DBHPC) aimed at addressing the child mental health crisis on Chicago's west and southwest sides. To ensure equitable healthcare access in Black and Brown communities, I urge IHFS support this funding request.

As an independent, community-based hospital, SAH has provided comprehensive services to more than 600,000 residents for over 125 years. Since 2018, SAH has served the community as a designated Children's Hospital. Through this designation, SAH provides vital services to pediatric patients within a challenging healthcare landscape in which many neighboring pediatric inpatient units are closing. SAH's dedication to our pediatric population is crucial in the face of worsening mental health issues. SAH's innovative DBHPC will fill a service gap in our community by providing much needed pediatric psychiatric, behavioral, developmental, and therapeutic health services. West and southwest side children deserve the same high-level, timely care available in more resourced community areas, and SAH is dedicated to serving the needs of these children.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care for the low-income, uninsured, and underinsured community members SAH serves.

Thank you for your consideration of this important funding request and urge your support.

Sincerely,

George Cardenas
Alderman, 12th Ward
Chairman, Committee on Energy and Environmental Protection



MICHAEL D. RODRÍGUEZ

ALDERMAN - 22ND WARD

PUBLIC SERVICE OFFICE

2500 SOUTH ST. LOUIS AVENUE
CHICAGO, ILLINOIS 60623
TELEPHONE: (773) 762-1771
FAX: (773) 762-1825
WARD22@CITYOFCHICAGO.ORG



**CITY COUNCIL
COMMITTEE MEMBERSHIPS**

AVIATION
BUDGET AND GOVERNMENT OPERATIONS
COMMITTEES AND RULES
CONTRACT OVERSIGHT AND EQUITY
HOUSING AND REAL ESTATE
SPECIAL EVENTS, CULTURAL AFFAIRS AND RECREATION
TRANSPORTATION AND PUBLIC WAY (VICE CHAIR)
WORKFORCE DEVELOPMENT AND AUDIT
ZONING, LANDMARKS AND BUILDING STANDARDS

COUNCIL CHAMBER

CITY HALL, ROOM 300
121 NORTH LA SALLE STREET
CHICAGO, ILLINOIS 60602
TELEPHONE: (312) 744-9491

September 15, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

As the Alderman of the 22nd Ward, I am pleased to provide this letter of support of investing in Saint Anthony Hospital's (SAH) proposed Developmental and Behavioral Health Pediatric Center (DBHPC) aimed at addressing the child mental health crisis on Chicago's west and southwest sides. To ensure equitable healthcare access in Black and Brown communities, I am requesting IHFS' support of this funding request.

As an independent, community-based hospital, SAH has provided comprehensive services to more than 600,000 residents for over 125 years. Since 2018, SAH has served the community as a designated Children's Hospital. Through this designation, SAH provides vital services to pediatric patients within a challenging healthcare landscape in which many neighboring pediatric inpatient units are closing. SAH's dedication to our pediatric population is crucial in the face of worsening mental health issues. SAH's innovative DBHPC will fill a service gap in our community by providing much needed pediatric psychiatric, behavioral, developmental, and therapeutic health services. West and southwest side children deserve the same high-level, timely care available in more resourced community areas, and SAH is dedicated to serving the needs of these children.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care for the low-income, uninsured, and underinsured community members SAH serves.

Thank you for your consideration of this important funding request, and I urge your support.

Should you have any questions about this letter or our support, please don't hesitate to reach out to me at my contact information above.

Sincerely,

Michael D. Rodriguez
Alderman, 22nd Ward

**MICHAEL SCOTT, JR.
ALDERMAN, 24TH WARD**

1158 SOUTH KEELER AVENUE
CHICAGO, ILLINOIS 60624
PHONE: 773-533-2400
FAX: 773-722-2400

E-MAIL: WARD24@CITYOFCHICAGO.ORG



**CITY OF CHICAGO
CITY COUNCIL**

CITY HALL ROOM 200
121 NORTH LASALLE STREET
CHICAGO, ILLINOIS 60602
PHONE: 312-744-6839
FAX: 312-744-6572

COMMITTEE MEMBERSHIPS

**EDUCATION & CHILD DEVELOPMENT
(CHAIRMAN)**
BUDGET AND GOVERNMENT OPERATIONS
COMMITTEES AND RULES
CONTRACT OVERSIGHT AND EQUITY
ECONOMIC, CAPITAL, AND
TECHNOLOGY DEVELOPMENT
ETHICS AND GOVERNMENT OVERSIGHT
FINANCE
LICENSE AND CONSUMER PROTECTION
TRANSPORTATION AND PUBLIC WAY
PUBLIC SAFETY

9/17/2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

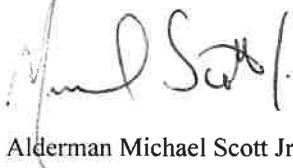
I am writing in strong support of investing in Saint Anthony Hospital's (SAH) proposed Developmental and Behavioral Health Pediatric Center (DBHPC) aimed at addressing the child mental health crisis on Chicago's west and southwest sides. To ensure equitable healthcare access in Black and Brown communities, I am requesting IHFS' support of this funding request.

As an independent, community-based hospital, SAH has provided comprehensive services to more than 600,000 residents for over 125 years. Since 2018, SAH has served the community as a designated Children's Hospital. Through this designation, SAH provides vital services to pediatric patients within a challenging healthcare landscape in which many neighboring pediatric inpatient units are closing. SAH's dedication to our pediatric population is crucial in the face of worsening mental health issues. SAH's innovative DBHPC will fill a service gap in our community by providing much needed pediatric psychiatric, behavioral, developmental, and therapeutic health services. West and southwest side children deserve the same high-level, timely care available in more resourced community areas, and SAH is dedicated to serving the needs of these children.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care for the low-income, uninsured, and underinsured community members SAH serves.

Thank you for your consideration of this important funding request, and we urge your support.

Sincerely,



Alderman Michael Scott Jr.





Founded 1898

www.gadshillcenter.org

Pilsen

1919 W Cullerton Street
Chicago IL 60608 2618
Chicago IL 60608 2618
Tel 312 226 0963
Fax 312 226 2248

North Lawndale

2653 W Ogden Avenue
Chicago IL 60608 1647
Tel 773 521 1196
Fax 773 521 4793

Brighton Park Home Visiting

4234-6 S Archer Avenue
Chicago IL 60632 2550
Tel 773 269 6595
Fax 773 269 6556

Chicago Lawn

3137 W 71st Street
Chicago IL 60629 3049
Tel 773 696 4742
Fax 773 498 8073

Brighton Park

4255 S Archer Avenue
Chicago IL 60632 2550
Tel 773 893 5877

Officers

James A. Brett
President

Jorge Leon
Vice President

Daniel Baker
Treasurer

Beverly Wyckoff
Secretary

Mark Hersh
Member-at-Large

Maricela García
Chief Executive Officer

Yenny Segura
Parent Policy Committee Chair

Directors

Juan Orta
David S. Crossett
Ellen Brett
James P. Brett
Jorge V. Cazares
Debra Clayton
Amber Crain
Virginia Martínez
David Shier
Tonya Bibbs

September 16, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

On behalf of Gads Hill Center, I am writing in support of investing in Saint Anthony Hospital's (SAH) proposed Developmental and Behavioral Health Pediatric Center (DBHPC) aimed at addressing the child mental health crisis on Chicago's west and southwest sides. Our organization refer families to SAH based on the quality linguistically and culturally competent programs that they provide. To ensure that equitable healthcare is accessible in Black and Brown communities, I am requesting IHFS' support of this funding request.

As an independent, community-based hospital, SAH has provided comprehensive services to more than 600,000 residents for over 125 years. Since 2018, SAH has served the community as a designated Children's Hospital. Through this designation, SAH provides vital services to pediatric patients within a challenging healthcare landscape in which many neighboring pediatric inpatient units are closing. SAH's dedication to our pediatric population is crucial in the face of worsening mental health issues. SAH's innovative DBHPC will fill a service gap in our community by providing much needed pediatric psychiatric, behavioral, developmental, and therapeutic health services. West and southwest side children deserve the same high-level, timely care available in more resourced community areas, and SAH is dedicated to serving the needs of these children.

SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care for the low-income, uninsured, and underinsured community members SAH serves.

Thank you for your consideration of this important funding request, and we urge your support.

Sincerely,

Maricela Garcia
Chief Executive Officer
Gads Hill Center





**Improving health, health equity and
quality of life for people and communities**

October 14, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

I am writing in support of Saint Anthony Hospital's proposed Developmental and Behavioral Health Pediatric Center (DBHPC) aimed at addressing the child mental health crisis on Chicago's west and southwest sides. Through this proposal, SAH will be able to contribute to more equitable healthcare access, and particularly access to mental health services, in Black and Brown communities.

Saint Anthony Hospital plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and Illinois Public Health Institute (IPHI) has been pleased to partner and support Saint Anthony Hospital in providing services for their community, through partnerships for serving people with opioid use disorders (Chicago Linkage to Assisted Recovery and Treatment - CLART) and also for people experiencing homelessness and housing instability (Chicago Homelessness and Health Response Group for Equity – CHHRGE).

Expansion of pediatric mental health services is crucial to address growing needs in our community, especially to address gaps and inequities in access to behavioral health services across the west and south sides of the city. As a designated children's hospital since 2018, Saint Anthony Hospital provides vital services to pediatric patients within a challenging healthcare landscape in which many neighboring pediatric inpatient units are closing. Saint Anthony Hospital's dedication to providing pediatric services is crucial in the face of worsening mental health issues. West and southwest side children deserve the same high-level, timely care available in more resourced communities, and Saint Anthony is dedicated to serving the needs of these children.

Saint Anthony's long-standing commitment to coordinated, whole-person care for low-income, uninsured, and underinsured community members makes them well-positioned to increase access to high quality, culturally relevant mental health services through the Developmental and Behavioral Health Pediatric Center. This new Center will fill a service gap in our community by providing much needed pediatric psychiatric, behavioral, developmental, and therapeutic health services.

Thank you for your consideration of Saint Anthony Hospital's important funding request and your support of increased mental health services in communities that lack sufficient access.

Sincerely,

A handwritten signature in black ink that reads "Jess Lynch".

Jess Lynch, MCP, MPH
Program Director, Alliance for Health Equity
Illinois Public Health Institute



Young Men's Educational Network
"Preparing young men in North Lawndale for leadership..."

*PO Box 23410
1241 S. Pulaski
Chicago, IL 60623
Phone: 773-522-9636
Mike's Cell: 773-852-9830
E-mail: yemen@msn.com
Web Address: www.ymenchicago.com*

SUPPORT LETTER

August 23, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

I am writing on behalf of the Young Men's Educational Network (YMEN) in strong support of investing in Saint Anthony Hospital's (SAH) proposed Developmental and Behavioral Health Pediatric Center (DBHPC) aimed at addressing the child mental health crisis on Chicago's west and southwest sides. To ensure equitable healthcare access in Black and Brown communities, I am requesting IHFS' support of this funding request. These critical supports are at the centerpiece of creating a healthy and strong community.

As an independent, community-based hospital, SAH has provided comprehensive services to more than 600,000 residents for over 125 years. Since 2018, SAH has served the community as a designated Children's Hospital. Through this designation, SAH provides vital services to pediatric patients within a challenging healthcare landscape in which many neighboring pediatric inpatient units are closing. SAH's dedication to our pediatric population is crucial in the face of worsening mental health issues. SAH's innovative DBHPC will fill a service gap in our community by providing much needed pediatric psychiatric, behavioral, developmental, and therapeutic health services. West and southwest side children deserve the same high-level, timely care available in more resourced community areas, and SAH is dedicated to serving the needs of these children.

SAH is one of our collaborating community partners and plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago. It has been a great joy to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care for the low-income, uninsured, and underinsured community members SAH serves.

Thank you for your consideration of this important funding request, and we urge your support. If you have any questions, do not hesitate to call me at 773-852-9830.

Sincerely,

Michael Trout, Executive Director
Young Men's Educational Network



PILSEN WELLNESS CENTER, INC.

2319 South Damen Avenue • Chicago, Illinois 60608 • Phone 773.579.0832 • Fax 773.579.0762

September 15, 2021

Francisco Cisneros, Ph.D.
President & CEO

www.PilsenWellnessCenter.org

ADMINISTRATION

2319 South Damen Avenue
Chicago, Illinois 60608
Phone: 773.579.0832
Fax: 773.579.0762

PILSEN – Lower West Side

2015 West Cermak Road
Chicago, Illinois 60608
Phone: 773.890.0645
Fax: 773.890.1257

YOUTH WELLNESS CENTER

2259 South Damen Avenue
Chicago, Illinois 60608
Phone: 872.281.7575
Fax: 773.801.0094

LATINO YOUTH HIGH SCHOOL

2001 South California Avenue
Chicago, Illinois 60608
Phone: 773.648.2130
Fax: 773.648.2098

CILA RESIDENTIAL

2316 South Damen Avenue
Chicago, Illinois 60608
Phone: 773.927.6987
Fax: 773.927.7685

LITTLE VILLAGE – South Lawndale

3113 West Cermak Road
Chicago, Illinois 60623
Phone: 773.277.3413
Fax: 773.257.0912

PILSEN INN

2635 West 29th Street
Chicago, Illinois 60623
Phone: 773.927.1228
Fax: 773.927.0237

GAGE PARK

3232 West 55th Street
Chicago, Illinois 60632
Phone: 773.424.3060
Fax: 773.424.3388

BRIGHTON PARK

2456 West 36th Street
Chicago, Illinois 60632
Phone: 773.823.7743
Fax: 773.823.7740

SOUTH CHICAGO

2938 East 89th Street
Chicago, Illinois 60617
Phone: 872.228.0090
Fax: 872.666.3930

SUBURBAN LOCATIONS

CICERO

1407 South 49th Court
Cicero, Illinois 60804
Phone: 708.663.5500
Fax: 708.663.5505

BERWYN

2800 South Ridgeland Avenue
Berwyn, Illinois 60402
Phone: 708.317.5926
Fax: 708.637.4316

STONE PARK

1546 North Mannheim Road
Stone Park, Illinois 60165
Phone: 708.410.0856
Fax: 708.410.0884

MELROSE PARK

1833 North 37th Avenue
Melrose Park, Illinois 60160
Phone: 708.343.7890
Fax: 708.343.7895

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

I am writing in strong support of investing in Saint Anthony Hospital's (SAH) proposed Developmental and Behavioral Health Pediatric Center (DBHPC) aimed at addressing the child mental health crisis on Chicago's west and southwest sides. To ensure equitable healthcare access in Black and Brown communities, I am requesting IHFS' support of this funding request.

As an independent, community-based hospital, SAH has provided comprehensive services to more than 600,000 residents for over 125 years. Since 2018, SAH has served the community as a designated Children's Hospital. Through this designation, SAH provides vital services to pediatric patients within a challenging healthcare landscape in which many neighboring pediatric inpatient units are closing.

SAH's dedication to our pediatric population is crucial in the face of worsening mental health issues. SAH's innovative DBHPC will fill a service gap in our community by providing much needed pediatric psychiatric, behavioral, developmental, and therapeutic health services. West and southwest side children deserve the same high-level, timely care available in more resourced community areas, and SAH is dedicated to serving the needs of these children.

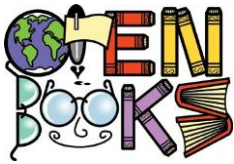
SAH plays an integral role in addressing health inequities throughout the west and southwest sides of Chicago, and we have been pleased to partner and support SAH over the years for our shared community. The expansion of pediatric mental health services is crucial to address the growing needs of our community and to provide coordinated, whole-person care for the low-income, uninsured, and underinsured community members SAH serves.

Thank you for your consideration of this important funding request, and we urge your support.

Sincerely,

Francisco Cisneros
President & CEO

A CARF-Accredited Organization



August 23, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

I am writing in strong support of investing in Saint Anthony Hospital's (SAH) proposed Developmental and Behavioral Health Pediatric Center (DBHPC) aimed at addressing the child mental health crisis on Chicago's west and southwest sides. To ensure equitable healthcare access in Black and Brown communities, I am requesting IHFS' support of this funding request.

As an independent, community-based hospital, SAH has provided comprehensive services to more than 600,000 residents for over 125 years. Since 2018, SAH has served the community as a designated Children's Hospital. Through this designation, SAH provides vital services to pediatric patients within a challenging healthcare landscape in which many neighboring pediatric inpatient units are closing. SAH's dedication to our pediatric population is crucial in the face of worsening mental health issues. SAH's innovative DBHPC will fill a service gap in our community by providing much needed pediatric psychiatric, behavioral, developmental, and therapeutic health services. West and southwest side children deserve the same high-level, timely care available in more resourced community areas, and SAH is dedicated to serving the needs of these children.

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Thank you for your consideration of this important funding request, and we urge your support.

Sincerely,

Chelsea Ridley

Project Director, North Lawndale Reads

Open Books



Sep 21, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Dear Director Eagleson,

I am writing in strong support of investing in Saint Anthony Hospital's (SAH) proposed Developmental and Behavioral Health Pediatric Center (DBHPC) aimed at addressing the child mental health crisis on Chicago's west and southwest sides. To ensure equitable healthcare access in Black and Brown communities, I am requesting IHFS' support of this funding request.

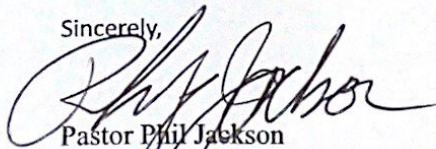
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Thank you for your consideration of this important funding request, and we urge your support.

What If...

Sincerely,



Pastor Phil Jackson
Founder/CEO

The Firehouse
Community Arts Center

"Sparking new flames one life at a time"

Form 6: Data Support

1. Describe the data used to design your proposal and the methodology of collection.

The Collaborative's community-centric approach is informed by a wide array of data. We employ a data-driven process to identify areas of need and opportunity, design our programs, and continually assess results to ensure the highest quality of care. In designing the DBHPC, we drew upon the following data sources:

- 2019 American Community Survey (ACS) 5-Year Estimates
- Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Reports
- Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Barometer, Illinois, Volume 6 (2019)
- 2016 National Survey of Children's Health (NSCH)
- 2018 SAH Community Health Needs Assessment
- Chicago Health Atlas
- Chicago Health Department *Healthy Chicago 2.0: Partnering to Improve Health Equity 2016-2020*
- Chicago Health Department *Healthy Chicago 2025: Closing Our Life Expectancy Gap*
- Stanley Manne Children's Research Institute at Lurie Children's Hospital *Report on Youth Mental Health in Chicago During the COVID-19 Pandemic*
- Health Care Council of Chicago's *The Challenging Future of the Chicago Safety Net* (2021)
- Illinois Department of Healthcare and Family Services Transformation Data and Community Needs Report: Chicago - West Side & Chicago - South Chicago (2021)

Data from these sources and others were analyzed for seven zip codes in the Collaborative's primary service area: 60608, 60609, 60623, 60624, 60629, 60632, and 60804. The following summarizes key findings broadly informing our work and this proposal to improve pediatric mental health. Above all, the data illustrates a clear opportunity to meet a growing need for high quality care addressing the mental, emotional, and behavioral health of children on the west and southwest sides of Chicago. Please see Attachment A: Results of Data Analyses.

Attachment A: Results of Data Analyses

Attachment A: Results of Data Analyses

Communities served experience high economic hardship and social vulnerability

Using the Economic Hardship Index, the City of Chicago has identified communities within the service area as 'high' hardship. The Index is comprised of six indicators: crowded housing, poverty, unemployment, low educational attainment, dependency, and income. The south and west sides of Chicago are also identified by IHFS as areas in Illinois with the greatest concentration of social vulnerability to health inequities and poor health outcomes. All the communities in the service area scored poorly on the CDC's Social Vulnerability Index based on indicators including poverty, lack of access to transportation, and crowded housing. Some 118,000 residents in the service area, or 22.4%, live in poverty, and 32.6% of children live in poverty. Median income is lowest in the 60624-zip code at \$23,429 and is below \$50,000 in all service area communities (as compared to Chicago's average of \$58,247). Unemployment is also highest in 60624 at 20.1%, and five of the seven communities in the service area have unemployment rates higher than 10.0% (as compared to Chicago's average of 6.29%).

A variety of barriers exist to routine medical care, particularly for children

Routine medical care for children is identified as a primary concern in SAH's Community Health Needs Assessment (CHNA). The communities served by SAH have high levels of uninsured community members. For example, in the 60623-zip code, more than a fifth of residents lack health insurance (the Chicago average is 9.7%). Other barriers noted by residents on Chicago's south and west sides include transportation, out-of-pocket care costs such as co-pays, time off work to seek care, and a lack of awareness of healthcare services. There is also a hesitancy to seek care due to historic healthcare system mistrust, cultural issues, immigration status and justice system involvement.

Literacy and language barriers complicate access to care

Language and health literacy are concerns frequently identified by community members in health surveys. Of households in the service area, 16.8% have limited English proficiency. Educational attainment is low: 34.3% have a high school diploma and 13.6% of residents have a bachelor's degree.

Existing mental health services are insufficient, amid growing demand and COVID-19

Across age groups, there is an opportunity to improve mental health care. In addition to economic and social hardship, violent crime is particularly high in the service area, which can result in depression, anxiety, stress, and suicide, and, in turn, negatively impact physical health. SAH's CHNA has identified significant mental health needs in the service area. Many residents report having 'fair' or 'poor' mental health and/or suffering from diagnosed depression. Several of the most frequent inpatient hospitalization blocks for the south and west sides of Chicago are related to mental health disorders. Outpatient mental health care, however, was proportionally low – only about 10% of those hospitalized for mental disorders had received outpatient care within the three months prior.

There is also a growing mental health crisis among children. In Illinois, approximately 15% of adolescents reported having a major depressive episode between 2016 and 2019, an increase from 7.5% between 2004 and 2007. Less than half of these youth received care. According to NAMI, LGBTQ+ youth are more than twice as likely to experience depression and suicidal ideation compared to their heterosexual counterparts, yet a scarcity of resources aimed at supporting LGBTQ+ youth exist in the Collaborative's service area. The COVID-19 pandemic has also exacerbated existing mental health needs. During 2020, the proportion of mental health-related emergency department visits among adolescents increased 31% compared with 2019, and 44% of young children experienced an increase in mental or behavioral health symptoms during the pandemic compared with before. These issues disproportionately affect children in underserved, under-resourced, and racial and ethnic minority communities, like those on the west and southwest sides of Chicago.

Existing mental health services are insufficient. The American Academy of Child & Adolescent Psychiatry has identified Cook County as having a severe shortage in practicing child and adolescent psychiatrists, with just 11 practitioners per 100,000 children. Across Chicago, 18% of parents report an inability to get the mental or behavioral health services for their child. The most common reasons were difficulty in finding a provider (52%) and cost (44%). The lack of mental health services is even more pronounced on the west and southwest sides, and community members report challenges in seeking help. On the south

side of Chicago, there are just 6 psychiatrists for every 100,000 residents, compared to 23 psychiatrists for every 100,000 residents on the north side. Yet, treatment is critical. IHFS has identified mental illness as a key condition that, if addressed with outpatient care, coordination of treatment, and community-based supports, can reduce hospitalizations and resource-intensive treatments, and improve health outcomes.

Gaps in prenatal and care during early childhood are concerning

Approximately 12 to 15% of U.S. children experience developmental delays or disabilities. Children are at a higher risk for development problems due to pre-term birth and low birthweight, both of which have been identified in SAH's CHNA as areas of opportunity. In Garfield Park, for example, more than 15% of births have low birthweight. Infant mortality is also uncharacteristically high for the service area and is double to triple that of other Chicago communities. Other predictors of developmental delays include environmental risks like lead exposure, socioeconomic status and non-white race or ethnicity. All of these factors are prevalent in SAH's service area, which makes regular developmental and behavioral screening a critical step in a child's healthy development and, many children with development delays or behavioral concerns are not identified as early as possible. Less than a quarter of Black and Latinx children 9 through 35 months of age received a developmental screening from a healthcare professional. For children from households whose primary language is not English, just 15% received screening. Education was also a strong predictor: for households with education at the high school level, 17% received screening. Across nearly every socioeconomic predictor, children from the service area are at the highest risk of missing these critical screenings and evaluations.

Form 7: Health Equity and Outcomes

1. Name the specific healthcare disparities you are targeting in your service area, including by race and ethnicity. Describe the causes of these disparities that your project specifically seeks to address and explain why you have chosen to address these causes.

The Collaborative serves a diverse – and highly segregated – population. The communities served by the Collaborative are home to over 700,000 residents, of which 23.5% are under the age of 18. The population is remarkably diverse: 45.1% of residents identify as Hispanic or Latino and 41.6% as Black. What this data does not reveal is several community areas are highly segregated. For example, 93.2% of residents in the West Garfield Park community are Black, while in South Lawndale (Little Village), located a couple of miles south, 82.4% of residents are Hispanic/Latino. Communities of color have distinct historical experiences, and the Collaborative seeks to acknowledge the intersectionality of identities and provide culturally responsive care.

Communities of color in Chicago experience marked inequity in health demonstrated by the 8.8-year gap in life expectancy between Black and white Chicagoans, a gap that is widening. The COVID-19 pandemic illuminated many existing SDOH challenges facing low-income and minority communities in Chicago, such as food access, violence, housing, and pollution, and created new health challenges, particularly for Black and Latinx residents. The causes of these disparities are complex, but ultimately rooted in the unequal allocation of power and resources.

Through the DBHPC, the Collaborative will target the following healthcare disparities in our service area:

(1) Higher risk for developmental issues for children on the west and southwest sides due to pre-term birth, low birthweight, low socioeconomic status, exposure to environmental toxins, and parental behaviors during pregnancy.

- **Low Birthweight Rate:** Percent of births with a birthweight less than 2500 grams (5.5 pounds) (Chicago Health Atlas, 2013-2017).
 - Collaborative's Primary Service Area: 10.6%
 - Chicago Overall: 9.4%
- **Particulate Matter Concentration:** Annual average concentration in micrograms per cubic meter. PM 2.5, or particulate matter smaller than 2.5 microns in diameter, is one of the most dangerous pollutants because the particles can penetrate deep into the alveoli of the lungs (Chicago Health Atlas, 2020).
 - Collaborative's Primary Service Area: 9.57mg/m³
 - Chicago Overall: 9.43mg/m³
- **Poverty Rate:** Percent of residents in families who are in poverty (below the Federal Poverty Level) (Chicago Health Atlas, 2015-2019).
 - Collaborative's Primary Service Area: 24.2%
 - Chicago Overall: 18.4%
- **Pre-term Birth Rates:** Percent of births with valid gestational age less than 37 weeks (Chicago Health Atlas, 2013-2017)
 - Collaborative's Primary Service Area: 11.6%
 - Chicago Overall: 10.5%
- **Smoking during Pregnancy Rate:** Percent of births where the mother reported smoking any cigarettes during pregnancy (Chicago Health Atlas, 2013-2017)
 - Collaborative's Primary Service Area: 3.8%
 - Chicago Overall: 2.5%
- **Uninsured Rate:** Percent of residents without health insurance (Chicago Health Atlas, 2015-2019)
 - Collaborative's Primary Service Area: 12.3%
 - Chicago Overall: 9.6%

(2) Behavioral and mental health challenges, including depression, anxiety, and behavioral disorders; these are often a direct response to what is happening in a child's life. SAMHSA identifies several risk factors for a child's mental health, including having parents who suffer from mental or behavioral health

issues, domestic and/or child abuse, trauma, neighborhood poverty and violence, racism or discrimination, and a lack of economic opportunity.

- **Drug Overdose Mortality Rate:** Age-adjusted rate of people who died due to drug overdose (Chicago Health Atlas, 2013-2017)
 - Collaborative's Primary Service Area: 30.3 per 100,000 population
 - Chicago Overall: 28.1 per 100,000 population
- **Hardship Index:** a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes (Chicago Health Atlas, 2015-2019)
 - Collaborative's Primary Service Area: 80.8
 - Chicago Overall: 62.2
- **Homicide Mortality Rate:** Age-adjusted rate of people who died due to homicide (Chicago Health Atlas, 2013-2017)
 - Collaborative's Primary Service Area: 33 per 100,000 population
 - Chicago Overall: 21 per 100,000 population
- **School Safety Rate:** Percent of students who report not going to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school (Chicago Health Atlas, 2019)
 - Non-Hispanic Black: 14%
 - Hispanic or Latino: 13.1%
 - Non-Hispanic White: 8.1%
- **Unemployment Rate:** Percent of residents 16 and older in the civilian labor force who are actively seeking employment (Chicago Health Atlas, 2015-2019)
 - Collaborative's Primary Service Area: 12.1%
 - Chicago Overall: 8.1%
- **Youth Depression Rates in Chicago:** Percent of students who report feeling so sad or hopeless almost every day for two weeks or more in a row stopped doing some usual activities during the past 12 months. (Chicago Health Atlas, 2019)
 - Non-Hispanic Black: 36.9%
 - Hispanic or Latino: 42.7%
 - Non-Hispanic White: 27.1%

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

SAH provides comprehensive care recognizing the impact of unjust systems, rather than only addressing secondary and tertiary medical needs. In this approach, SAH effectively collaborates with partners to provide whole-person care within a fractured healthcare system. SAH's hyper-local approach to mitigating barriers to accessible healthcare sets us apart from other hospitals.

The Collaborative will address behavioral and developmental health disparities through a number of evidence-based interventions:

- Recruit and hire behavioral and development health clinicians with a focus on local hiring
- Psychiatric evaluations, diagnosis, and treatment
- Mental health individual and group therapy
- Psychological developmental assessments, psychotherapy, behavior management
- Occupational, physical, and speech therapy
- Psychiatry e-Consults to FQHCs
- Social-emotional learning groups
- Community mental health training and education
- Care coordination, case management, peer support services
- Workforce development training
- Develop and implement a policy and advocacy campaign
- Conduct SDOH screenings

- Provide personalized closed-loop referrals (NowPow)
- Warm hand-offs to medical homes and DBHPC
- Home visiting
- Parents as Teachers curriculum
- Group Connections parent socialization groups
- Developmental screenings
- Adult screenings
- Real-time data sharing

Activities carried out by the Collaborative will result in the following measurable impacts:

- Enhanced access through decreased wait times for pediatric psychiatric providers, outpatient therapy, clinical child psychology, occupational therapy, speech therapy, and physical therapy
- Decrease in distance traveled for services
- Enhanced awareness of behavioral and development health services and a reduction in stigma
- Increased access to specialty care through psychiatry e-Consults to FQHCs
- Improved warm hand-off workflows and communication between Collaborative organizations
- Increase in SDOH screenings and closed-loop referrals
- Increase in % of patients with a medical home
- Increase in % of children receiving school-based services

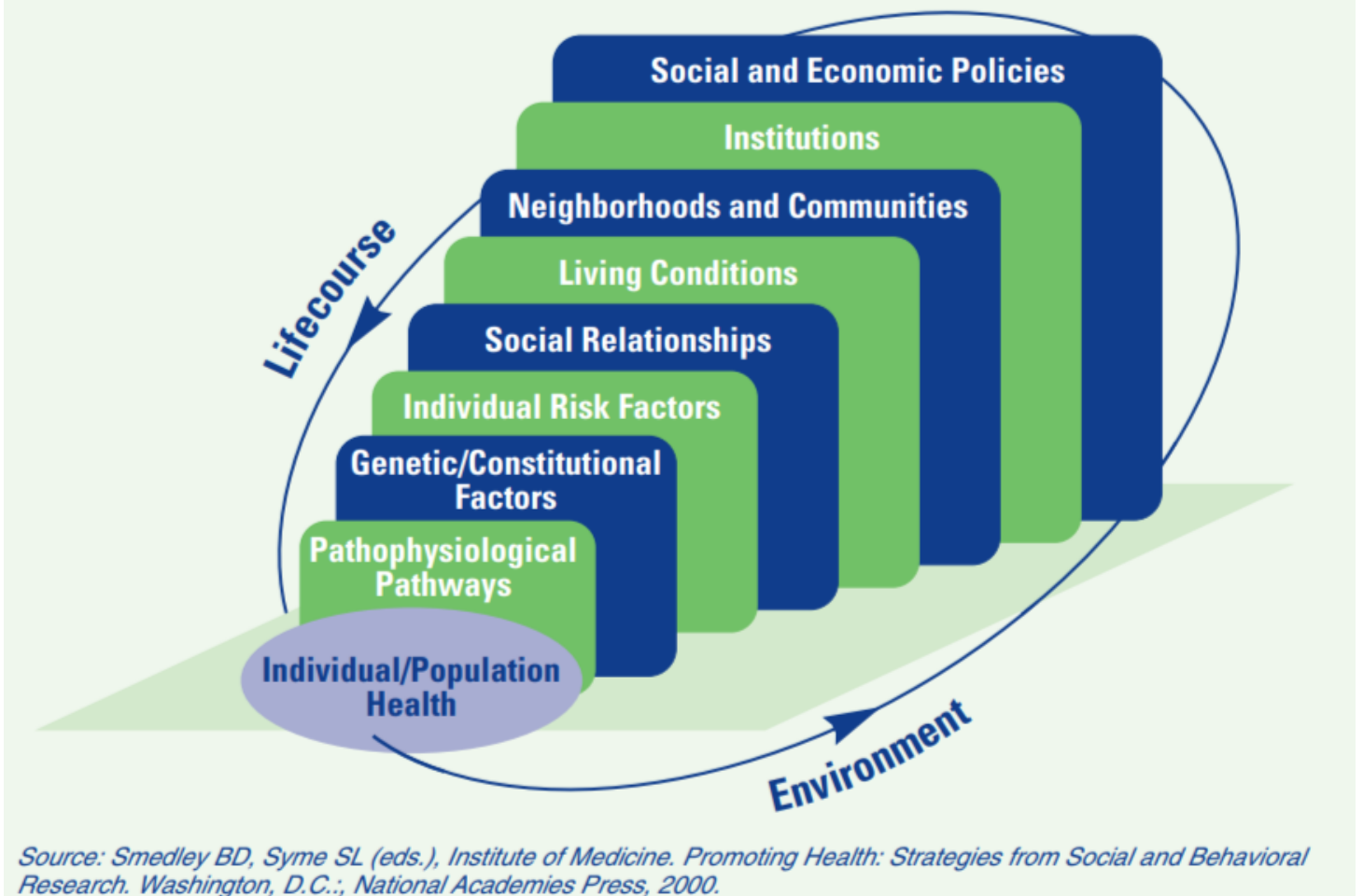
3. Why will the activities you propose lead to the impact you intend to have?

According to the Social-Ecological Model, health outcomes are impacted by the interplay between individual, relationship, community, and societal factors (CDC, 2021). Please see Attachment A: The Ecological Perspective. The DBHPC leverages this model to inform its multi-level approach to behavioral and developmental health concerns. Aligned with this approach, the DBHPC addresses the reciprocal causation of individual behaviors and the social environment. For example, at the individual level, a family may delay pursuing mental health services for their child due to a lack of understanding of mental health warning signs. At the interpersonal level, a family may delay services due to societal stigma. To address this, the Collaborative will provide community training and education and parent support and socialization groups. At the organizational level, long wait times for services may prevent a child from receiving services in a timely manner. To address the shortage of providers on the west and southwest sides, the Collaborative is hiring 15 FTE clinicians. Additionally, home visits for children ages 0-5 which will include implementation of the Parents as Teachers curriculum and developmental screenings will be offered to mitigate access barriers. At the policy level, low Medicaid reimbursement rates impact the number of providers accepting Medicaid patients. To address structural barriers, the Collaborative will carry out a grassroots policy and advocacy campaign. By employing a multi-level, whole-person approach to behavioral and development health issues, the DBHPC will improve health and overall life course outcomes.

Attachment A: The Ecological Perspective

The Ecological Perspective

Figure 2. A Multilevel Approach to Epidemiology



Source: Smedley BD, Syme SL (eds.), Institute of Medicine. *Promoting Health: Strategies from Social and Behavioral Research*. Washington, D.C.; National Academies Press, 2000.

Citations

- Chicago Department of Public Health. (2021). Chicago Health Atlas. Retrieved October 12, 2021, from <https://chicagohealthatlas.org/>.
- CDC. (2021, January 28). *The Social-Ecological Model: A Framework for Prevention*. Centers for Disease Control and Prevention. Retrieved October 12, 2021, from <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>CDC AA refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fpublichealthissue%2Fsocial-ecologicalmodel.html.

Form 8: Access to Care

- 1. Name the specific obstacles or barriers to healthcare access you are targeting in your service area. Describe the causes of these obstacles that your project specifically seeks to address and explain why you have chosen to address these causes.**

The Collaborative's service area experiences significant barriers to healthcare access, including insurance, immigration status, provider shortages, cultural unresponsiveness, childcare, transportation, and social stigma. According to the West Side Transformation Data & Community Needs Report, the causes of healthcare access barriers are numerous. Economic barriers, including insurance, employment, and out-of-pocket costs, deter or make it impossible for community members to seek services. In the service area of the DBHPC, the unemployment rate is almost double that of Chicago overall (12.1% compared to 6.3%). Our community area also faces uninsured rates higher than that of Chicago (12.6% compared to 9.7%) (Chicago Health Atlas). Lack of health insurance can cause individuals to forego preventive services, leading them to seek care when they are sick and more advanced care is required.

Additionally, the Collaborative serves a significant number of undocumented community members with approximately 11% (20,000) of Cook County's undocumented immigrant population residing in the service area. Undocumented immigrants face significant barriers due to their inability to access public or private insurance. Furthermore, this population may avoid seeking care due to fear of exposing their documentation status. The Collaborative's community is also a designated mental health professional shortage area (University of Illinois, 2021). A lack of providers within the community results in long wait times for critical services and forces families to seek care outside of their community that is often unresponsive to cultural norms. The need to seek care outside of the community also poses a challenge in regard to transportation as many families do not have access to cars or cannot take time off work to travel to appointments. Lastly, there is hesitancy among community members to access care due to cultural beliefs and medical mistrust stemming from systemic racism. Community members on the west and southwest sides spoke about being socialized not to seek care and to instead rely on home remedies (University of Illinois, 2021). Especially surrounding mental health, social norms result in individuals hiding their struggles rather than pursuing support. Additionally, institutional racism within the healthcare system, from unethical scientific experimentation to microaggressions, has resulted in generational medical mistrust within communities of color, leading to hesitancy to seek care

- 2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?**

The Collaborative will address access barriers through a number of activities:

- Address the unemployment rate through localized hiring with support from Skills for Chicagoland's Future
- Provide benefits enrollment assistance with a focus on the undocumented immigrant population through SAH's Health Access Team
- Provide a sliding scale fee payment option for uninsured individuals to keep out-of-pocket costs low
- Establish the Center in an area accessible by public transportation through support from Skills for Chicagoland's Future's site placement services
- Increase the number of providers on the west and southwest sides
- Provide community education and training through a peer support model to address social stigma and medical mistrust
- Provide home visiting services to address transportation barriers
- Address culturally unresponsive care by hiring from within the community and providing workforce development training on trauma-informed care and cultural competence

Activities carried out by the Collaborative will have the following measurable impacts:

- Enhanced access through decreased wait times for pediatric psychiatric providers, outpatient therapy, clinical child psychology, occupational therapy, and physical therapy
- Decrease in distance traveled for services

- Enhanced awareness of behavioral and developmental health services and reduction in stigma

3. Why will the activities you propose lead to the impact you intend to have?

Expanding access to healthcare services provided by diverse clinicians representing the service area is an essential component of the DBHPC. Providing accessible healthcare services is foundational to ensuring community members receive preventive services, including services addressing SDOH. The DBHPC will address access barriers at multiple levels, from individual and interpersonal barriers such as cultural beliefs to environmental barriers such as transportation. By mitigating access barriers, community members will be more likely to turn to healthcare institutions to receive whole-person care.

Citations

- University of Illinois at Chicago School of Public Health. (2021, February). *Transformation Data & Community Needs Report: Chicago--West Side*. Retrieved October 1, 2021, from <https://www2.illinois.gov/hfs/SiteCollectionDocuments/20210226TransformationReportWestChicagoDigitalCMP.pdf>.

Form 9: Social Determinants of Health

- 1. Name the specific social determinants of health you are targeting in your service area. Describe the causes of these social determinants that your project specifically seeks to address and explain why you have chosen to address these causes.**

According to a study published in the American Journal of Preventive Medicine, approximately 50% of health outcomes can be attributed to SDOH (Hood et al., 2016). These findings indicate transformational change is impossible until SDOH are adequately addressed. The causes of SDOH inequities are complex and interrelated. Therefore, individual SDOH cannot be isolated in order to effectuate positive change in our community. The DBHPC Collaborative aims to address all SDOH impacting our community members, whether directly or by providing closed-loop referrals to services. The Collaborative will address six categories of SDOH as outlined by Kaiser Family Foundation: economic stability, neighborhood and physical environment, education, food, community and social context, and health care system (Artiga and Hinton, 2018). Please see Attachment A: Targeted SDOH for more details.

According to WHO's Conceptual Framework for Action on the Social Determinants of Health (Attachment B: SDOH Conceptual Framework), structural determinants, defined as social, economic, and public policies and societal values, are the foundation of SDOH inequities. These structural determinants "give rise to a set of socioeconomic positions, whereby populations are stratified according to income, education, occupation, gender, race/ethnicity and other factors" (World Health Organization, 2010). It is this stratification that determines an individual's experience with SDOH. For example, structural determinants in Chicago such as the discriminatory policy of redlining resulted in communities of color having less generational wealth, contributing to the racial wealth gap. Redlining also resulted in further disinvestment in communities of color, segregation, and individual-level economic instability. Resources were and continue to be inadequately allocated to communities of color, resulting in "segregated opportunities" such as lower housing quality, less access to good jobs, and lower education quality (Schwarz, 2020). These SDOH impact psychosocial, behavioral, and biological factors, leading to vast health inequities.

- 2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?**

The Collaborative will address SDOH disparities through a number of evidence-based interventions:

- Conduct hyper-local recruitment and hiring
- Provide accessible and affordable specialty care for Medicaid patients
- Conduct SDOH screenings
- Provide care coordination, case management, and peer support services
- Provide closed-loop referrals to additional programs and services through NowPow
- Conduct location and site selection activities in collaboration with Skills for Chicagoland's Future to ensure the DBHPC location is accessible for the community
- Provide community mental health training and education at schools, churches, and other community-based organizations
- Provide Parent/Child Socialization Groups (Group Connections)
- Conducting a Listening Tour and ongoing community engagement
- Conduct Steering Committee meetings with individuals from the community as members
- Provide home visiting for developmental screenings and the implementation of the Parents as Teachers (PAT) curriculum
- Develop and implement a policy and advocacy campaign to advocate for sustainable funding for evidence-based models of care
- Utilize a data sharing platform (Clinify) to track cultural, clinical, and behavioral health needs and provide care management recommendations

Activities carried out by the Collaborative will result in the following measurable impacts:

- Improved warm hand-off workflows and communication between Collaborative organizations
- Increase in SDOH screenings and closed-loop referrals

- Enhanced awareness of behavioral and developmental health services and reduction in stigma
- Increase in % of children receiving school-based services
- Increase in developmental screenings and evaluations

In addition to planned activities specific to the Collaborative, DBHPC organizations offer a wide variety of SDOH services. Through the Collaborative's integrated approach, partner organizations will also facilitate warm hand-offs to services outside of the scope of the DBHPC initiative.

3. Why will the activities you propose lead to the impact you intend to have?

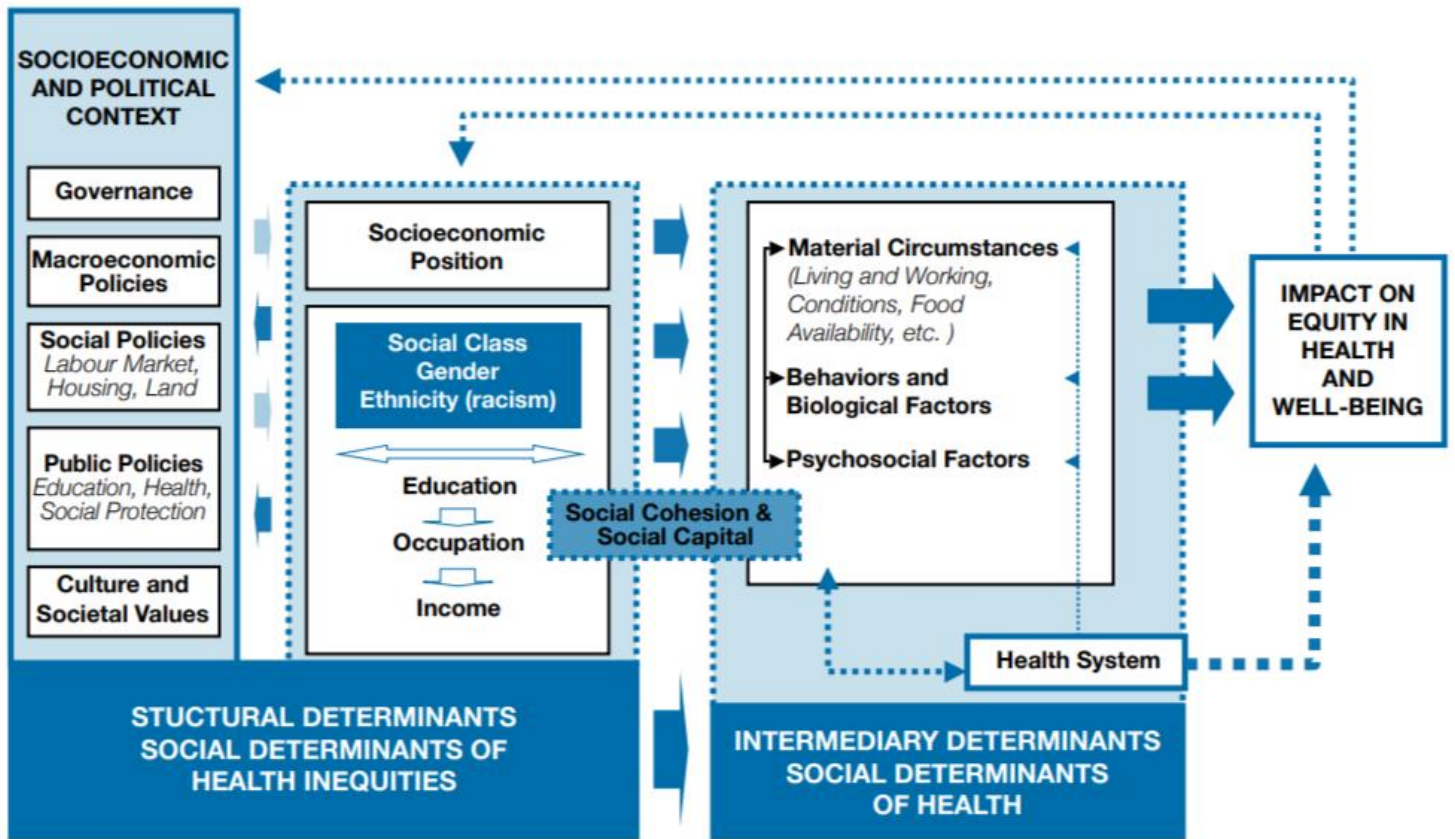
With the growing knowledge of the role of SDOH in health outcomes, it is recognized best-practice to address SDOH in healthcare settings. It is estimated medical care accounts for only 10-20 percent of modifiable health factors, highlighting the need for hospitals to address more than secondary and tertiary medical needs (Hood et al., 2016). By utilizing an approach focused on the larger environment in which our community members live, work, play, and pray, rather than focusing only on individual-level medical interventions, the Collaborative will advance health equity. According to an article in Preventive Medicine Reports, hospitals are uniquely positioned to address adverse SDOH as anchor institutions within their communities by leveraging their economic power, policy influence, and influential leadership to promote equitable hiring practices, participate in policy discussions, and implement evidence-based interventions (Dave et al., 2021). The work of the Collaborative is bolstered by its cross-sector membership and team-based approach to treating community members experiencing adverse SDOH.

Attachment A: Targeted SDOH

Attachment A: Targeted SDOH	
Category	SDOH
Economic Stability	Employment
	Income
	Expenses
	Debt
	Medical Bills
	Support
Neighborhood and Physical Environment	Housing
	Transportation
	Safety
	Parks
	Playgrounds
	Walkability
	Zip code/geography
Education	Literacy
	Language
	Early childhood education
	Vocational training
	Higher education
Food	Hunger
	Access to healthy options
Community and Social Context	Social integration
	Support systems
	Community engagement
	Discrimination
	Stress
Health Care System	Health coverage
	Provider availability
	Provider linguistic and cultural competency
	Quality of care

Attachment B: SDOH Conceptual Framework

Attachment B: SDOH Conceptual Framework



Citations

- Artiga, S., & Hinton, E. (2018, May 10). *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity*. Kaiser Family Foundation. Retrieved October 11, 2021, from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>.
- Dave, G., Wolfe, M. K., & Corbie-Smith, G. (2021). Role of hospitals in addressing social determinants of Health: A Groundwater Approach. *Preventive Medicine Reports*, 21, 101315. <https://doi.org/10.1016/j.pmedr.2021.101315>
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Form 10: Care Integration and Coordination

1. Describe how your proposal improves the integration, efficiency, and coordination of care across provider types and levels of care.

Communities served by the Collaborative experience a significant burden of unmet health and social needs. Additionally, the high incidence rate of avoidable Emergency Department (ED) visits and readmissions within our service area is indicative of episodic and fragmented care, pointing to the need for more robust care coordination across provider types to facilitate the delivery of coordinated, whole-person, and patient-centered care. According to the Agency of Healthcare Research and Quality, care coordination is a critical component of the delivery of high-quality, high-value health care. Studies evaluating care coordination interventions among Medicaid and Medicare patient populations indicate care coordination resulted in fewer ED visits, fewer admissions from the ED, lower average direct costs per ED patient, reduction in follow-up visits, and decreased variability in healthcare costs (Breckenridge et al., 2019) (Khullar and Chokshi, 2018) (Herant, Bhojwani, and Sanghavi, 2018) (Lin et al., 2017).

The DBHPC Collaborative will implement improved care integration and coordination through a number of evidence-based best practices:

- Establish a Supportive Services Team of 20.5 FTE dedicated to care coordination, transitions of care, peer support, and policy and advocacy. Care Coordination and Peer Support Staff will be embedded within the physical space of the DBHPC to facilitate collaboration with clinicians and warm hand-offs
- Conduct outreach at schools, community-based organizations, and during home visits to connect individuals to services
- Provide real-time psychiatry e-consults to FQHCs serving as patients' medical homes
- Develop and implement a population health data sharing platform (Clinify) integrating partner organizations' respective EHRs and data tracking platforms
- Utilize Clinify to support the screening, identification, and management of behavioral/mental health conditions (MDD, SUD, GAD, ADHD, etc.) and preventive clinical services for children based on standard of care (immunizations, sickle cell disease, asthma, etc.)
- Utilize Clinify's communication platform to facilitate text message communication with patients and provider-to-provider and provider-to-community resource communication to support patient care across the continuum
- Conduct SDOH screenings
- Provide personalized closed-loop referrals through NowPow
- Convene a learning collaborative to expand innovative care coordination practices across participant organizations

2. Do you plan to hire community health workers or care coordinators as part of your intervention?

Yes

2A. Please submit care coordination caseload numbers and cost per caseload (stratified by risk, if applicable).

Caseloads for each Care Coordinator will vary based on the risk-level of the patient:

- High Risk Caseload per 1 FTE Care Coordinator: 20 patients
- Medium Risk Caseload per 1 FTE Care Coordinator: 35 patients
- Low Risk Caseload per 1 FTE Care Coordinator: 50 patients

Cost per caseload was calculated by taking the average salary of the Care Coordinators to be hired (\$49,216.67) plus a fringe rate of 25% (\$61,520.84) and dividing it by the number of patients associated with each risk level:

- High Risk Caseload Cost per Patient per Year: \$3,076.04
- Medium Risk Caseload Cost per Patient per Year: \$1,757.74

- Low Risk Caseload Cost per Patient per Year: \$1,230.42

3. Are there any managed care organizations in your collaborative?

No

3A. If no, do you plan to integrate and work with managed care organizations?

Yes

3B. Please describe your collaborative's plans to work with managed care organizations.

SAH currently works with the following MCOs: YouthCare, BCBS Community Health, County Care, IlliniCare Health (Aetna Better Health), Meridian Health Plan, and Molina. SAH holds monthly one-on-one meetings with each of our MCOs to improve coordination and integration. Additionally, SAH participates in monthly Illinois Hospital Association MCO meetings.

Citations

- Artiga, S., & Hinton, E. (2018, May 10). *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity*. Kaiser Family Foundation. Retrieved October 11, 2021, from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>.
- Dave, G., Wolfe, M. K., & Corbie-Smith, G. (2021). Role of hospitals in addressing social determinants of Health: A Groundwater Approach. *Preventive Medicine Reports*, 21, 101315. <https://doi.org/10.1016/j.pmedr.2021.101315>
- Hood, C. M., Gennuso, K. P., Swain, G. R., & Catlin, B. B. (2016). County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. *American Journal of Preventive Medicine*, 50(2), 129–135. <https://doi.org/10.1016/j.amepre.2015.08.024>
- Schwarz, D. F. (2020, December 9). *What's the connection between Residential Segregation and health?* RWJF. Retrieved October 11, 2021, from <https://www.rwjf.org/en/blog/2016/03/whats-the-connection-between-residential-segregation-and-health.html>.
- World Health Organization. (2010). *A Conceptual Framework for Action on the Social Determinants of Health*. WHO. Retrieved October 11, 2021, from https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf.

Form 11: Minority Participation

- 1. Please provide a list of entities that will be a part of your collaboration/partnership that are certified by the Illinois Business Enterprise Program (BEP) and/or not-for profit entities majorly controlled and managed by minorities that will be used on the project as subcontractors or equity partners.**

Illinois Business Enterprise Program (BEP) (See Attachment A: BEP Certifications)

- Clinify Health
- Benford Brown & Associates

Not-for-Profit Majority Controlled and Managed by Minorities as defined by leadership and board member racial/ethnic minority representation of at least 50%

- Esperanza Health Centers
- Lawndale Christian Health Center
- Saint Anthony Hospital
- PIE Org
- Garfield Park Behavioral Hospital

- 2. Please describe the respective role of each of the entities listed above, and specify whether they will have a role only during the implementation of your proposal or if they will have a role in the ongoing operation of your transformed delivery system.**

Illinois Business Enterprise Program (BEP)

- Clinify Health will have a role in the ongoing operation of the DBHPC, including the following:
 - Develop and implement an integrated population health data sharing platform which will capture relevant data needed for all members of the program staffing model to communicate with each other and their patients, risk-stratify patients based on clinical and social needs, and monitor/measure the impact of interventions that take place as part of the patient's individualized care plan and medical needs.
- Benford Brown & Associates will have a role in the ongoing operation of the DBHPC, including the following:
 - Serve as the fiscal agent

Not-for-Profit Majority Controlled and Managed by Minorities as defined by leadership and board member racial/ethnic minority representation of at least 50%.

- Esperanza Health Centers will have a role in the ongoing operation of the DBHPC, including the following:
 - Serve as a patient-centered medical home for pediatric patients
 - Facilitate warm hand-offs to DBHPC
 - Provide care coordination and transitions of care support
 - Participate in data sharing
 - Provide psychiatric services and mental health therapy
 - Provide data collection and analysis support
- Lawndale Christian Health Center will have a role in the ongoing operation of the DBHPC, including the following:
 - Serve as a patient-centered medical home for pediatric patients
 - Facilitate warm hand-offs to DBHPC
 - Provide care coordination and transitions of care support
 - Participate in data sharing
 - Provide psychological assessments

- Saint Anthony Hospital will have a role in the ongoing operation of the DBHPC, including the following:
 - Serve as the Collaborative's lead organization
 - Provide project management and clinic oversight
 - Provide behavioral and developmental health services
 - Provide care coordination
 - Provide psychiatry eConsults to FQHC partners
 - Conduct data analysis in collaboration with PIE (evaluator)

- PIE Org will have a role in the ongoing operation of the DBHPC including the following:
 - Serve as the evaluator for the DBHPC
 - Conduct a Listening Tour with all project stakeholders and community members to identify goals, capacities, needs, and equity priorities
 - Conduct a data audit to understand historical referral systems and baseline data prior to the start of the project
 - Provide capacity building support for all partners to implement, scale, and administer key data collection practices
 - Engage with community members to understand ways the project can better support needs and improve services
 - Conduct data collection and dashboarding
 - Develop an annual report and conduct a data walk with all partners to review findings and lessons learned each year

- Garfield Park Behavioral Hospital will have a role in the ongoing operation of the DBHPC including the following:
 - Serve as a preferred partner for patients in need of inpatient BH services
 - Facilitate warm hand-offs to DBHPC for outpatient services
 - Provide outpatient support for LGBTQ+ youth
 - Provide the following specialty clinical programs:
 - Worthy Program: an acute inpatient program for adolescents who are at risk of being sex trafficked or have experienced it
 - Polaris: an inpatient psychiatric unit for sexual and gender minorities, serving ages 12 to 17. Provides a place where gender and sexual minority adolescents can receive affirming psychiatric care
 - YESS: a specialty program designed to address specific treatment issues related to youths who display sexually problematic behaviors

Attachment A: BEP Certifications

Kimi Ellen

From: State of Illinois Central Management Services <cms@diversitycompliance.com>
Sent: Wednesday, September 01, 2021 9:03 AM
To: Kimi Ellen
Subject: CMS: Certification Approved



Ms. Kimi L. Ellen
Benford Brown & Associates, LLC
8334 South Stony Island Ave
Chicago, IL 60617-1749

Dear Kimi L. Ellen:

Re: Women/Minority Business Enterprise (WMBE)
Certification Term Expires: September 1, 2022

Congratulations! After reviewing the information that you supplied, we are pleased to inform you that your firm has been granted certification under the Business Enterprise Program (BEP) for Minority, Females, and Persons with Disabilities.

This certification is in effect with the State of Illinois until the date specified above.

At least 15 days prior to the anniversary date of your certification, you will be notified by BEP through email to update your certification as a condition of continued certification. It is your responsibility to ensure that the contact email address listed in the system is accurate and up to date and that the email account is checked regularly so that you do not miss any important notifications. In addition, should any changes occur in ownership and/or control of the business or other changes affecting the firm's operations, you are required to notify BEP within two weeks. Failure to notify our office of changes will result in decertification of your firm.

Your firm's name will appear in the State's Directory as a certified vendor with the Business Enterprise Program in the specialty area(s) of:

NIGP 20810: ACCOUNTING/FINANCIAL: BOOKKEEPING, BILLING AND INVOICING, BUDGETING, PAYROLL, TAXES,
ETC., MICROCOMPUTER

NIGP 91804: ACCOUNTING, AUDITING, BUDGET CONSULTING

NIGP 91875: MANAGEMENT CONSULTING

NIGP 94611: ACCOUNTING SERVICES (NOT OTHERWISE CLASSIFIED)

NIGP 94620: AUDIT SERVICES

Your firm will only show up in the database of BEP-certified vendors under the NIGP codes listed above, so PLEASE REVIEW THE LIST CAREFULLY TO ENSURE THAT ALL RELEVANT NIGP CODES ARE INCLUDED.

Also, please be advised that this certification does not gurantee that you will receive a State contract. Please visit the Vendor Registration page on www.opportunities.illinois.gov and be sure to register with each of the Procurement Bulletins listed so that you are notified of upcoming solicitations in your NIGP codes. Certification with the Business Enterprise Program doe not ensure you receive notifications; you must also register with Procurement Bulletins.

Thank you for your participation in the Business Enterprise Program. We welcome your participation and wish you continued success.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carlos Gutiérrez', with a stylized flourish extending to the right.

Carlos Gutiérrez
Certification Manager
Business Enterprise Program

This message was sent to: kellen@benfordbrown.com
Sent on: 9/1/2021 9:03:08 AM
System ReferenceID: 142975863

Nathan Pelzer

From: State of Illinois Central Management Services <cms@diversitycompliance.com>
Sent: Monday, January 4, 2021 12:45 PM
To: Nathan Pelzer
Subject: CMS: Certification Approved



Nathan Pelzer
Clinify, Inc.
347 west chestnut street
1714
Chicago, IL 60610

Dear Business Owner:

Re: NCA Certification Approval Minority Business Enterprise (MBE)
Certification Term Expires: April 3, 2022

Congratulations! After reviewing the No-Change Affidavit (NCA) information you supplied, we are pleased to inform you that your firm has been granted continued certification under the Business Enterprise Program (BEP) for Minorities, Females and Persons with Disabilities.

This certification is in effect with the State of Illinois until the date specified above as long as you continue to submit annual No - Change Affidavits and are found to still meet the requirements of the Program.

Your firm's name will appear in the State's Directory as a certified vendor with the BEP in the specialty area(s) of:

NIGP 91821: BUSINESS CONSULTING
NIGP 91832: CONSULTING SERVICES (NOT OTHERWISE CLASSIFIED)
NIGP 91890: STRATEGIC PLANNING AND CONSULTING

Also, please be advised that this certification does not guarantee that you will receive a State contract. Please visit the Vendor Registration page on www.opportunities.illinois.gov and be sure to register with each of the Procurement Bulletins listed so that you are notified of upcoming solicitations in your NIGP codes. Certification with the Business Enterprise Program does not ensure you receive notifications; you must also register with the Procurement Bulletins.

Thank you for your participation in the BEP. We welcome your participation and wish you continued success.

Sincerely,



Carlos Gutiérrez
Certification Manager
Business Enterprise Program

Form 12: Jobs

- 1. For collaborating providers, please provide data on the number of existing employees delineated by job category, including the zip codes of the employees' residence and benchmarks for the continued maintenance and improvement of these job levels.**

As a community-based hospital, SAH prioritizes the hiring of employees from our immediate service area. Attachment A: Zip Codes of SAH Employees outlines current SAH staff by zip code. Approximately 35% of staff live within SAH's primary service area on the west and southwest sides of Chicago, and 59% live in Chicago proper. SAH continuously strives to center and elevate the voices and skills of our community members by offering workforce development opportunities. To ensure continued maintenance and improvement of hiring levels within the community, SAH participates in a number of local employment networks, including West Side United, North Lawndale Employment Network, and National Latino Education Institute. Additionally, SAH participates in local job fairs and hosts its own job fairs in order to prioritize local hiring. Skills for Chicagoland's Future will also provide local recruitment support for Care Coordinators, Medical Assistants, Patient Access Representatives, and a Billing Specialist. Skills for Chicagoland's Future's mission is to create demand-driven solutions for employers to get the unemployed and underemployed back to work with a focus on localized hiring.

SAH leaders and staff are representative of the communities of color we serve with 37.7% identifying as Hispanic/Latino, 25.9% as Black/African American, 17.8% as white, 13.3% as Asian, and 3.0% as two or more races. Attachment B: Staff Race/Ethnicity provides an overview of the race/ethnicity of current staff.

SAH employs 872 individuals across a variety of positions requiring varying levels of education. Please see Attachment C: SAH Staff by Job Category for details on staff counts by Equal Employment Opportunity Commission (EEOC) job categories and Attachment D: Race/Ethnicity of Staff by Job Category for race/ethnicity demographics at SAH for each EEOC job category.

- 2. Please estimate the number of new employees that will be hired over the duration of your proposal.**

49

- 3. Describe any new employment opportunities in the future alignment of your proposal and how those opportunities reflect the community you serve.**

Please see Attachment E: Proposed Staffing Model and Attachment F: Position Descriptions for additional information on the 48.75 FTE staff who will be hired.

As the number of patients served at the DBHPC increases, it is anticipated additional staff may be needed. The Collaborative will form partnerships with local medical, nursing, and technical schools to create pipelines from the communities served, to training and education, and eventual gainful employment with the Collaborative. Currently, SAH partners with a wide variety of educational institutions, including Malcolm X College, Chicago State, Loyola University, Rush University, Elmhurst College, Olivet Nazarene, Chamberlain College of Nursing, Resurrection University, St. George's University School of Medicine, Rosalind Franklin University of Medicine and Science, Ross University School of Medicine, University of Chicago Medicine, and Amita Health Saint Joseph Hospital. An aim of the Collaborative is to increase the number of providers of color available to community members. According to the Illinois Department of Public Health, financial aid and an institution's long-term commitment to recruitment and support is needed to increase the number of providers of color (2020). Our Human Resources Team will continue evaluating possible partnerships with organizations specializing in local recruitment and hiring and will partner with Skills for Chicagoland's Future to support localized hiring for future staff needs.

- 4. Please describe any planned activities for workforce development in the project.**

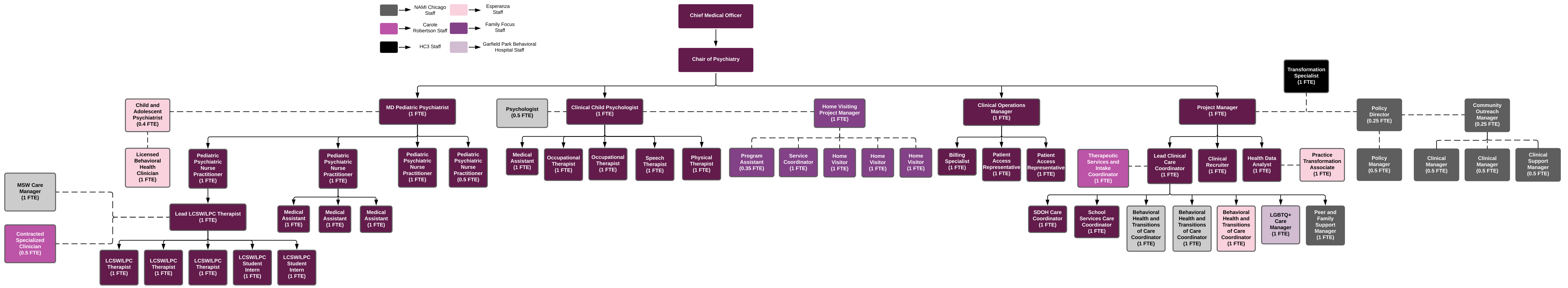
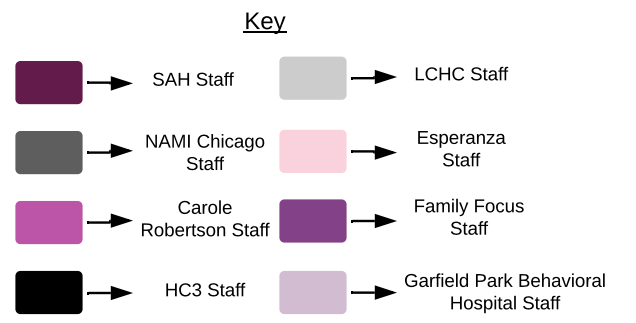
As a Collaborative partner, NAMI Chicago will carry out a number of workforce development trainings throughout the project. NAMI provides a variety of training, including mental health awareness, stigma reduction, active listening skills and de-escalation, compassion fatigue/secondary trauma, self-care,

workplace wellness, and advocacy training. Additionally, NAMI works one-on-one with organizations to develop customized training on mental health related topics. The following training sessions will be offered to partner organizations to facilitate workforce development:

- For non-mental health Collaborative partners: 1) Basic training in mental health signs and symptoms, 2) De-escalation strategies, 3) Capacity building to support individuals with mental health conditions
- For all Collaborative partners: 1) Advocacy training, 2) Compassion-fatigue and Self-Care, 3) Workforce Wellness Training to improve employee engagement and retention

HC3 will also implement workforce development opportunities through virtual and in-person learning opportunities, including a learning collaborative. Through HC3's diverse membership, including health care providers, civic organizations, payers, statewide advocacy organizations, legal, and communications, staff will be connected to additional opportunities for workforce development.

Attachment E: Proposed Staffing Model



Attachment F: Position Descriptions

Attachment F: Position Descriptions

Attachment F: Position Descriptions		
Position(s)	FTE	Description
Behavioral Health Team		
Pediatric Psychiatrist	1	Evaluate and diagnose mental, emotional, and behavioral disorders affecting children, adolescents, and their families. Provide medication management and work in collaboration with an interdisciplinary team to develop comprehensive care plans. Provide e-consults to PCPs and Mental Health Providers at partner FQHCs. Oversees the Behavioral Health Team.
Pediatric Psychiatric Nurse Practitioner	3.5	Care for child and adolescent psychiatric patients working in collaboration with the Pediatric Psychiatrist. Conduct patient evaluations, determine diagnosis, and develop comprehensive care plans in collaboration with an interdisciplinary team. Provide medication management and psychotherapy. Provide e-consults to PCPs and Mental Health Providers at partner FQHCs.
LCSW/LPC Therapist	4	Complete screenings and evaluations, write appropriate treatment plans and formulate functional goals for clients. Perform psycho-social assessments and contribute to the interdisciplinary plan of care. Facilitate individual, group, and family therapy sessions. Collaborate closely with the Supportive Services Team to link patients with additional services as indicated.
LCSW/LPC Intern	2	Under the supervision of the Lead LCSW/LPC Therapist, complete screenings and evaluations, write appropriate treatment plans and formulate functional goals for clients. Perform psycho-social assessments and contribute to the interdisciplinary plan of care. Facilitate individual, group, and family therapy sessions. Collaborate closely with the Supportive Services Team to link patients with additional services as indicated.
Medical Assistant	3	Assist physicians and clinicians on the behavioral health team with important clinical duties including but not limited to taking medical histories, assisting in physical examinations, communicating with patients, measuring patient's vital signs, and documenting patient information in the EHR.
Child and Adolescent Psychiatrist*	0.4	Located at Esperanza Health Centers. Evaluate and diagnose mental, emotional, and behavioral disorders affecting children, adolescents, and their families. Provide medication management and work in collaboration with an interdisciplinary team to develop comprehensive care plans.
Licensed Behavioral Health Clinician*	1	Located at Esperanza Health Centers. Complete screenings and evaluations, write appropriate treatment plans and formulate functional goals for clients. Perform psycho-social assessments and contribute to the interdisciplinary plan of care. Facilitate individual, group, and family therapy sessions. Collaborate closely with the Supportive Services Team to link patients with additional services as indicated.
Contracted Specialized Clinician*	0.5	Located at Carole Robertson. Provide cognitive behavioral therapy for young children and youth.
MSW Care Manager*	1.0	Located at LCHC. Provide care management support to behavioral health patients and families
TOTAL	16.4	
Developmental Health Team		
Clinical Child Psychologist	1	Conduct psychological assessments and/or tests for diagnostic purposes. Develop an individualized treatment plan for each child. Provide individual, group, and family therapy. Educate family members on what they can do for their child or how to respond to certain behaviors.
Occupational Therapist	2	Evaluate and treat pediatric outpatients who have issues with fine motor skills, activities of daily living, and sensory processing. Work in collaboration with an interdisciplinary team.
Speech Therapist	1	Evaluate, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children. Work in collaboration with an interdisciplinary team.
Physical Therapist	1	Evaluate and treat problems related to injuries, pre-existing conditions, and problems caused by illnesses or diseases to increase the function of body parts. Evaluate and treat conditions related to genetic, neurological, and

		orthopedic disorders. Work in collaboration with an interdisciplinary team.
Medical Assistant	1	Assist physicians and clinicians on the developmental health team with important clinical duties including but not limited to taking medical histories, assisting in physical examinations, communicating with patients, measuring patient's vital signs, and documenting patient information in the EHR.
Home Visitor*	3	Located at Family Focus. Provide home visits and family support group services for 24 slots per month according to the Parents and Teachers (PAT) model.
Family Focus Project Manager*	1	Located at Family Focus. Provide program supervision for home visitors and support for implementation and training according to PAT and funding requirements. Develop program performance reports.
Service Coordinator*	1	Located at Family Focus. Serve as case management lead for implementation of intake system for streamlining all referral processes.
Program Assistant*	0.35	Located at Family Focus. Provide support in outreach and intake processes.
Psychologist*	0.5	Located at LCHC. Conduct psychological assessments.
TOTAL	11.85	
Supportive Services Team		
Project Manager	1	Develop a detailed project plan and oversee HTC funding management. Ensure compliance with IHFS goals, outcomes, and fiscal responsibilities. Serve as the facilitator of the Collaborative's Steering Committee and as a liaison between partner organizations.
Clinical Operations Manager	1	Manage day-to-day operations of the clinic. Collaborate with the Clinical Recruiter on recruitment, hiring, and training in year one. Develop systems and protocols for the clinic. Carry out quality assurance testing and create performance goals. Oversee staff and patient scheduling. Oversee the Patient Access Representatives and Billing Specialist.
Patient Access Representative	2	Responsible for overseeing the admittance and dismissal of patients and visitors from the DBHPC. Assist with checking in and checking out, recording insurance information, assisting with billing and coding, obtaining pre-approval for treatment, collaborating with Care Coordinators to provide outside referrals, and providing post-treatment instructions.
Billing Specialist	1	Responsible for maintaining accurate financial records and payment procedures. Processes billing to patients and Medicaid MCOs, maintain supporting documentation files, resubmit claims to insurance companies as necessary, and identify and resolve patient billing complaints.
Lead Clinical Care Coordinator	1	Manage and facilitate treatment plans for patients. Work closely with patients to address any barriers to care. Collaborate with Behavioral and Development Health Teams to implement plans. Oversee Care Coordination Team.
Health Data Analyst	1	Track and analyze quality metrics from multiple sources. Identify data trends and recommend quality improvements. Report outcomes to the Steering Committee and assist with corrective action plans as indicated. Collaborate with Clinify to develop and implement a population health data sharing platform.
Clinical Recruiter	1	Identify qualified candidates for the Collaborative's clinical positions. Coordinate with Human Resources to move candidates through the hiring process. Assist with clinician onboarding.
SDOH Care Coordinator	1	Conduct SDOH screenings and provide closed-loop referrals to supportive services through NowPow. Provide training to other Care Coordinators as a NowPow super-user. Conduct patient follow-up to ensure families have been linked to services. Create partnerships with community-based organizations to facilitate warm hand-offs to their services.
School Services Care Coordinator	1	Collaborate closely with school staff to identify children in need of screening, diagnostic, and treatment services. Conduct family education and training at schools.
Behavioral Health and Transitions of Care Coordinators	3	Coordinate transitions of care from inpatient/ED visits to outpatient behavioral health appointments and PCP follow ups. Assist with scheduling and managing requests for child psychiatry. Link families to additional support services through NowPow. Collaborate with Behavioral and Development Health Teams to provide additional referrals to services.
LGBTQ+ Care Manager	1	Coordinate transitions of care from inpatient/ED visits for LGBTQ+ youth to

		outpatient behavioral health appointments and PCP follow ups. Provide affirming advocacy, support, and care coordination to patients in Garfield Park's Polaris Program. Assist with scheduling and managing requests for child psychiatry. Link families to additional support services through NowPow. Collaborate with Behavioral and Development Health Teams to provide additional referrals to services.
Therapeutic Services and Intake Coordinator*	1	Located at Carole Robertson. Provide ongoing care coordination for critical therapeutic services for children and families. Provide support for child observations.
Peer and Family Support Manager	1	Engage family units and children in their recovery efforts by providing education and serving as the family's advocate. Share resources with families and extend regular support. Coordinate support groups, family education workshops, and conduct outreach.
Practice Transformation Associate*	1	Located at Esperanza Health Centers. Conduct child behavioral health quality improvement initiatives. Coach pediatric care teams in behavioral health quality metrics in consultation with DBHPC Psychiatrists and Pediatric Psychiatric Nurse Practitioners. Assist the Health Data Analyst with reporting requirements and data assessment. Update and monitor quality metrics and dashboards related to pediatric behavioral health.
Policy Director*	0.25	Located at NAMI Chicago. Provide oversight and support of advocacy campaign.
Community Outreach Manager*	0.25	Located at NAMI Chicago. Support peer and family support work and community engagement related to the Collaborative.
Policy Manager*	0.5	Located at NAMI Chicago. Develop an advocacy campaign, engaging with collaborative partners and community members and executing the legislative strategy.
Clinical Manager*	1	Located at NAMI Chicago. Support families connected to NAMI Chicago's Helpline with linkage to care.
Clinical Support Manager*	0.5	Located at NAMI Chicago. Support families with intensive case management needs.
Transformation Specialist*	1.0	Located at HC3. Strategically disseminate information, best practices, and conduct technology transfer to expand impact across Chicago's healthcare sectors.
TOTAL	20.5	
GRAND TOTAL	48.75	
*Staff will not be embedded within the physical space of the DBHPC, but will collaborative closely with DBHPC staff		

Citations

- IDPH. (2020). Diversity in Health Care Task Force annual ... - Illinois. Retrieved October 4, 2021, from <https://www.dph.illinois.gov/sites/default/files/publications/dhctfannualreport2020.pdf>.

Form 13: Quality Metrics

1. Tell us how your proposal aligns with the pillars and the overall vision for improvement in the Department's Quality Strategy.

The development of quality metrics for the Collaborative was guided by IHFS' 2021-2024 Comprehensive Medical Programs Quality Strategy. The DBHPC aligns with the Child Behavioral Health and Maternal and Child Health Pillars of Improvement. A primary aim of the Collaborative is to provide equitable access to pediatric behavioral, developmental, and primary care services through an integrated approach. The Collaborative will utilize the following quality and report metrics outlined in HFS' Quality Strategy:

Child Behavioral Health

- Follow-Up After Hospitalization for Mental Illness—6-17 years of age stratification (7-Day and 30-Day)
- Follow-Up After Emergency Department Visits for Mental Illness—6-17 years of age (7-Day and 30-Day)
- Visits to the Emergency Department for Behavioral Health Services That Result in Hospitalization
- Overall Number and Length of Behavioral Health Hospitalizations
- Number of Repeat Behavioral Health Hospitalizations

Maternal and Child Health

- Well-Child Visits in the First 30 Months of Life
- Child and Adolescent Well-Care Visits

2. Does your proposal align with any of the following Pillars of Improvement?

- Maternal and Child Health
- Child Behavioral Health

Maternal and Child Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

- Well-Child Visits in the First 30 Months of Life
- Child and Adolescent Well-Care Visits

Child Behavioral Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

- Follow-Up After Hospitalization for Mental Illness—6-17 years of age stratification (7-Day and 30-Day)
- Follow-Up After Emergency Department Visits for Mental Illness—6-17 years of age (7-Day and 30-Day)
- Visits to the Emergency Department for Behavioral Health Services That Result in Hospitalization
- Overall Number and Length of Behavioral Health Hospitalizations
- Number of Repeat Behavioral Health Hospitalizations

3. Will you be using any metrics not found in the quality strategy?

Yes

3A. Please propose metrics you'll be accountable for improving and a method for tracking these metrics.

Please see Attachment A: Additional DBHPC Metrics

Attachment A: Additional DBHPC Metrics

Attachment A: Additional DBHPC Metrics

Metric	Primary Tracking Method	Secondary Tracking Method
Average 3 rd next available appointment	Clinify (data sharing platform)	SAH's EHR
% Depression screening by 13 and 18 years of age	Clinify	<ul style="list-style-type: none"> • SAH's EHR • Esperanza's EHR • LCHC's EHR
# Of overall patient visits to DBHPC	Clinify	SAH's EHR
# Of workforce development trainings	Clinify	NAMI's Data Tracking Platform
# Of SDOH screenings	NowPow	
# Of closed-loop referrals	NowPow	
# Of care coordination and peer support clients	Clinify	
# Of community education and training events	Clinify	NAMI's Data Tracking Platform
# Of individuals provided with training on mental health awareness, stigma reduction, and connection to mental health care	Clinify	NAMI's Data Tracking Platform
# Of warm hand-offs to DBHPC and medical homes	Clinify	
# Of pediatric psychiatric patient visits	Clinify	<ul style="list-style-type: none"> • SAH's EHR • Esperanza's EHR
# Of psychiatry eConsults	Clinify	<ul style="list-style-type: none"> • SAH's EHR • Esperanza's EHR • LCHC's EHR
# Of individual mental health therapy visits	Clinify	<ul style="list-style-type: none"> • SAH's EHR • Esperanza's EHR • Carole Robertson's Data Tracking Platform
# Of social-emotional learning groups	Clinify	
# Of psychological assessments conducted	Clinify	<ul style="list-style-type: none"> • SAH's EHR • LCHC's EHR
% Patients satisfied with services	Surveys, Focus Groups	
% Providers satisfied with model of care	Surveys, Focus Groups	
# Of occupational, speech, and physical therapy evaluations	Clinify	SAH's EHR
# Of occupational, speech, and physical therapy treatments	Clinify	SAH's EHR

Form 14: Milestones

For all activities described in your proposal, please provide a calendar of milestones to show progress (e.g., when IT will be purchased, when IT will be operative, when construction projects will begin and end, when people will be hired, etc.) The timeline should be in months from award.

Please see Attachment A: Year 1 Gantt Chart for an overview of activities during Year 1. During Years 2-5, the following activities will occur:

- Continue to provide integrated services at the DBHPC Behavioral Health Home
- Quarterly Steering Committee Meetings
- Quarterly Evaluation Meetings
- Learning Collaboratives
- Community Outreach and Engagement
- Policy and Advocacy
- Annual Report and Data Walk
- Workforce Development and Training
- Data Sharing and Reporting powered by Clinify

Attachment A: Year 1 Gantt Chart

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Recruit community members to serve on the Steering Committee (SC)	Project Manager											
Select SC members from each partner organization	Project Manager											
Collaborate with IHFS to establish quality metrics, governance, payment structure, etc.	Project Manager	Project Manager	Project Manager									
Conduct site placement research and scouting	Steering Committee	Steering Committee	Steering Committee									
Write job descriptions	Clinical Recruiter											
Develop a recruitment plan in collaboration with Skills for Chicagoland's Future	Clinical Recruiter	Clinical Recruiter										
SC convenes (Month 2 Meeting)		Steering Committee										
Develop policies and procedures to govern the SC and short and long-term goals		Steering Committee	Steering Committee									
Develop a joint venture agreement and BAA and conduct legal reviews		Steering Committee	Steering Committee									
SC convenes (Month 3 Meeting)			Steering Committee									
Identify key users of the data sharing platform and define program workflows	Clinify	Clinify	Clinify									
Develop financial management policies and procedures	BB&A	BB&A	BB&A									
Evaluation Quarterly Meeting			PIE									
Recruit clinicians and staff in collaboration with Skills for Chicagoland's Future			Clinical Recruiter	Clinical Recruiter	Clinical Recruiter	Clinical Recruiter	Clinical Recruiter					
Provide evaluation capacity building support to all partner organizations			PIE	PIE	PIE	PIE	PIE	PIE	PIE	PIE	PIE	PIE
Develop technology capabilities to support data capture and sharing across clinical and non-clinical organizations and integration with EHR systems			Clinify	Clinify	Clinify	Clinify	Clinify	Clinify	Clinify	Clinify	Clinify	Clinify
Execute a joint venture agreement and BAA to govern the SC				Steering Committee								
SC convenes (Month 4 Meeting)				Steering Committee								
Conduct lease negotiations for the Center				Clinical Operations Manager								
Conduct a data audit and Listening Tour with all project stakeholders and community members				PIE	PIE							
Conduct Center set-up, including phone services, utilities, security, pest control, garbage, cleaning services, snow removal, etc.					Clinical Operations Manager							
SC convenes (Month 5 Meeting)					Steering Committee							
Purchase IT equipment, pediatric therapy equipment, furniture					Clinical Operations Manager	Clinical Operations Manager						
SC convenes (Month 6 Meeting)						Steering Committee						
Develop marketing materials						Project Manager						
Evaluation Quarterly Meeting						PIE						
Develop a Learning Collaborative				HC3	HC3	HC3						
Set up IT systems (laptops, NowPow, etc.)							Clinical Operations Manager					
Purchase supplies (printer paper, toner, office supplies, etc.)							Clinical Operations Manager					
Decorate and furnish Center							Clinical Operations Manager	Clinical Operations Manager				
SC convenes (Month 7 Meeting)							Steering Committee					
Conduct outreach to inform community about new services							Project Manager	Project Manager	Project Manager			
SC convenes (Month 8 Meeting)								Steering Committee				
Conduct staff onboarding and training								Clinical Operations Manager				
Hold first Learning Collaborative								HC3				
SC convenes (Month 9 Meeting)									Steering Committee			
Evaluation Quarterly Meeting									PIE			
Grand opening of the DBHPC--services begin										Project Manager		
SC convenes (Month 10 Meeting)										Steering Committee		
Provide services to the community										Steering Committee	Steering Committee	Steering Committee
SC convenes (Month 11 Meeting)											Steering Committee	
Evaluation Quarterly Meeting												PIE
SC convenes (Month 12 meeting)												Steering Committee
Annual report and data walk												PIE

Legend: Task Managers				
■ Project Manager	■ Clinical Recruiter	■ PIE	■ BB&A	■ Skills for Chicagoland's Future
■ Steering Committee	■ Clinical Operations Manager	■ Clinify	■ HC3	

Form 15: Budget

2. Number of Individuals Served

Year 1 Individuals Served

- 9,003

Year 2 Individuals Served

- 36,012

Year 3 Individuals Served

- 36,012

Year 4 Individuals Served

- 36,012

Year 5 Individuals Served

- 36,012

Year 6 Individuals Served

- 36,012

3. Outline any alternative payment methodologies that your proposal might utilize for receiving reimbursement for services from MCOs.

SAH, in collaboration with six other safety net hospitals, is currently in the process of upgrading its EHR to facilitate the transition to value-based payments. By improving the collection of clinical and SDOH data through a new EHR system, SAH will be better equipped to negotiate value-based reimbursement from MCOs. Additionally, the Collaborative will position itself to move towards value-based payments by leveraging Clinify's platform to advance data collection.

Attachment A: Number of Individuals Served per Year

Attachment A: Number of Individuals Served per Year

Year 1		
Service	Visits/Individuals Served	Justification
Pediatric Psychiatry	4,410 visits	75 visits/week per 1 FTE (75 x 4.9 FTE x 12 weeks = 4,410) <ul style="list-style-type: none"> MD Pediatric Psychiatrist: 1 FTE Pediatric Psychiatric Nurse Practitioners: 3.5 FTE Esperanza Child and Adolescent Psychiatrist: 0.4 FTE
Mental Health Therapy	1,920 visits	30 visits/week per 1 FTE (30 x 4 FTE x 12 weeks = 1,440) <ul style="list-style-type: none"> LCSW/LCPC Therapist: 4 FTE 20 visits/week per 1 FTE LCSW Intern (20 x 2 FTE x 12 weeks = 480) <ul style="list-style-type: none"> LCSW/LCPC Student Intern: 1 FTE
Clinical Child Psychology	270 visits	15 visits/week per 1 FTE (15 x 1.5 FTE x 12 weeks = 270) <ul style="list-style-type: none"> Clinical Child Psychologist: 1 FTE LCHC Psychologist: 0.5 FTE
Occupational Therapy	720 visits	30 visits/week per 1 FTE (30 x 2 FTE x 12 weeks = 720) <ul style="list-style-type: none"> Occupational Therapist: 2 FTE
Speech Therapy	360 visits	30 visits/week per 1 FTE (30 x 1 FTE x 12 weeks = 360) <ul style="list-style-type: none"> Speech Therapist: 1 FTE
Physical Therapy	360 visits	30 visits/week per 1 FTE (30 x 1 FTE x 12 weeks = 360) <ul style="list-style-type: none"> Physical Therapist: 1 FTE
Home Visits	216 individuals	24 individuals per month per 1 FTE (24 x 3 FTE x 3 months = <ul style="list-style-type: none"> Home Visitors: 3 FTE
Care Coordination/Peer Support	672 individuals	<ul style="list-style-type: none"> Assuming a caseload of 6 high-risk, 21 medium-risk, and 5 low-risk for a total of 32 each month per 1 FTE 7 FTE x 32 individuals x 3 months = 672
Community education, training, and groups	75 individuals	<ul style="list-style-type: none"> Assuming 25 individuals reached per month 25 individuals x 3 months = 75
TOTAL	9,003	
Years 2-5		
Service	Visits/Individuals Served	Justification
Pediatric Psychiatry	17,640 visits	75 visits/week per 1 FTE (75 x 4.9 FTE x 48 weeks = 17,640) <ul style="list-style-type: none"> MD Pediatric Psychiatrist: 1 FTE Pediatric Psychiatric Nurse Practitioners: 3.5 FTE Esperanza Child and Adolescent Psychiatrist: 0.4 FTE
Mental Health Therapy	7,680 visits	30 visits/week per 1 FTE (30 x 4 FTE x 48 weeks = 5,760) <ul style="list-style-type: none"> LCSW/LCPC Therapist: 4 FTE 20 visits/week per 1 FTE LCSW Intern (20 x 2 FTE x 48 weeks = 1,920) <ul style="list-style-type: none"> LCSW/LCPC Student Intern: 1 FTE
Clinical Child Psychology	1,080 visits	15 visits/week per 1 FTE (15 x 1.5 FTE x 48 weeks = 1,080) <ul style="list-style-type: none"> Clinical Child Psychologist: 1 FTE LCHC Psychologist: 0.5 FTE
Occupational Therapy	2,880 visits	30 visits/week per 1 FTE (30 x 2 FTE x 48 weeks = 2,880) <ul style="list-style-type: none"> Occupational Therapist: 2 FTE
Speech Therapy	1,440 visits	30 visits/week per 1 FTE (30 x 1 FTE x 48 weeks = 1,440) <ul style="list-style-type: none"> Speech Therapist: 1 FTE
Physical Therapy	1,440 visits	30 visits/week per 1 FTE (30 x 1 FTE x 48 weeks = 1,440) <ul style="list-style-type: none"> Physical Therapist: 1 FTE
Home Visits	864 individuals	24 individuals per month per 1 FTE (24 x 3 FTE x 12 months = 864) <ul style="list-style-type: none"> Home Visitors: 3 FTE
Care Coordination/Peer Support	2,688 individuals	<ul style="list-style-type: none"> Assuming a caseload of 6 high-risk, 21 medium-risk, and 5 low-risk for a total of 32 each month per 1 FTE 7 FTE x 32 individuals x 12 months = 672

Community education, training, and groups	300 individuals	<ul style="list-style-type: none">• Assuming 25 individuals reached per month• 25 individuals x 12 months = 300
TOTAL	36,012	

Form 16: Sustainability

Include a narrative that describes how your budget will decrease reliance on Transformation funding over time and how reimbursements for services and other funding sources will increase and establish sustainability over time. (i.e. how will your project continue to operate without HTC funding?)

In particular, include how services that address social determinants of health will be funded on an ongoing basis (for example, through existing payment models, alternative payment methodologies for Medicaid services, or through other funding sources).

In your narrative, highlight any key assumptions that are critical to making your project sustainable.

The Collaborative will decrease reliance on Transformation funding over time through reimbursement for new billable services, philanthropy, and pursuing alternative payment methodologies such as value-based models of care. The Collaborative estimates an increase in revenue in Year 5 compared to Year 2, demonstrating a ramp down in reliance on HTC funds. Revenue projections, however, are based on the current level of Medicaid reimbursement (accounting for a 2% increase in reimbursement each year). To further increase revenue and the rates of reimbursement, the Collaborative will work with MCOs to create greater transparency in the reimbursement process and to transition to value-based payments. SAH is currently planning to adopt a new EHR system to facilitate improved data analytics and financial modeling necessary for transitioning to value-based care. Additionally, through improved data collection and sharing powered by Clinify, the Collaborative will be better able to track outcomes and performance measures

Shifting to value-based payments will also result in sustainable funding for services addressing SDOH due to increased reimbursement based on quality of care and patient outcomes. Care coordination, case management, and peer support services are evidence-based interventions that have been shown to improve health outcomes. The Collaborative will also engage in a policy and advocacy campaign led by NAMI Chicago to work with state legislators to promote care models and services developed out of the Collaborative that should be sustainably funded and scaled.