

Healthcare Transformation Collaboratives Cover Sheet



1. Collaboration Name: Safe Haven/Transformational Collaborative 2

2. Name of Lead Entity: Kimball Ladien, MD

3. List All Collaboration Members:

Kimball Ladien, MD
Thorek-Methodist Hospital
Family Guidance
Safer Foundation-PEERR
UIC-TARGET
Weiss Memorial Hospital
Uptown/Refresh
Balmoral Nursing Home
Crestwood Nursing Home
Catholic Charities
Chicago Parochial Schools
Chicago Public Schools
EPIC EMR
Nuance/Total Voice Tech
Standing Tall Foundation
CHAMPS*
Radcliffe's Youth Sports Organization*
Chi Positive Impact*

4. Proposed Coverage Area: Gage Park/West Elsdon (Phase 1), Chicago (Phase 2), State of Illinois (Phase 3)

5. Area of Focus: One-Stop Case Management (OSCM) system to Coordinate, Monitor and Evaluate the success of individual customers in achieving their Individualized Goals Plans (IGPs).

6. Total Budget Requested: \$58,503,400

The Chicago Project -- Safe Haven/Transformational Collaborative 2 (SH/TC2)

Cutting the Curves of Crime, Drugs, Abuse and Joblessness >95% -- 2022-2025

The Goal of Safe Haven/Transformational Collaborative 2 (SH/TC2) is to CUT the Curves of Crime, Drugs, Abuse and Joblessness >50% in Chicago in 2022 and >95% across Illinois by 2025. Just as with Penicillin, SH/TC2 can then be Replicated across America and beyond. --Kimball Ladien, MD

THE CHICAGO PROJECT PEACE ON EARTH BY 2030

"The Manhattan Project Built the Bomb.

**With the Chicago Project we can
all help Build the PEACE."**



- 1.A Gang-Free, Drug-Free, Full-Employment Economy in America by 2020 (Safe Haven);
- 2.Building the "Cyber-City/State/Country/World of the Future" (IF-PREVENT and Super-EPIC);
- 3.Building and implementing GEIP (Clean, renewable energy SAVING \$2-3 TRILLION/year); and
- 4.PEACE on Earth by 2030 (starting with Peace Paradigm for ISIS, Iran and North Korea in 2018).

KIMBALL LADIEN, MD

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1. Participating Entities

<u>Entity Name</u>	<u>Primary Contact</u>	<u>Position</u>	<u>email</u>	<u>Office #</u>	<u>Mobile #</u>
Kimball Ladien, MD	Kimball Ladien, MD	Principal	kladienmd@yahoo.com	773-520-7161	773-520-7161
Thorek Hospital	Ned Budd	CEO	ebudd@thorek.org	773-975-6708	312-576-8798
Family Guidance	Ron Vlasity	CEO	rvlasity@fgcinc.org	312-371-8810	224-659-7030
Safer Foundation	Sherie Martinez	Lead	smartinez@ Saferfoundation.org	773-265-0423	773-887-2422
University of Illinois TARGET	Heather Prendergast, MD	Lead	hprender@uic.edu	312-413-1214	773-213-7973
Weiss Memorial Hospital	Irene Dumanis	CEO	idumanis@ weisshospital.com	773-564-5102	773-878-8700
Uptown Psych /Refresh	Eva Tokat --David Drewek	Administrator Regional Mgr	eva@uptownpsych.com ddrewek@ refreshmentalhealth.com	773-989-2780	312-523-7065 920-475-4778 920-475-4778
Catholic Charities	Sally Blount --Laura Rios	CEO C&A Admin	sblount@ catholiccharities.net	312-655-8570	
Parochial Schools	Greg Richmond --Michael L Smith	CEO SH/TC2 Coord	grichmond@ michaelsmith@ gmail.com	312-534-5200 312-907-1469	
Chicago Public Schools	Pedro Martinez --Karl Kemp	CEO SH/TC2 Coord	rpatillo@cps.edu profit46@gmail.com	773-553-1493 773-842-0547	
EPIC EMR	Judith Faulkner	CEO	mychartmobilesupport @epic.com	608-271-9000	
TVT/Nuance	Bob Hinkle	Mgr	bob@totalvoicetech.com	440-473-0000	440-972-9954
Standing Tall	Mary Vitulli	Exec Dir	standingtallmmv@aol.com	847-294-1801	
Balmoral NH	Barry Taerbom	Admin	admin@balmoralnursing.com	773-561-8661	
Crestwood NH	Marcita Gooley	Admin	mgooley@crestwoodcare.net	708-597-5251	
RYSO	Ernest Radcliffe	Coach	eradcliffe1@yahoo.com	312-572-9021	

The Chicago Project -- Safe Haven/Transformational Collaborative 2 (SH/TC2)

Cutting the Curves of Crime, Drugs, Abuse and Joblessness >95% -- 2022-2025

--Kimball Ladien, MD

2. Brief Project Description

The Goal of Safe Haven/Transformational Collaborative 2 (SH/TC2) is to CUT the Curves of Crime, Drugs, Abuse and Joblessness >50% in Chicago in 2022 and >95% across Illinois by 2025. Just as with Penicillin, SH/TC2 can then be Replicated across America and beyond.

Detailed Project Description

2.1

Executive Summary

The Chicago Project -- Safe Haven/Transformational Collaborative 2 (SH/TC2): Phase 1 (2022)

"If the ONLY thing we do Now is to implement After-School programs for our children and JOB Programs for ALL abled bodied adults, including those on Probation and Parole, we can Dramatically Reduce Gangs, Drugs, Abuse and Joblessness and help make Chicago, Illinois and Indiana Models for the Country on the way towards achieving a Gang-Free, Drug-Free, Full-Employment Economy in America -- SAVING LIVES and Billions of Tax Dollars-- a good start indeed to Paying Off the Pensions and CUTTING TAXES. A PENNY OF PREVENTION truly IS WORTH A DOLLAR OF CURE."

There are many good Programs and Organizations designed to help Communities across America Combat out-of-control Crime, Drugs, Mental Health Issues and Joblessness. As important as these programs are, however, without the proper TOOLS, they will be marginally effective. Simply put, Good Intentions and Good OUTCOMES are Not the same. *We must rigorously evaluate All Programs with an OUTCOMES-Based Cost-Benefit Analysis if we are to truly be both Objective and Successful in our efforts.*

Safe Haven/Transformational Collaborative 2 (SH/TC2) is specifically designed to give All Transformational Collaboratives, both in Illinois and Beyond, the TOOLS needed to CUT the Curves of Crime, Drugs, Dropouts, Abuse and Joblessness >50% in the first year and significantly better (>95%) moving forward. Just as Medicine in general uses Continuous Quality Improvement (CQI) as the way to make Consistent Progress, we must now apply the same Rigor and Expectations in moving from "Services Rendered" to actual OUTCOMES in the evaluation of Programs moving forward.

A significant part of the Failures of previous programs has been a focus on Entitlements (Rights without Responsibilities) versus True EMPOWERMENT (Rights AND Responsibilities) as discussed below. By Mandating programs for both Adults and Adolescents involved in the Criminal Justice System, we hope to significantly improve OUTCOMES--benefiting All-- both Participants AND their communities.

SH/TC2 wishes to work with two TC1 programs (Safer Foundation's PEERR and UIC's TARGET) as well as other Governmental Agencies and Organizations (e.g., Chicago, CDPH, CPD, CPS, Catholic Charities, Parochial Schools, Family Guidance, DOC, DMH, FHS, etc.) in the development of a Fully Integrated One-Stop Case Management (OSCM) system to Coordinate, Monitor and Evaluate the success of individual clients in achieving their Individualized Goals Plans (IGPs). *Evaluation criteria will include, but not be limited to Compliance, Recidivism Rates, Education, Housing and Job Retention.* By having specific Target

Goals in mind related to OUTCOMES and Not just “Services Rendered,” we hope to Significantly Improve upon past efforts and SAVE LIVES as well as Tax Dollars in the process.

While Year One SH/TC2 efforts would focus primarily on Chicago, with the cooperation of the University of Illinois and SICU, it may be possible to also begin Pilot Programs in Springfield, Champaign, Rockford and Carbondale as well. It is hoped that these State-Funded Universities with their significant expertise in many fields can act as the Nuclei for expanding SH/TC2 Statewide in Years 2-3 of the program. Also, because of the University of Illinois’ proven Expertise with their OCEANS program in both Collecting and Evaluating data, they and UIC/UC Economists may be the core for OUTCOMES-Based Cost-Benefit Analysis of these and other programs moving forward.

2.2 Specified Service Area—From TARGET (Phase 1) to Illinois (Phase 3)

Phase 1—2022 -- TARGET and PEERR-- Including Schools and JOBS

The Goal of SH/TC2 Phase 1 is to Expand upon the work the TC1 Programs TARGET and PEERR by including local Schools for Children and Jobs for Adults in the TARGET Catchment Area.

The community service area for TARGET is 60629, which includes the communities of Gage Park and the West Elsdon neighborhood. The service area is home to 45,562 individuals, of whom 18.6 percent are low-income or in poverty. Within the service area, 25.7 percent of residents are either uninsured or carry public insurance, 96.4 percent of residents identify as a racial or ethnic minority, and 70 percent of residents speak a language other than English at home. Community violence and low educational attainment also prevent many residents from enjoying the highest possible quality of life

Phase 2 –2023 -- All of Chicago and Satellite Programs

Phase 2 would expand SH/TC2 across all of Chicago, including all Chicago Public, Private and Parochial Schools. As noted above, with the cooperation of the University of Illinois and SICU, it may be possible to also begin Pilot Programs in Springfield, Champaign, Rockford and Carbondale as well. It is hoped that these State-Funded Universities with their significant expertise in many fields can act as the Nuclei for expanding SH/TC2 Statewide in Years 2-3 of the program.

Phase 3 -- 2024-2025 -- Programs Throughout Illinois and Possibly other States and Possibly Other States

By integrating All Transformational Collaborative Projects, including SH/TC2, the goal will be to have a Gang-Free, Drug Free, Full-Economy Across Illinois by 2025. Efforts will be made to Replicate SH/TC2 in other States as well.

2.3 Narrative Description of Transformational Aspects of SH/TC2 -- Summary of Goals

“These new contract opportunities will be consistent with DMH Recovery Values and will be aimed at enhancing our system of care through support for clinical services and development of additional, non-traditional community resources. They will: strengthen the connections between our state-operated psychiatric hospitals and community providers; build upon Evidence-Based and emerging Best Practices; develop new roles for consumer operated service providers; and provide funding to support individuals leaving our hospitals with concrete resources and clinical services.” DMH Director David Albert, 1/24/20

The Illinois Department of Healthcare and Family Services (HFS) in their November 2020 “Healthcare Transformation Proposal,” note that they are seeking “Collaborative, Big Table Processes” that include:

-- Community-wide, Whole Systems Approach;

SH/TC2's One-Stop Case Management (OSCM) System (See below), Integrates and Coordinates ALL Community, City, County, State and Federal Agency activities within a single UNIFIED System.

-- Proposals prioritized based on Community Input;

As both Safer Foundation's PEERR and UIC's TARGET programs are already strongly based upon Community Input, SH/TC2 wishes to build upon and Strengthen the OUTCOMES of these programs.

-- Broad Multidisciplinary, Community-Based Collaboration;

Again, SH/TC2 wishes to Expand upon and Strengthen the Multidisciplinary, Community-Based Collaborations that have already been established with both PEERR and TARGET

-- Focused on Innovation and Collaboration to **Radically Change OUTCOMES**

By implementing the One-Stop Case Management (OSCM) System, along with significantly improved Super-EPIC Patient-Tracking Systems (used, e.g., for COVID-19, etc.) as well as using the Courts with new Alternative Sentencing/Probation/Parole options, we can Radically Change OUTCOMES in a highly positive Win-Win Way.

--"Set a path for Systematic Change throughout the State over Multiple Years and Stimulate Competition inclusive of Mental, Behavioral and Dental Health."

By doing Rigorous Cost-Benefit Analysis based upon OUTCOMES instead of simply "Services Rendered," just as with COVID-19 or with Reversing the Chicago River (See below), we truly CAN CUT the Curves of Crime, Drugs, Abuse and Joblessness >50% in the First Year of SH/TC2 and significantly better (>95%) in future years across Chicago, Illinois and far beyond.

-- "Assure that State Dollars can be Magnified by other Investments from Business and Philanthropic Communities informed by Community Input,"

A Motto of Safe Haven is "A PENNY OF PREVENTION IS WORTH A DOLLAR OF CURE" (in homage to Irving Harris and his original "Ounce of Prevention" Program.) If we can CUT the Curves of Crime, Drugs, Abuse and Joblessness even 10%, we will be SAVING Illinois >\$500 Million Annually. SH/TC2's target goal is Five Times this (\$2.5 Billion) in the first year alone.¹

By reinvesting even some of these Savings into further expanding Prevention-Oriented, Community-Based programs, we can get a Multiplier Effect with even Greater Savings -- Both Human and Financial -- in future years. And, by utilizing Rigorous Cost-Benefit Analysis evaluating OUTCOMES instead of simply Services Rendered, we will move to a New Paradigm of GOOD GOVERNMENT based on GOOD SCIENCE.

The option for Weiss Memorial Hospital/Pipeline to buy Chicago Lakeshore Hospital to expand Psychiatric Inpatient Capacity for Adults, Adolescents and Children will be discussed below.

2.4 Summary of Basic Tools

2.4.1 Introduction – A PARADIGM SHIFT from Lose-Lose Entitlement to True Win-Win EMPOWERMENT

From even before the Incorporation of Chicago in 1837, there were Severe Epidemics of Cholera and Typhoid on a Regular Basis. All of this abruptly ENDED in 1900 with the Reversal of the Chicago River.

Similarly, *the Epidemics of Crime, Drugs, Abuse and Joblessness can be ENDED* when we move beyond Ideologies and “Politics as Usual” to genuine GOOD GOVERNMENT based on GOOD SCIENCE for the Benefit of ALL. There are Answers to these Problems, but we must THINK, LISTEN and LEARN.

Simply put, It Is Time for a PARADIGM SHIFT in America from Lose-Lose Entitlement to True Win-Win EMPOWERMENT for the GOOD of ALL—SAVING LIVES and Tax Dollars for all of the Right Reasons.

Entitlement (Rights WITHOUT Responsibilities—“Society owes me Everything and I owe Society Nothing”) NEVER WORKS at Any Time in Any Country. EMPOWERMENT (Rights AND Responsibilities—“Ask not what your Country can do for you, Ask what YOU can do for your Country”) WORKS Every time and Everywhere that it is tried.

Recidivism Rates for both Drugs and Crime in the US are significantly higher than are found in many other Countries. According to Stelle, “68% of Criminals had been rearrested for a new crime within three years of release; 79% after six years; and 83% within nine years.”²

A 2018 follow-up DOJ study for the years 2005-2014 showed similar results including that 77% of released Drug Offenders were rearrested for a non-drug crime within nine years.³

Europe has Recidivism Rates ranging from 20-30% to 50-60%, depending on the Country, while China has one of the lowest recidivism rates in the World at 6-8%.² Clearly, the US Can and MUST do Better if we are to continue to be True World LEADERS in pursuit of a More Perfect Union in the US and beyond.

Three Major Shortcomings of Current Drug Rehab and Criminal Justice Systems in the US include:

1. Programs are most often NOT Mandatory (following relatively brief periods of Probation or Parole);
 2. There are Few (if any) Consequences for Not Following Protocols (including Compliance, etc.); and
 3. There is rarely 24/7/365 Monitoring of Patients/Parolees—Especially over the Long-Term.
-

SH/TC2 is designed to address the above three current deficiencies. And, just like reversing the Chicago River, we can END the Epidemics of Crime, Drugs and Joblessness for the GOOD of ALL. This is Not Magic. It is moving Beyond Ideologies to Genuine GOOD SCIENCE. It is Everyone working TOGETHER to Seek the TRUTH and the Win-Win Way towards true EMPOWERMENT for the GOOD of ALL.

The following is a brief summary of the specific steps involved in an Inpatient/Outpatient Opiate/ Substance Abuse Rehab/Jobs Program that can be used as a Model to potentially be Piloted in Illinois, but Replicated over time far beyond. More complete details (and books) are available on request.

¹ Safe Haven, Table, p 122, Kimball Ladien, MD, 1993, 2018

² “*Crime and Delinquency*,” Steele et al., 1994

³ “*2018 Update on Prisoner Recidivism*,” Mariel Alper, Matthew Durose and Joshua Markman, DOJ, 2018

2.4.2 Safe Haven Inpatient/Outpatient Opiate/Substance Abuse Rehab/Jobs Program

2.4.2.1 One-Stop Case Management (OSCM) -- Multiple Entry Points Into System

As noted in Figure 1, there are multiple entry points into a One-Stop Case Management (OSCM) system. While Alternative Sentencing for Adults and Reed/Madden Expedition (ReMEx) Programs are discussed in detail elsewhere, this review will focus on Inpatient/Outpatient Opiate/Substance Abuse Rehab/Job Programs specifically. Having said this, however, the OSCM approach works with multiple populations and settings, including Mental Health, Criminal Justice, Schools and elsewhere.

By electronically having access to multiple data systems, not only can individuals be tracked in terms of follow-up in particular systems (mental health appointments, AA/NA, school, work, etc.), they can be assigned to follow-up in these particular areas as part of an Individualized Goal Plan (IGP). Where appropriate, Mental Health and Criminal Courts can mandate individuals to follow such IGPs. While not all individuals will need Inpatient Treatment, all patients will have follow-up in Outpatient settings.

2.4.2.2 Individualized Goals Plan (IGPs)

Figure 2 illustrates an Individualized Goals Plan (IGP) that will be developed in conjunction with particular patients, their families and others involved in an overall treatment plan (case managers, etc.). While such IGPs will be “starting points” for trying to maximize a patient’s potential, clearly they may evolve as treatments progress and circumstances change. By ensuring that ALL relevant agencies are “in the loop” at all times, however, it will be much likely for patients to “fall through the cracks” and much more likely that true Progress and Empowerment can be achieved.

While all individuals will have Case Managers (CM’s) in the Outpatient setting, often it will be Social Workers (SWs) who first develop IGPs when individuals are in an Inpatient Setting. Ideally, there will be direct contact between SWs and CMs before individuals leave the inpatient or prison setting.

2.4.2.3 Community Service Corps (CSC)

Much as with FDR’s CCC and WPA, Safe Haven’s Community Service Corps (CSC) would provide JOBS in the public and private sectors, including for individuals on Probation and Parole as well as those involved in the Mental Health System. By ensuring that All able-bodied adults are doing something productive at least a certain number of hours each week, we can go far towards not only Ending Joblessness, but PREVENTING Crime, Drugs and many other Mental Health Issues in the process.

Table 1 illustrates some of the CSC entry-level jobs that can quickly be developed with the help of the City of Chicago and others. Table 2 illustrates some of the potential Cost Savings that Chicago could potentially achieve with these CSC participants. Thus, for instance, even 3000 jobs in areas from garbage collection and recycling to Maintenance and Resident Patrols could provide approximately \$40 Million of Services to Chicago in a highly Win-Win Way. Since these savings were based upon part-time jobs at 1992 levels, the Savings now would be even higher. Most importantly, we would be providing Jobs that would be helping both individuals and their communities while reducing Crime and Drugs in the process.

Figure 1. One-Stop Case Management Flow Chart

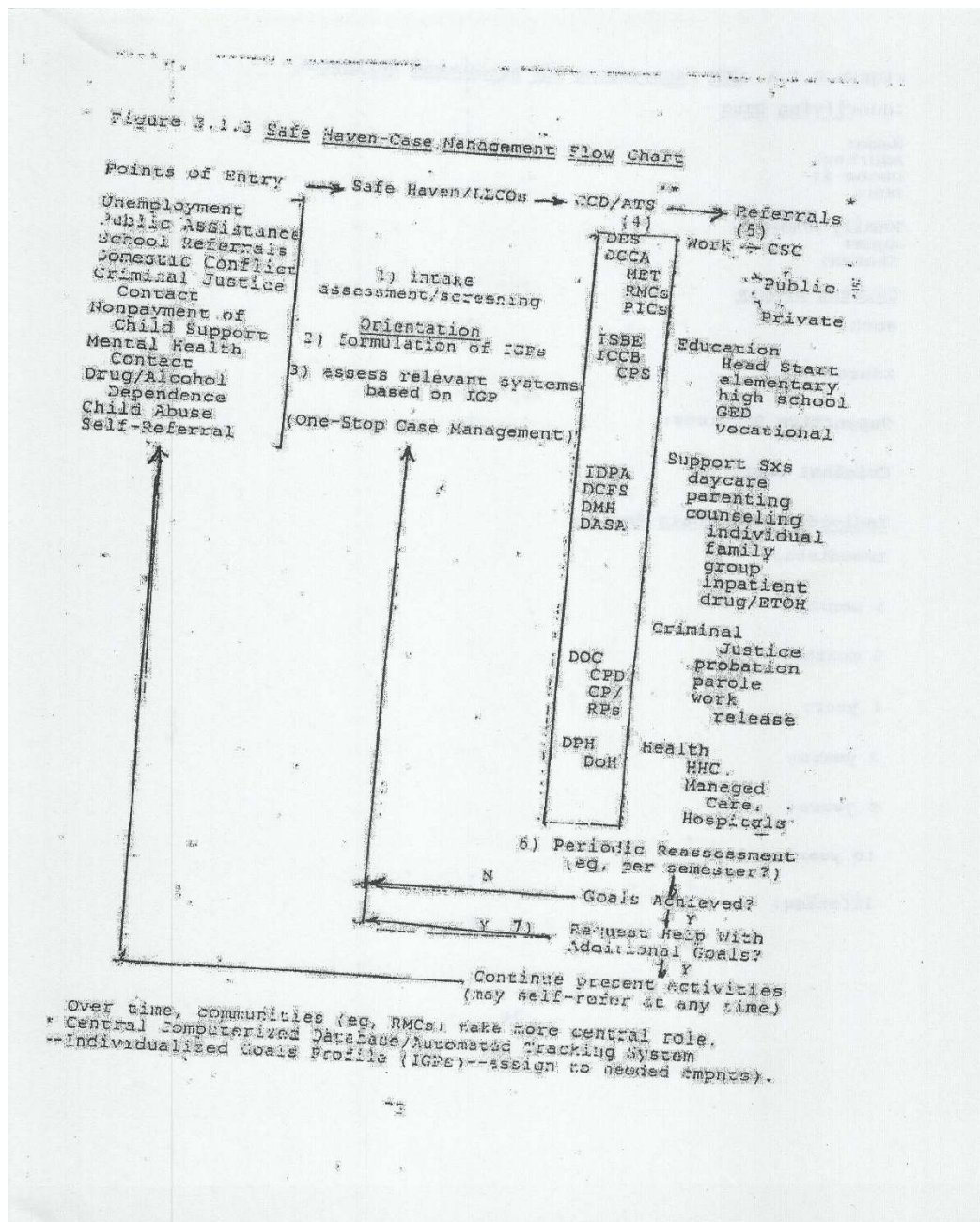


Figure 2. CSC Participants Individualized Goals Profile (IGPs)

Name:

Address:

Phone number:

Email:

Date of Birth:

Family Members:

Ages:

Current Status:

Work (Wk):

Education (Ed):

Supportive Services (SSx):

Mental Health (MH):

Substance Abuse Issues (SAb):

Criminal Justice (Crj):

Overall (OAll)

Individualized Goals Plan (IGP)

Goals:	Wk	Ed	SSx	SAb	CrJ	OAll
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Immediate:

1 month:

6 months:

1 Year:

2 Years:

5 Years:

10 Years:

Lifetime:

Kimball Ladien, MD

kladienmd@yahoo.com

KLSARDOJB14Aug20

Table 1. A Sample of Safe Haven Community Service Corps (CSC) Jobs in Chicago

SAFE HAVEN -- BREAKING THE CYCLES 119

Table 3.2.2. Safe Haven--Bernice Demonstration Jobs Summary

Jobs	Supervision	Potential entry-level jobs
Public-ess		
resident patrols	CHA security	CHA patrols
clean-up crews	CHA maintenance	CHA grounds crews
blue-bag programs	Streets and Sanitation	recycling assistants
teacher's aides	Chicago Public Schools	teacher's aides
hall guards		school security
study hall monitors		school security
tutors		teacher's aides
after-school programs	CHA personnel	CHA activities staff
	Chicago Park District	park staff
	Chicago Public Schools	teacher's aides
support groups	HCC --DCFS	DCFS homemakers
Day Care assistants	Boys/Girls Club	Day Care assistants
Bag Sorters/Sorters		agency staff
Home Health Care Assistants (HHCA)	University field schools	Home Health Care Assistants (HHCA)
	home health care teams	
Private		
local businesses	work-based mentors	business-related jobs

CHA -- Chicago Housing Authority
 CSC -- Community Service Corps
 DCFS-- Department of Children and Family Services
 HHCA-- Home Health Care Assistants
 HCC -- Mary Crane Center (Lathrop Homes)

Table 2. Sample Potential Savings with the Use of Community Service Corps (CSC) Participants

Table 2. Sample Potential Savings with the Use of Community Service Corps (CSC) Participants

SAFE HAVEN -- BREAKING THE CYCLES

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Estimated Present Costs	Target	Savings /program
Streets and Sanitation		
\$20,000/year-Sanitation (garbage, blue bag, etc) *	500	\$10,000,000
\$10,000/year--graffiti removal, clean-up, etc *	500	5,000,000
CNA		
\$1,000/avg repair to vandalised apartments	200	600,000
\$3,000/avg rent lost/apr-year	200	600,000
\$20,000/avg security guard salary/year	100	2,000,000
\$15,000/avg maintenance salary/year	100	1,500,000
Chicago Police Department		
\$35,000/avg salary CPD officer	50	1,750,000
Chicago Public Schools		
\$10,000/teacher's assistant	200	2,000,000
\$10,000/after-school coach	200	2,000,000
\$10,000/after-school tutor	200	2,000,000
Department of Human Services		
\$15,000/crisis intervention worker	200	3,000,000
\$10,000/meals-on-wheels assistant	200	2,000,000
\$15,000/home health care provider assistant	200	3,000,000
Chicago Park District		
\$15,000/yr--grounds maintenance *	200	3,000,000
\$15,000/yr--recreation supervisor	100	1,500,000
Total		\$29,950,000

* Activities include individuals in probation/pasole restitution and Urban Boot Camp programs.

2.4.3 Applying the Tools

2.4.3.1 Transfer to State Facility and/or “Zoom” –Criminal/Mental Health Courts MANDATING Programs

A *Key element* to the success of these programs is to ensure COMPLIANCE with IGPs. Again, true EMPOWERMENT comes from combining Rights AND Responsibilities. By Mental Health Court Judges MANDATING the implementation of IGPs, we can ensure these Cycles are Broken Once and for All.

In Chicago, the local State’s Attorney, Kim Foxx, has implemented a “Catch and Release” Policy with Horrible Results. Simply put, Releasing Criminals WITHOUT CONSEQUENCES only encourages MORE Criminal Behavior. Naïvely ENABLING Bad Behavior NEVER WORKS.

Alternatively, *“Catch and Sentence” policies in and of themselves will help to Significantly Reduce Crime and Drugs during Phases 1-3 of SH/TC2*. And, when JOB Programs and wraparound services are routinely added to Mandates, even better results will occur in the future.

While Incarceration is Costly, *if Judges routinely Sentence even “minor” offenders to a Community Service Corps (CSC), this will serve as a cost-effective DETERRENT to future Negative Behaviors* while ensuring that offenders continue to be MONITORED for extended periods to prevent Relapses.

While, in the short run, transferring patients to State Facilities to go before Mental Health Courts Judges will be the best way to ensure Compliance in both the Inpatient and Outpatient settings, over time, it may be possible to conduct some Mental Health and Criminal Court issues by Zoom to save both time and money. Zooming Court Hearings has become Commonplace with COVID-19.

2.4.3.2 Levels of Intervention -- Consequences Matter

Currently, when the only alternative to releasing Criminals and/or those with Mental Health issues is to Incarcerate them, many “minor” issues go unresolved. When Judges have Alternative Options such as Additional hours of Community Service or placement in Half Way Home (HWHs), these would be highly Cost-Effective ways to Reduce Crime, Drugs and even Homelessness the positive win-win Way.

Similarly, for gang members “unable” to pay Restitution for Criminal Activities, sentencing these individuals to long periods of Community Service can ensure that there are cost-effective *Consequences* for anti-social behaviors moving forward. And, by ensuring that these individuals are remaining drug free and receiving mental health services as needed, we are, again, helping to Break These Cycles for the Good of All.

2.4.3.3 Flattening the Curves of Crime, Drugs and Joblessness with Long-Term 24/7/365 GPS Monitoring

Just as “Contact Tracing” can reduce the Curve of COVID-19, the same Technology can be readily applied to the Monitoring of individuals on Probation and Parole. Thus, Socially Transmitted diseases of Crime and Drugs can be significantly reduced with the use of readily available technology.

By being able to know where individuals are and what, specifically, they are doing in terms of Work, keeping Medical and AA/NA appointments, etc., we will be able to Significantly Impact Recidivism Rates for all of the Right Reasons. And, by being able to monitor individuals on a 24/7/365 basis, we can ensure that they are also NOT involved in Criminal Activities or even associating with known criminals.

And, by ensuring that such monitoring is continued on an Extended Basis, again, we can have a significant impact on Recidivism Rates. Simply put, 5-10 Years of Monitoring can go a long way to not only Breaking the Cycles of Antisocial Behavior, but having individuals become Productive Citizens.

2.4.3.4 Rapid Transition to Outpatient Treatment/Case Management/Job Placement

By ensuring that patients are Compliant with both Medications and IGPs, we can not only significantly decrease the average Length of Stay (LOS), but also Recidivism Rates as well. When patients understand that Case Managers will be monitoring overall Compliance as well as Progress towards specific stated goals (e.g., getting GED's, staying employed and sober, etc.), true Empowerment can occur.

2.4.3.5 Mental Health Court Follow Up

By Case Managers being able to submit regular Progress Reports to Mental Health Court Judges, Compliance can be even further achieved. Where Compliance with IGPs is Not occurring, CM's may ask the court for Early Intervention before issues escalate further. Had regular Drug Monitoring along with attendance at NA/AA and Job Programs occurred, for instance, DCFS could have had significant early warning signs concerning the parents of AJ Freund. This is but one example of a Win-Win system

2.5 OUTCOMES v "Services Rendered" -- Ensuring Cost-Effective RESULTS—Giving Voters a CHOICE

Obviously, not all Cities and Communities will agree to the Rapid Implementation of Safe Haven. But enough OUTCOMES data will be available each year for the American People to Decide for Themselves between the Entitlement Ethic of "Politics as Usual" and True EMPOWERMENT for Individuals and their Communities by a PARADIGM SHIFT to GOOD GOVERNMENT based on GOOD SCIENCE.

It may have taken 63 YEARS to get there, but when GOOD SCIENCE was finally applied to Reversing the Chicago River, the Epidemics ENDED. So too with COVID-19. And so too here. The more that we work TOGETHER on a BIPARTISAN basis, the sooner that we can CUT the Curves of Crime, Drugs and Joblessness for the GOOD of ALL. Let these be goals truly worthy of us all.

2.6 Summary of Programs and Proposed Augmentations – PEERR, TARGET and Related Programs

2.6.1 Safer Foundation – PEERR -- Prison Emergency Early Release Response

-- Summary of PEERR/TC1

PEERR was first implemented on an Emergency basis in 2020 in response to the need to release Convicts early during the COVID-19 Epidemic. PEERR will be hiring and training Local Community Members to act as Case Managers with individuals being released on Probation and Parole as well as others with past criminal histories and/or who are in Alternative Sentencing programs.

The Catchment areas for Safer's PEERR Program are Chicago's South and West Sides. As these are also the primary sites for UIC's TARGET and Mount Sinai's ADVANCE Programs, there is much to be said for Integrating, Coordinating and Expanding upon the core efforts of these Three Important Programs.

As excellent a beginning as PEERR/TC1 is, *it cites no particular consequences for noncompliance with programs.* Thus, a "control group" with no such consequences will be used to compare OUTCOMES (e.g., Recidivism Rates, Job Retention, Relapse on Drugs/Alcohol, etc.) of this group relative to those involved

in SH/TC2. It is anticipated that there will be a significant Improvement in OUTCOMES with SH/TC2 that with a Rigorous Cost-Benefit Analysis will strongly advocate for the expansion of these Programs in Phase 2. Below are listed several specific additional “add-ons” of SH/TC2 to support Safer’s efforts.

-- Proposed SH/TC2 Add-Ons

-- All individuals entering (or returning to) the criminal justice system will complete an Individualized Goals Plan (IGP) listing not just past Criminal History, but Education, Mental Health, Substance Abuse, Work History, etc. as well as their potential future short- and long-term goals.

-- Based upon their IGPs, individuals will be placed in appropriate programming while still in incarceration. Such programs can include not only Education (e.g., working on GED’s, etc.), but also potentially being assigned to various Work Duties both in-prison and, potentially, work-release/job training programs depending upon the Severity of their Crimes (Violent/Nonviolent) and the likely duration of their sentences. Successfully finishing some goals (e.g., GED) may shorten sentences.

--Caseworkers (CWs) will be assigned to inmates to assist not only in the completion of their IGP, but to follow these inmates and their progression in the completion of various goals both while in prison and afterwards.

-- Judges in the first phase of SH/TC2 will make as stipulations of their sentences the completion of both activities while incarcerated (e.g., GED’s, Work Release, etc.), as well as the attainment of the specific goals post-release as listed in their IGPs.

--As part of SH/TC2, Judges will make post-Release Probation Periods at least three years for first-time offenders and up to 10 years for individuals with multiple past offenses Precisely to ensure that Convicts understand clearly that there will be Swift and Certain Consequences for Any Deviations from their IGPs including, but not limited to, any explicitly Criminal Behaviors. Again, since 83% of convicts are rearrested within Nine Years, if we are truly Serious about changing behaviors and Dramatically Reducing Recidivism Rates, then it will take Strong Medicine accomplish these Goals. But, keep in mind, adopting Socially Positive Lifestyles is a Win-Win for Everyone-- including the Convicts and their families.

Simply put, it is time for Society to Stop Enabling Dysfunctional Behavior and Start EMPOWERING Individuals and Communities by Balancing Rights AND Responsibilities for the GOOD of ALL.

-- Instead of simply dismissing “Minor” offenses (e.g., Shoplifting, Graffiti, Vandalism, Drug-Dealing, etc), ALL individuals involved in SH/TC2 will be Mandated to follow the Goals listed in their IGPs over a Minimum Period of three years. This is a variation on Mayor Giuliani’s “Broken Window” strategy which helped to significantly reduce Crime in New York during the time of its Enforcement. (Outcomes Matter)

--Again, the SH/TC2 group will be compared to a “Control Group” being simply released Without Consequences and a Rigorous review of OUTCOMES will be conducted to guide future Sentencing Rules in Phase 2 of this Study.

-- Prior to any Release/Parole ALL Participants in SH/TC2 will have issues such as Work, Housing, NA/AA, Education and Medicaid eligibility in place BEFORE Release. The same Case Managers that helped to develop a Client’s IGP will assist in the Monitoring of these goals and will periodically update Probation Officers as to the Status of Clients including any specific recommendations required.

- Where Housing is needed and/or mandated, outpatient programs (Work, AA/NA, Educations, etc.) may begin in Halfway Houses (HWHs) where appropriate.
- While Job-Training and Apprenticeship Programs are desirable, at the minimum, Community Service Corps (CSC) Jobs in the Public and Private Sectors will be “Entry-Level” Options for All Clients. (Table 1)
- A Levels System will be Implemented and Maintained throughout the Extended Probation period. Individuals failing to follow IGPs (including attending All Activities including Work, AA/NA, Medical/ Mental Health appointments, Drug Testing, Education, etc.) would be considered as Violating Parole.
- Multiple “minor” Violations can result in remaining or returning to HWHs or NHs instead of Prison.
- Multiple and/or serious Criminal Violations of Parole (e.g., Violent Crimes) can result in Reincarceration as a Last Resort where necessary to Protect the Safety of the Community.
- 24/7/365 GPS Monitoring with Smart Phones can assist in the monitoring of clients with Probation requirements including avoiding contact with other known criminals. (Such “contact tracing” software already exists for, e.g., COVID-19 patients and can be readily adapted for such uses.)
- Early Interventions with Clear and Swift Consequences can Significantly help to Reduce Recidivism.
- Real-time ongoing Data Collection utilizing Smart Phone Technology can assist in the Rapid Evaluation of the Success of SH/TC2 and will be made available to the appropriate Authorities as well as Evaluators.
- Additional Case Managers can be Trained and made available to Safer and others as SH/TC2 evolves.
- One-Stop Case Management (OSCM) Software to Integrate and Coordinate various programs will also be made available to Safer and other participants as it becomes available.
- Throughout SH/TC2 a focus on OUTCOMES rather than simply “Services Rendered” will help in the rigorous Cost-Benefit Analysis of these programs relative to traditional “Control Group” Alternatives.

2.6.2 UIC TARGET HEALTH (TrAnsfoRming the Gage Park/West Elsdon CommuniTy through Partnership access to specialty care) and comprehensive HEALTH services)

In addition to buying and upgrading the Mercy Medical Facility at 5525 S. Pulaski, the University of Illinois Physician Group (UIPG) in collaboration with Miles Square Health Center, Alivio Medical Center and other Community Based Organizations has Proposed to Integrate and Coordinate Healthcare in the near Southwest Region of the Gage Park/West Elsdon area of Chicago.

A Comprehensive Care Complex in the Community (C4) is described as an “All-Inclusive Response IDHFS’ Transformation Proposal RFA” where “The UIPG brings a unique depth to the clinical expertise in specialty care available to Gage Park/West Elsdon neighborhoods and surrounding communities along with UI Mile Square, Alivio Medical Center, and a fully integrated community engagement component that is strongly committed to addressing Social Determinants of Health (SDoH) and thus realigning the strength of community-academic Partnership.”

Specifically, “The UIC Office of Community Engagement and Neighborhood Health Partnerships (OCEAN-HP) fosters partnerships to bring together the expertise, resources and wisdom from the community with that of the University to strengthen the quality of life for all beneficiaries.”

As good and as important as UIC’s TARGET Program is, it does Not at all focus on Crime or even Drugs as Major Health Issues in its Catchment Area. Secondary and Tertiary Treatment of the Victims of Crime and Drugs (Outpatient, Inpatient) is much different than Primary PREVENTION of these Major Epidemics.

The SH/TC2 proposal again wishes to Expand upon the core services provided in TARGET and PEERR by specifically addressing Gang Crime and Drug issues to provide a more fully Comprehensive and Coordinated PREVENTION-oriented series of interventions throughout these communities.

Thus, by Expanding Safer’s PEERR Program to include patients within UIC’s TARGET Program along with Children and Adolescents in Chicago’s Public and Parochial schools, we can have a truly Comprehensive, Community-Wide, Prevention-Oriented system that Quantifiably Reduces Crime and Drugs while significantly improving Overall Healthcare in these areas.

2.7 The Chicago Project -- Safe Haven/Transformational Collaborative 2 (SH/TC2): Phase 1 (2022)

“There is no Higher Calling than restoring Safety and Peace to our neighborhoods.” Lori Lightfoot

2.7.1 Chicago Department of Public Health --The COVID-19 Vaccine Model-- SAVING Millions in a Year

As noted previously, after 63 Years of NOT Solving the Problem, within One Year of finally Reversing the Chicago River, the yearly Epidemics of Cholera and Typhoid in Chicago were ENDED for the GOOD of ALL. Similarly, with GOOD SCIENCE, the Chicago Department of Public Health (CDPG) has Dramatically CUT the Curve of COVID-19. Both of these are examples of what GOOD GOVERNMENT based on GOOD SCIENCE is all about. There could be no better City Lead Agent for SH/TC2 than the CDPG.

With her excellent understanding of Epidemiology, the Director of CDPG, Dr. Allison Arwady, is well-placed to help END the all-too-vicious Cycles of Crime, Drugs, Abuse and Joblessness in Chicago and thus, serve as a Model for the State and the Country to END these tragic Epidemics ONCE AND FOR ALL. It is far less important who gets the “credit” for the COVID-19 vaccine than the FACT that it has SAVED Millions of Lives around the World, including in Chicago and Illinois. Again, this is what GOOD SCIENCE can do with GOOD LEADERSHIP -- if we all Work TOGETHER.

Because of the Critical Need for an Integrated, Coordinated approach to Ending these Epidemics, CDPG is well-situated to help in these efforts on a City-Wide basis. In addition to the CDPG, these Coordinated efforts would also include the Chicago Public and Parochial Schools (CPS), Chicago Police Department (CPD), the Archdiocese of Chicago, the Cook County Courts and others as described below.

2.7.2 Chicago Police Department -- Operation Tough Love

-- Reducing Crime and Costs with Alternative Sentencing for Nonviolent Offenders

The following is a CPD-Criminal Court Rapid Alternative Sentencing Protocol for both Adults and Adolescents to reduce Gang Crime, Drugs and Murders in Chicago >50% during a “Summer of Tough Love”--SAVING LIVES and Tax Dollars by Balancing Rights AND Responsibilities for true Empowerment.

2.7.2.1 “Broken Window” Approach to Swift and Certain Arrests and Sentencing

By enforcing ALL Laws from loitering, graffiti and “wilding” to drugs, guns and violent crimes, a “levels system” ranging from traditional jail time to Alternative Sentencing can help to significantly and rapidly reduce Gang Crime, Drugs and Murders in Chicago -- SAVING LIVES and money in the process.

2.7.2.2 Rapid Assessment and Development of Individual Goal Plans (IGPs)

All individuals entering the Criminal Justice System will undergo a rapid assessment including not just criminal and substance abuse issues, but also education, mental health and employment history to help develop an Individual Goal Plan (IGP) to help break cycles and move individuals towards Empowerment.

2.7.2.3 Rapid Alternative Sentencing for Nonviolent Adult and Adolescents

Nonviolent Adults and Adolescents would be rapidly assessed and given Alternative Sentences with extended periods of Probation and Parole in return for compliance with completion of IGPs.

2.7.2.4 Mental Health Courts

Just as with the Criminal Courts, Mental Health Courts can also sentence nonviolent Adults and Adolescents to work on their IGPs with ongoing supervision and strict enforcement of compliance.

2.7.2.5 Adults-- Rehab, Housing and Community Service Corps (CSC) JOBS

Many Adults would begin Alternative Sentencing in Half Way Houses (HWHs), some of which may be on-site at 26th and California to save time and money. All Adults (even Smollet) would participate in CSC JOB Programs at least part-time while also involved in rehab, education, counseling, etc. as needed.

2.7.2.6 Adolescents-- Afterschool Programs, ROTC “Boot Camps,” and Community Service

All Adolescents would be involved in Afterschool Programs and some part-time Community Service along with support groups for “At-Risk Youth and Their Families.” ROTC “Boot Camps” are also options.

2.7.2.7 Apprenticeship Training Programs

For both Adults and Adolescents, Apprenticeship Training Programs will be implemented as available.

2.7.2.8 Free Enterprise Zones and TIFs

By partnering with local businesses, on-site Apprenticeship Training Programs can be implemented. TIFs and Free-Enterprise Zones can encourage new businesses to participate in these programs.

2.7.2.9 Prevention Oriented Community/County Incentive Plans (POCCIPs)

A Prevention-Oriented Community/County Incentive Plan (POCCIP) can help ensure that any Federal, State and County money saved by these programs will be reinvested in the communities when possible thus stimulating even more Prevention-Oriented Positive Change moving forward. (KLCPDSoTL7May19)

2.7.3 Cook County Courts -- Alternative Sentencing/Mandating Probation, Parole and Restitution

“Let’s start with the Children.” – Chief Cook County Judge Timothy Evans

While specific protocols are available for the Full Implementation of SH/TC2 Sentencing Guidelines for Adolescent and Adult Offenders (Appendices A and B, respectively), starting with Pilot Programs still during 2021 can help give the Courts and HFS Hard OUTCOMES demonstrating Significant Reductions in Recidivism Rates as well and Crime in general, even Before officially starting SH/TC2. (See TM/FG below)

2.7.4 Chicago Public Schools --Super-Comer Model

2.7.4.1 Affordable Universal Day Care -- The Lathrop Model

Affordable Universal Daycare is a Critical Need in Chicago and well beyond. Indeed, it would be hard for Parents to participate in Community Service Corps (CSC) Job Programs if they did not have literal Safe Havens for their children while they are at work. Also, All Working Families need to have similar Safe Havens for their children that are both Affordable and Accessible-- hopefully on a 24/7/365 basis so that Families working Night Shifts can also have Affordable Day Care available.

Safe Haven-Chicago Futures was a Community Development Block Grant (CDBG) Pilot program implemented at the CHA Lathrop Homes in 1992 to train young mothers on Public Aid as Daycare Assistants. Over a 10-week period, 15 Volunteer Mothers were trained as Day Care Assistants (DCAs) at Lathrop Homes Daycare Program.

At the end of the 10-week program, the Mothers were given Certificates as Trained Daycare Assistants. Not only did the Mothers have JOBS in a field much in need of DCAs, they also had Parenting Skills and literal Safe Havens where their children could be while they were working. Thus, this is a Win-Win example of how a Community Service Corps (CSC) can help create jobs while helping the community and saving tax dollars in the process.

It is proposed that such Daycare Training Programs be implemented at sites throughout Chicago as part of the Safe Haven/Transformational Collaborative 2 (SH/TC2) Phase 1 Initiative. As the Cost-Effectiveness of these Win-Win programs are Proven with OUTCOMES-Based Analysis, they can be expanded to sites throughout Cook County during Phase 2 and throughout Illinois during Phase 3 of these proposals. Similar Training Programs for Teacher's Assistants, Hall guard Monitors, After School Tutors and Coaches and Resident Patrols are just some of the CSC programs that can be a Win-Win for All involved as discussed below.

2.7.4.2 Afterschool Programs -- Super- Comer Schools -- Public/Parochial

Comer-Model Community Service Corps (CSC) School Programs for Excellence in Education

1.Introduction: OUTCOMES v Ideologies-- Deliberately Designing Academic Excellence in Education

Section One briefly summarizes specific steps to Deliberately Design Academic Excellence in our Education System by focusing on OUTCOMES v Ideologies in defining BEST PRACTICES moving forward. Section 2 summarizes seven specific programs that can help in achieving these goals. Section 3 was originally written as a way of helping to resolve the 2019 Chicago Teacher's Union Strike, but recommendations are still relevant for SH/TC2 c/s any renegotiation of the CTU Contract. But first, it is important to look at programs that have WORKED both in the past in America and in other Countries currently to significantly improve Academic OUTCOMES and Safety in Chicago Schools starting as early as this summer.

The Number One Predictor of a child's Academic Performance both here and around the World is NOT class size, amount spent per pupil or teachers' salaries, it is, by far, PARENTAL INVOLVEMENT. In 1968, Yale Psychiatrist Dr. James Comer took the two Worst performing elementary schools in New Haven Connecticut and transformed them over a year into the second and third Highest academically performing schools specifically by involving Parents in the process. Safe Haven's Community Service Corps (CSC) turbochargers this process and can help develop World-Class Schools-- SAVING LIVES and Tax Dollars in the process.

During the Depression in America, it was not uncommon for there to be 40-50 students in a class-- but you could hear a pin drop and true Learning was occurring. Clearly, it was not a matter of money or class-size, it was a question of VALUES. Similarly good OUTCOMES can be found in many other Countries around the World today. To improve, we must ask the question "What are South Korea, Finland and even Canada doing that we are NOT?" The bottom line is, whether in America or around the World, True EMPOWERMENT comes from balancing Rights AND Responsibilities. When better to learn this important lesson in life than starting as children?

In 1933, in his first inaugural speech, FDR called Welfare a "narcotic." The more narcotics you give, the WORSE problems become over time. Then, single-parent families accounted for <5% the population. And most of these were the children of soldiers slain in WWI. Sadly, especially from the 60s on, single-parent families have exploded and now account for > 70% households in many urban minority communities. Multiple statistics note the Increased Risk for Poor Academic Outcomes, Gangs, Drugs, Dropouts and Joblessness in single-Parent family households. Clearly, the more that we Promote and Strengthen Families (especially with two healthy parents), the Better it is for children.

Thus, obviously, there are both "Short-" and Long-Term steps that can be taken to significantly improve our Schools in highly Cost-Effective, Win-Win ways. The following is a list of Seven Programs that can be Rapidly Implemented to significantly Improve Academic Outcomes.

2. Seven Programs to Significantly Improve Academic OUTCOMES

The following is a brief summary of programs from Pre-K on to Strengthen Parental Involvement and build World-Class Schools--marching TOGETHER on Freedom's Road towards true EMPOWERMENT.

2.1 Pre-K -- Job and Parenting Skills

Appropriately screened young mothers can earn Daycare Assistant's Certificates, Job and Parenting Skills and have Safe Havens for their children while continuing with her own education. Thus, instead of dropping out of school, young mothers are Mandated into both continuing their Education and getting Job Skills as an important first step in PREVENTING future problems before they ever begin. Fathers would also be Mandated to pay Child Support if they are not already doing so. Fathers not currently working (e.g., gang bangers, etc.) can be Mandated into CSC Job Programs as well as into Parenting Classes where needed and appropriate along with other wrap-around services (NA/AA, school, etc.)

2.2 Teacher's Aides, Hall Monitors, Custodial Services, etc.-- Rapid Response Teams

By having CSC participants working as Teacher's Aides, Hall Monitors and in similar roles, teachers can focus on TEACHING-- improving overall Positive OUTCOMES and Job Satisfaction. Teacher's Aides can

help not only in the teaching and monitoring of “problematic” students, they can also help ensure that classrooms and schools in general are Safe Havens for Learning and Not places for Pandemonium.

Similarly, having appropriately trained CSC participants working as “Hall monitors” can also help current CPD officers assigned to schools in helping to both de-escalate and avoid conflicts wherever and whenever possible. Just as “Rapid Response Teams” help to de-escalate issues on Psychiatric Units, similar teams including both Hall Monitors and Teacher’s Aides can be appropriately trained to quickly respond to situations both during regular school hours and during Afterschool programs.

By routinely videotaping such confrontations using cell phones, we can ensure that not only are Aides acting appropriately but, equally importantly, students are doing as they are instructed in a timely manner. If students know that there will be swift and certain consequences for not doing as instructed (e.g., Study Hall time, etc.), we can begin to restore the Respect for Authority that was present in US Schools during the Depression and in many other Countries currently. (See above.) In the end, it is a Win-Win for Everyone to minimize Disruptive Behaviors and Maximize Learning in our schools.

Finally, from sweeping floors to helping in the cafeteria, there are many “Community Service Jobs” that can be assigned in addition to Afterschool Programs for Nonviolent Adolescent Offenders to do. Also, appropriate Adult CSC Participants can also serve in such custodial roles to reduce overall costs of maintenance at Chicago Public Schools throughout the City.

2.3 Afterschool Programs -- Monitors, Tutors, Coaches

While all students might have a certain amount of Afterschool Programs available, by assigning Nonviolent Offenders Adolescents to such programs as part of Alternative Sentencing, we can ensure that they are not only doing their homework and staying away from gangs, drugs and other negative influences, we are helping to provide Positive Alternative behavioral options moving forward.

Especially when combined with ongoing Support Groups noted below, we can ensure that we are identifying potential problems and providing positive interventions as early as possible moving forward. Thus, by making schools literal Safe Havens, we take an important first step in Preventing gangs and violence in the community at large while Academic Outcomes significantly improve.

2.4 Support Groups for At-Risk Youth and Their Families (SuGARYFams)

SuGARYFams can ensure an “early line” of Preventive Mental Health dealing with issues involving students AND their families from Abuse and Domestic Violence to Addictions and Joblessness. As noted in the protocols for the Alternative Sentencing of Nonviolent Adolescents, in the future all young offenders would be Mandated not only into Community Service and Afterschool Programs, but other “wraparound” services including Support Groups for At-Risk Youth and their Families that can be run by School Social workers with the assistance of appropriately screened CSC Aides as well as. Thus, not only can problems at home and school be addressed early, but the schools (instead of gangs) can act as significant “Support Systems” for the families as well.

Also, by identifying problems early and working with the families to address these issues, the schools can be an integral part of DCFS monitoring programs to ensure that children are not only SAFE, but are

having issues identified and addressed EARLY wherever and whenever possible. Again, A PENNY OF PREVENTION IS WORTH A DOLLAR OF CURE. We can now validate this FACT Empirically.

2.5 Apprenticeship Training Programs

By having students NOT planning on going to college involved in Apprenticeship Training Programs, we can ensure that they have JOBS perhaps starting even Before Graduation. While students involved in Apprenticeship Training Programs can still decide to go to College or Junior College instead of or in addition to participating in JOB Programs post graduation, ALL students moving forward would have a specific PLAN to ensure that those not going on directly to higher education would still be productively employed (literally) after graduation.

2.6 Free-Enterprise Zones, TIFs and Prevention-Oriented County/Community Incentive Plans (POCCIPS)

By using TIFs and Free-Enterprise Zones, we can encourage businesses to both locate in areas of need and, where possible, participate in on-the-job Apprenticeship Training Programs for Youth and Adults. Through the use of POCCIPs, money saved by Prevention-Oriented programs could be used, at least in part, to help fund and expand JOB-Training Programs in the future.

2.7 College and Beyond -- Universal Education and Community Service

With the use of both Safe Haven and the Global Energy Independence Program (GEIP), we can reach a BIPARTISAN Win-Win Grand Deal that implements Universal Healthcare and Education in return for students participating in either the Military or Community Service over a period of time. Thus, again, at all points, there is a Balance between Rights AND Responsibilities on the Road to true EMPOWERMENT.

3. Specific Proposals to Incorporate in the Upcoming CTU Contract (Initially for 2020, but still Applicable)

The following are specific proposals building upon the programs in Section 2 that can be highly cost-effective Win-Win Options in the negotiations to implement a new CTU Contract this Summer.

3.1 Pre-K Early Childhood Learning/Affordable Daycare Programs

While having teen mothers stay in school and get training as Daycare Assistants is a critical part of these programs, they are also providing Safe Havens and important Pre-K Early Childhood Learning environments for the children and Affordable Daycare for All Working Families. If planning begins now during CTU Contract Negotiations, programs can be up and ready by the beginning of the school year.

3.2 Teacher's Aides

By having ALL teachers have at least one Teacher's Aide at all times, it would be possible to increase class size while actually improving overall Academic Outcomes and allowing the funds for a modest raise in teacher's salaries. Clearly, this would be a Win-Win for all involved.

By having some Teacher's Aides intentionally available during the summer, we can pilot tests these programs especially for classes specifically focusing on Nonviolent Adolescent Offenders. By the beginning of the new school year, however, Teacher's Aides would be available throughout the City.

3.3 Afterschool Programs

Again, Afterschool Programs can accommodate the needs for All students (e.g., study halls for finishing homework as well as sports and special-interests groups) as well as the specific needs of Nonviolent Adolescent Offenders and other students violating school rules (e.g., disruptive behaviors, tardiness, truancy, etc.). While, again, pilot programs during the Summer focusing on Nonviolent Adolescent Offenders can be part of a “Summer of Tough Love” (SoTL) strategy, plans would be made to expand these programs citywide for All students starting in the Fall quarter after appropriate CSC participants are screened and trained during the Summer.

As Afterschool Programs can have a significant Positive Impact on Academic OUTCOMES as well as overall Job Satisfaction for Teachers, it is important that they be included in CTU Contract Negotiations.

3.4 Hall Monitors/Rapid Response Teams

As noted in Section 2, CSC Hall monitors can not only relieve teachers of this duty, they can assist CPD officers assigned to schools in helping to Rapidly De-escalate potential conflicts when possible. Hall monitors can also assist in ensuring that only authorized individuals are entering schools. Again, since CSC participants are fulfilling “work requirements,” their salaries and health benefits are already paid for. Over time, however, through the use of POCCIPs (see 2.6 above), the funds paying these individuals can become part of the official CPS school budget in the future as with other CSC participants.

3.5 Support Groups for At-Risk Youth and Their Families-Support Group/Community Outreach Assistants

As the vast majority of At-Risk Youths seen by both DCFS and Mental Health Agencies are also students, it makes sense that these agencies could help staff and fund the presence of Social Workers in all schools on a regular basis. Simply put, integrating and consolidating the activities of these various agencies simply makes sense, saves money and Improves OUTCOMES in the process.

While school Social Workers may overall supervise such Support Groups, again, appropriately trained CSC participants may help to lead them on a day-to-day basis. Just as AA and NA rely on “lay members” to help run meetings, so too here. Also, Support Group Assistants (SGAs) can be part of Community Mental Health Teams that assist with Home Visits and with regular interactions with other family members as necessary. Thus, for instance, in addition to working with other Mental Health Professionals in addition to Social Workers, SGAs may also work directly with DCFS in the monitoring of the safety of children as well as the overall status of home and family circumstances.

Again, at least for now, these Support Group Assistants would have funding other than the current CPS budget as part of a Community Service Corps (CSC) program. While some SGA’s could first be assigned to work with Nonviolent Adolescent Offenders and their Families, this program would be expanded during the school year as more CSC participants are trained and available. By closely monitoring OUTCOMES with these programs, they can become more fully integrated in future budgets.

3.6 School Nurses and Preventive Medicine

Just as with Social Workers, having Health Maintenance Organizations (HMOs) help staff and fund Nurses in ALL Schools do not only Save a significant amount of money, it can significantly improve Preventive Medicine at many levels. Such nurses could, potentially, also be integrated with Inpatient/Outpatient Continuity of Care Programs that would allow them to follow families as well.

Also, again, just as with aides for Teachers and Social Workers, having Nurses Assistants who could also conduct home visits as needed would also help to further integrate services, save money, Prevent Problems and Improve OUTCOMES in the process.

3.7 Librarians and CSC Library Aides

Just as with SWs and RNs, having the Chicago Public Libraries (CPL) assign current librarians to spend a certain amount of their time in schools would be a cost-effective way to use their services. Especially if librarians also taught students of all ages how to do Computer searches for specific information, this critical skill for Jobs of the 21st Century could become a critical part of Excellence in Education.

Also, by making regular trips to local libraries to complete school papers a regular part of “class assignments,” students could become used to using their local libraries on a routine basis. Instead of duplicating collections of books, students learning to take books out of local libraries and even use e-books, significant savings could be achieved.

While it may not yet be fully feasible, transitioning from traditional textbooks to e-book texts could, again, save money while improving access to information. By having homework done online and/or using e-texts, there would be significant ways to expand self-paced learning tutorials and have online tutors available for students in the future. Again, introducing such programs would be based on OUTCOMES and could be also applied in many other Countries around the World over time.

3.8 Resident Patrols (RP's)—Regular and “Electronic” (eRPs)

While Resident Patrols are already available and have shown their cost-effectiveness for “Safe Passage Programs,” these CSC participant-based programs would be significantly expanded both during the summer and then even further during the new school year. These Resident Patrols may also have further roles as liaisons with other Community resources (e.g., CPD, Crisis Intervention Workers, store owners, etc.) and families in their neighborhoods. Thus, a deliberate effort will be made to move towards Prevention-Oriented interventions wherever and whenever possible. Also, if RP's are “armed” with cell phones, a significant part of their job may be to simply Skype with the CPD as well as record potential conflicts before they escalate. RP's would thus NOT “replace” CPD Officers, per se, but they would help participate as their “eyes and ears” within the community.

In addition to regular RP's, individuals with Disabilities that limit their ability to work outside of the house can be assigned to “Electronic Resident Patrols” (eRPs) who would simply monitor cameras in their neighborhoods and call in any “problematic” activities to a special CPD number. By the expanded use of integrating current cameras with “block cameras” at each end of local streets and alleys and even private outside front doors and garage cameras, we can significantly improve our ability to monitor communities and, hopefully, PREVENT tragedies before they occur. Time will tell.

3.9 CSC Custodial Staff

Just as with local businesses within the community, much of the Custodial Work done in schools could, potentially, be done with CSC participants. As noted in Section 2.2, by having some Custodial Work done by Nonviolent Adolescent Offenders as part of their “Community Service,” not only could they do such work before or after school, they would be serving as examples to other students that

there are, indeed, negative consequences for being involved with the Criminal Justice System. Again, combining Rights AND Responsibilities becomes a path towards true EMPOWERMENT.

3.10 Local Schools v Busing

While there was certainly a time where busing help to achieve School Integration in the past, having students most often go to local schools can, in general, be better for the Students while saving the CPS significant amounts of money. Thus, at least on an “experimental” basis, it would be useful to try and make local school assignments the norm rather than the exception especially for Elementary and Middle-School Students. Having free or low-cost bus passes available for High School Students going to schools outside of their communities would also, in general, be more cost-effective than using specialized buses while also helping the CTA in the process.

3.11 Apprenticeship Training Programs

While Apprenticeship Training Programs may also involve the Cities Junior Colleges, especially for Adults including Nonviolent Offenders, to the extent that these programs will also be a distinct “Track” for High School Juniors and Seniors, it can also be specifically addressed in the CTU Teachers Contract.

While some classes could occur within the High Schools, much of the on-the-job Training would occur at worksites within the Community. Since local businesses could directly benefit both from the labor of High school and Adult students and, potentially, tax benefits for participating in such programs, it is reasonable that such issues might also be part of CTU Contract Negotiations-- especially as it might relate to the specific roles of Vocational Training Teachers in these programs.

3.12 Paying Off the Pensions with Safe Haven and GEIP-- Universal Healthcare and Education

Finally, to the extent that teachers could know for certain that past Pension Debts could be paid off completely without having to raise taxes, this would be relevant to Contract Negotiations.

Also, if Safe Haven and the Global Energy Independence Program (GEIP) are also able to help underwrite the costs of Universal Healthcare and Education on a National level this, too, could have a significant impact on the costs of these programs to the City and Teachers moving forward. Thus, these issues are also relevant to these Contract Negotiations.

As noted previously, Dr. Ladien is willing to share the simple equation underlying GEIP with Mayor Lightfoot if she is willing to both meet and support the implementation of these Safe Haven programs.

Since implementation of Safe Haven programs can begin as early as a “Summer of Tough Love” (SoTL) and be further expanded with the start of the new school year in September, the potential SAVINGS (both human and financial) and significant improvements in Academic OUTCOMES are directly relevant to these contract Negotiations. Thus, ultimately, these are decisions that only Mayor Lightfoot can make. But the Time to Choose is NOW. A Penny of Prevention truly IS Worth A Dollar of Cure.

2.7.5 Archdiocese of Chicago

-- Chicago Parochial Schools/Catholic Charities, AMITA

In addition to starting Pilot Pre- and Afterschool Programs in Chicago's Parochial Schools, Catholic Charities can also partner in SH/TC2 starting in 2022. In addition, AMITA Catholic Hospitals, including Saint Elizabeth as well as Saint Anthony, etc. can also be Partners in these endeavors.

While the long-term goal of SH/TC2 is to integrate ALL Inpatient and Outpatient Programs across Illinois into a Fully Integrated and Coordinated One-Stop Case Management (OSCM) System within the 2022-2025 timeframe, again, the Integration of the Archdiocese's Existing Programs into SH/TC2 would be fully in keeping with the Mission of the Church in not only Fighting Crime, but Helping the Poor and Under-Served Communities of Chicago and beyond. SH/TC2 would Expand Upon and Strengthen the \$90 million Grant from Big Shoulders and the Archdiocese of Chicago for 30 Catholic Schools on Chicago's South and West Sides.

2.7.6 Thorek-Methodist/Family Guidance (TM/FG)/Safer -- Pilot Demonstration Program

Thorek-Methodist/Family Guidance (TM/FG) have agreed to participate in a SH/TC2 Pilot Demonstration Program that can accommodate patients involved the Inpatient (TM) and outpatient (FG) settings especially individuals with Substance Abuse issues.

By having the Courts assign patients with Substance Abuse and Mental Health Issues into these programs as part of an Alternative Sentencing Pilot Demonstration, we hope to show a significant Reduction in both Length of Stay (LOS) and Recidivism Rates in these patients even Before the Official start of a SH/TC2 formal program.

Also, for individuals involved in the Safer Foundation TC1 PEERR program, TM/FG can potentially provide a cost-effective alternative to Reincarceration when possible. If agreements with DMH can be reached, TM/FG may also be able to provide at least some Inpatient beds as an alternative to patients waiting in Emergency Rooms when DMH facilities are full.

Such OUTCOMES-Based Cost-Benefit Analysis can thus become the Standard for Evaluating Programs moving forward.

2.7.7 DMH Expedition and Deflection (DED) Programs

A Chronic Problem at DMH facilities is that they are full to capacity and, thus, unable to take new patients, especially from emergency rooms, on a timely basis. A significant part of the problem is that DMH facilities have extremely long Lengths of Stay (LOS) compared to other Psychiatric Programs.

Also, the Recidivism Rates at DMH as well as other Psychiatric Hospitals are much higher than necessary if adequate outpatient Supervision and Structure were in place.

Significant factors contributing to these excessive Recidivism Rates and LOSs are both patient Noncompliance with Meds and difficulties with Placement. Again, the goal of SH/TC2 is to achieve true EMPOWERMENT (Rights AND Responsibilities) and not to continue Enabling Entitlement (Rights Without Responsibilities). But this will NOT happen without a Coordinated effort between DMH and All Outpatient Programs moving forward

The following DMH Expedition and Deflection (DED) Programs are meant to address and FIX these problems on a Permanent Basis.

--DMH Facilities - Read/Madden Rapid Stabilization (ReMaRS) Program

1. Day One -- All Inpatients complete an Individualized Goals Profile (IGP) with the aid of a Social Worker or Case Manager. IGP's include not only goals for mental health follow-up, but Rehab, Jobs and Housing. Simply put, from Day One there is a clear idea of what needs to be done to Stabilize the Patient and return them to Productive Life ASAP (ie, Empowerment v Entitlement).

2. Day Two -All individuals Noncompliant with Medications and/or who are "Frequent Flyers" (e.g., returning to ANY hospital within three months, etc.) are taken before a Mental Health Court where the Judge can Order Compliance with both Medications and their IGP. Failure to comply with the IGP can result in placement in either a Halfway House (HWH) or Nursing Home (NH) depending upon the Severity of Symptoms. As a last result, for patients who are clearly a potential danger to others, Judges can sentenced to either regular Jail and/or placement in the Cook County Corrections Psychiatric Unit or DMH long-term care Forensic Units.

3. Day Three -- In the Pilot phase of SH/TC2-DED, a Randomized Sample of Patients will have a Mental Health Judge Mandate Compliance with their IGP, including medications, sobriety and routine follow-up as well as jobs, education and housing. Both the Mandated and Non-Mandated Control Group would be monitored in the outpatient setting related to OUTCOMES (Compliance, Recidivism, etc.)

After a three-month trial period, if OUTCOMES show a significant improvement with those Mandated to Treatment, these Mandates would be extended to ALL patients in DMH facilities. A similar protocol can be put into place via Zoom for Thorek/Methodist (TM) and Weiss/Chicago Lakeshore (WCL) as described below. As further OUTCOMES are available, more hospitals can adopt this as Best Practice.

--Thorek/Methodist (TM) Deflection/Rehab/Rapid Stabilization (T/MeDeRS) Program

To the extent that DMH's ReMaRS program does not quickly resolve the Emergency Room/Unfunded Referral issue, the Thorek/Methodist Deflection/Rehab/Rapid Stabilization (T/MeDeRS) Program could Immediately resolve this issue at least to address the short-term crisis.

Just as Illinois' Department of Corrections reached out to the Safer Foundation to help monitor inmates being released from prison secondary to Covid 19, so too Illinois could fund Thorek/Methodist (TM) to take unfunded patients starting as soon as an agreement can be arranged for funding.

Similarly, TM can be available immediately for individuals on Probation and Parole who are in violation of their IGP's whether for Noncompliance, Relapse, Decompensation or other issues that do not necessarily necessitate Incarceration but are beyond the Capacity of HWHs to handle-- at least for a short period of stabilization.

TM also has the Capacity to handle longer-term patients who have been stabilized but may not be appropriate for HWH settings but do not necessarily need Incarceration. Again, funding these programs on an Emergency Basis could get patients out of Emergency Rooms across Chicago immediately.

--Weiss/Chicago Lakeshore (W/CL) Adult and Child/Adolescent Rapid Stabilization(W/CLACARS) Program

A longer-term solution to the DMH Chronic Overflow Capacity problem would be to support Weiss Memorial Hospital (WMH) in the acquiring and reopening of Chicago Lakeshore Hospital (CLH) which has now sat dormant for several years. In addition to being able to handle Adults, CLH also for years had an Excellent Inpatient Child/Adolescent Program which could be a great asset to the City and State.

Again, in addition to being able to handle Acute Crises, a W/CL program could also be used for longer-term Residential Programs where home settings are not adequate and Incarceration is not necessary. Such programs would also be very much in keeping with Illinois' ReDeploy Program which seeks to avoid Incarceration whenever and wherever possible. Giving Judges an Alternative to Incarceration would be a Win-Win for all involved.

KLDMHDeflectSHTC23Oct21

2.7.8 Employee Assistant Programs (EAPs) for At-Risk Groups -- The Uptown/Refresh Referral Initiative

As Individuals get Jobs in the Private and Public Sectors, in most cases they will also get Insurance. Especially in larger corporation, mental health, as well as other health issues are generally covered through Employee Assistance Programs (EAPs). Similarly, while some Colleges have their own Mental Health Services, students are also often referred out for help.

Refresh is a group that deals mostly with Individuals Mental Health Issues in Outpatient settings. To the extent that SH/TC2 is successful in getting clients placed in public and private sector jobs and/or higher education, often they will still need various wraparound services which can, at least in part, be provided by EAPs for clients and their families.

While both Universal Healthcare and Education may also be available in the future, for now especially it will be useful to have a Company that already has established relations with Companies and Colleges to provide Mental Health Services as needed. Also, to the extent that Refresh has existing relations with various Corporations, who know and appreciate their services, Refresh, may be able to help encourage these Corporations to "try" at least a few individuals that they might not otherwise hire. To the extent that Refresh helps to keep these new Employees and/or Students productive and successful in their Jobs or Studies, this will help to encourage Corporations to hire even more individuals in the future.

Thus, while a major part of the initial efforts of SH/TC2 will be on serving the needs of high-risk Minority Populations, to the extent that these individuals become part of the Mainstream of Society, Refresh can help in this much-needed Integration Process. Thus, beginning this process now will make sure that it can be Easily and Successfully expanded in future years.

Table 3 12 Steps to Implement Safe Haven--Reducing Crime >50% by 2025--SAVING LIVES and Money

Step	Program	Cost	Outcome
1	Afterschool Programs for All Children And Teacher's Aides throughout Chicago	CSC participants = 0 cost Uses supervisors (eg, teachers) already in place	Reduced Crime Improved Academics
2	Adult CSC <u>JOBS</u> —including Parolees Schools, clean-up, Apprenticeships, etc	CSC participants – 0 cost Uses current supervisors	Increased safety safer, cleaner streets, etc
3	Increased ePatrols/Community Protection Resident Patrols/e- Resident Patrols	TIFs for Tots? CSC participants = 0 cost	Reduced Crime Increased Convictions

	Increased Community Cameras	\$3000/camera installed ²	Increased Community involvement
		\$3M/yr = 1000 new cameras/yr	
4	Drug Reduction CSC Programs	CSC participants = 0	Reduced Drug Use/Crime
5	Expanded GPS Usage	\$500/GPS Unit x 1000 = \$500K ²	Reduced Jail/Crime
6	Community College/Business Partnerships	Picked up by Businesses ²	Increased Apprenticeships
7	Expanded Mental Health Interventions	Using Current Staff	Early Identification/tx
	-- Support Groups for Children/Families	SWs, Probation, DCFS, etc	Ongoing Support Services
	-- Reed/Madden Frequent Flyer Diversion	Medicaid/County Care	Reduced Recidivism
8	Homeless Housing/Work Programs	Safe Haven Savings Plan (SHSP) ²	Eliminate Homelessness
9	WWMBL3	Saves Time and Money	Resolving > 80% of Cases
	Win-Win Mediation BEFORE Lose-Lose Litigation		Without Need for Trials
10	Global Energy Independence Program (GEIP)	SAVES \$2-3 T/yr globally	Clean, renewable Energy
11	<u>BIPARTISAN</u> Win-Win Grand Deal, etc.	SAVES \$1T/yr in US	Universal Healthcare/Education
12	Legislative Endorsements of	SAVES LIVES and	<u>Reduce Crime/Drugs/Murders</u>
	BIPARTISAN Contract for Chicago/Cook/IL	Billions in Tax Dollars ³	<u>>50% in 2022, >95% by 2025</u>

¹Safe Haven's Community Service Corps (CSC), like FDR CCC/WPA transforms Subsidies into JOBS=0 Cost

²Safe Haven Savings Plan (SHSP) allows SAVINGS from Prevention Programs to be Reinvested=Multiplier

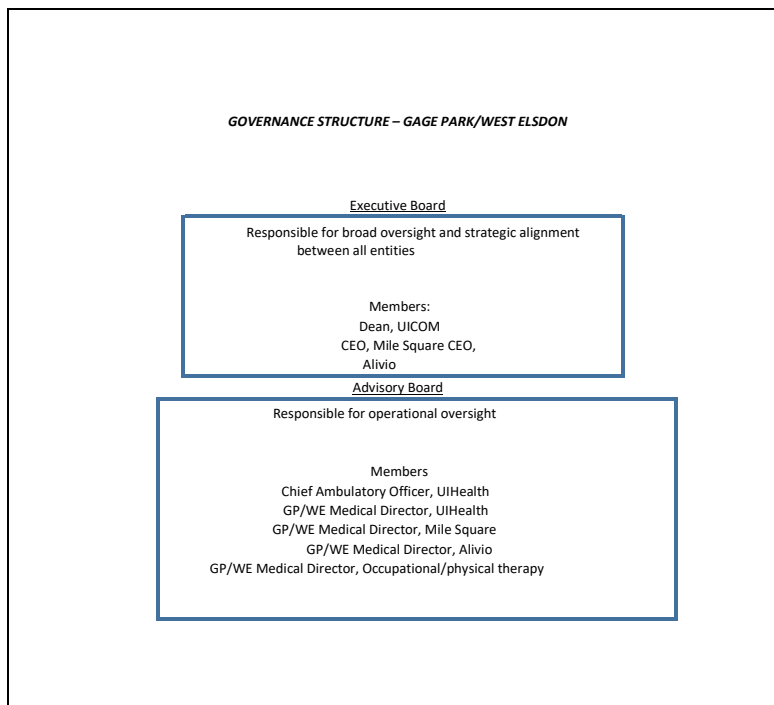
³Achieving a Gang-Free, Drug-Free, Full-Employment Economy by 2024 SAVES LIVES and Tax Dollars -- By ALL Candidates signing the Bipartisan Contract the true WINNERS will be the PEOPLE of IL and Beyond!

3. Governance Structure

For the sake of Continuity, the Governance Structure of the original TC1 TARGET Program would remain in place with a representative of SH/TC2 to participate in Advisory Board meetings.

The parties of this collaborative proposal – UI Health, Mile Square Health Center and Alivio Medical Center – intend to form a shared governance structure to oversee the activities related to this healthcare transformation initiative. There will be an Executive Board as well as an Advisory Board that will contain both clinical leadership and representatives from the Community Engagement Advisory Council. Each entity will appoint members to represent the following areas:

- Executive Leadership
- Clinical Leadership
- Operational Leadership
- Financial Leadership



Touch base sometime next week on I've got a chance to get some rest to get together thank you my friend take care Barbara ce

Upon news of a grant award, work will begin to acquire the clinic and plan for its operation. This shared governance counsel will oversee planning, decision making, budgeting, performance metrics, and grant reporting. It will also help set policies and procedures for the clinic and monitor compliance. The expected frequency is that this group will be monthly at first, and likely continue at that interval through the first year of the grant, moving to quarterly as appropriate.

A budget for the grant revenue will be set annually with monthly reporting against this forecast. Each in turn will be responsible for producing the overall grant accounting, combining the reports of the separate groups.

In addition to leaving the Governance Structure of TARGET (TC1) intact, the SH/TC2 Governance Structure would be focusing primarily on the SDoH left unmet in TARGET's TC1 including:

Lead Investigator: Kimball Ladien, MD: 35 years of experience with Adult and Child Psychiatry

Education

-- Chicago Public Schools: Karl Kemp – 18 years of experience with CPS

-- Parochial and Private Schools: Michael Lewis Smith -- 25 years of experience with Parochial and other afterschool programs

Criminal Justice

--CPD Office of Community Policing: Glen Brook, Director

-- Safer Foundation: Sheri Martinez, PEERR, Job Readiness and Placement, Cook County Jail

Wraparound Services

--Catholic Charities

TARGET (TC1)

-- Lead Investigator: Heather Prendergast, MD

Just as with Target (TC1), the parties of this collaborative proposal (above) intend to form a shared governance structure to oversee the activities related to this healthcare transformation initiative. There will be an Executive Board as well as an Advisory Board that will contain both clinical leadership and representatives from the Community Engagement Advisory Council. Each entity will appoint members to represent the following areas:

- Executive Leadership
- Clinical Leadership
- Operational Leadership
- Financial Leadership

Even prior to the awarding of any grant, work will begin on an SH/TC2 Pilot Program with the assistance of the above individuals and groups. This Shared Governance Council will oversee planning, decision-making, budgeting, performance metrics, and grant reporting. It will also help set policies and procedures for monitoring compliance with SH/TC2. The expected frequency of meetings of this group will be monthly at first, and likely continue at that interval through the first year of the grant, moving to quarterly as appropriate.

A budget for the grant review will be set annually with monthly reporting against this forecast. Each entity in the Collaborative will be responsible for accounting for its own use of grant funds. Dr. Ladien (Safe Haven) will be responsible for producing the overall grant accounting, combining the reports of the separate groups.

New Legal Entity

While the individual Collaborators in SH/TC2 will continue to be their own Legal Entities, Dr. Ladien is in the process of establishing Safe Haven Foundation as a 501©(3). Once established, the Board of Directors are proposed to include the following individuals:

--CEO: Damon Hayes (African American Male)

-- CFO: Fawn Doucette (Caucasian Female)

--COO: Susanna Zamudio (Hispanic Female)

-- Program Coordinator: Michael Lewis Smith (African American Male)

-- Medical Director: Kimball Ladien, MD (Caucasian Male)

Payments and Administration of Funds

Direct Payments to Providers will be collected through a billing agency. The CFO will be responsible for ensuring that funds collected are utilized for the programs intended purposes.

4. Racial Equity

IDENTIFYING STAKEHOLDERS

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

Based upon the demographics of Gage Park and the West Elsdon communities, the racial/ethnic groups most impacted by this proposal are predominantly Hispanic/ Latino (93%), with a smaller percentage being African American (3.4%) and Asian (0.4%).

ENGAGING STAKEHOLDERS

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

Stakeholders from different racial/ethnic groups been engaged in the development of this proposal including Community based organizations (CBOs) and providers practicing in the Gage Park/West Elsdon community and have voiced support for the proposal. In addition, prior to offering the initial complement of services, there will be additional listening sessions with the community to ensure alignments with the community needs and priorities. This engagement will be organized through the UIC Office of Community Engagement and Neighborhood Health Partnerships (OCEAN-HP). This role will continue with SH/TC2.

IDENTIFYING AND DOCUMENTING RACIAL INEQUITIES

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?

The racial/ethnic groups most disadvantaged by lack of access to specialty care is the entire community which is predominately minority. Disease burden and mortality are distressingly high in the Gage Park/ West Elsdon service area compared with state and national averages. Service area residents are subject to high rates of diabetes prevalence and mortality, heart disease mortality, adult and childhood obesity, cancer morbidity and mortality, and adverse pre- and perinatal indicators. Behavioral health issues such as substance use and crime are also significant in the service area, and asthma, sexually transmitted diseases, and oral health access are also challenging within the community. The vast number of health disparities all point to the need for better access to specialty care and education in addition to prevention, screening, and primary care treatment in the service area.

EXAMINING THE CAUSES

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?

The vast number of health disparities all point to the need for better access to specialty care and education in addition to prevention, screening, and primary care treatment in the service area.

CLARIFYING THE PURPOSE

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

TC1 TARGET notes that “We are leveraging University of Illinois Physician Group clinical expertise across our clinical departments, our partnerships with UI Mile Square Health Center and Alivio Medical Center, both federally qualified health centers, our community partnership/affiliation with UIC Office of Community Engagement and Neighborhood Health Partnerships (OCEAN-HP), and our academic partners within the UIC College of Applied Health Sciences to transform health care delivery in the Gage Park/ West Elsdon neighborhood to reduce the health disparities facing that community.”

SH/TC2 intends to expand upon this excellent base by focusing on Prevention-Oriented School and Job-based programs starting in the TARGET area in Year One and expanding beyond their thereafter.

As noted above, If the ONLY thing we do is to have Afterschool Programs for All Children and JOB Programs for ALL Adults, including those on Probation and Parole (Safer’s PEERR Population), we can Reduce Crime, Drugs, Abuse and Joblessness >50% in the TARGET area in 2022.

Just as with Penicillin, by Replicating this Model, first across Chicago and then across Illinois, we CAN achieve a Gang-Free, Drug-Free, Full Economy by 2025.

Just as with ENDING the Epidemics of Cholera and Typhoid by Reversing the Chicago River, with GOOD SCIENCE and GOOD GOVERNMENT, we can END the Epidemics of Crime, Drugs, Abuse and Joblessness Once and for ALL.

By Deliberately Designing a Win-Win System and then actually IMPLEMENTING it, we End Disparities and Discrimination for the GOOD of ALL.

CONSIDERING ADVERSE IMPACTS

6. What adverse impacts or unintended consequences could result from this policy? Which racial/ethnic groups could be negatively affected? How could adverse impacts be prevented or minimized?

We believe that there will be no adverse impact of improving access to specialty care and advanced diagnostics for the community. All will be welcome to the clinical site regardless of racial/ethnic identification, insurance status or immigration. No one will be denied care.

EXAMINING ALTERNATIVES OR IMPROVEMENTS

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?

Community engagement along with care coordination and integration are key drivers of this proposal and will allow for incorporating alternative and novel ideas for continued refinement and improvement.

ENSURING VIABILITY AND SUSTAINABILITY

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?

We believe the proposal is realistic and will meet the needs of the community. We also believe this proposal will be successful in transforming healthcare delivery in the Gage Park/West Elson community.

IDENTIFYING SUCCESS INDICATORS

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?

“If the ONLY thing we do Now is to implement After School programs for our children and JOB Programs for ALL abled bodied adults, including those on Probation and Parole, we can Dramatically Reduce Gangs, Drugs, Joblessness and MURDERS and help make Chicago a Model for the Country on the way towards achieving a Gang-Free, Drug-Free, Full-Employment Economy in America -- SAVING LIVES and Billions of tax dollars.

“If within the next decade we can again walk down any street anywhere in America at any time of the day or night and both feel and actually be safe, then we are starting to do our job. If we can go into any home and find love and caring; if we can go into any school and find learning and growing; if we can go into any workplace and find productive and drug-free employees; if we can reach out into any neighborhood and find a sense of pride and commitment to the Community, then indeed a new millennium will have been reached. This is our goal. This is our dream. It is one I hope to share with you all. Working alone we can accomplish little. But working TOGETHER we can Change the World. As we read history and set the agenda, we have only seven years to go and not a second to lose. Let these be goals truly worthy of us all.” -- Safe Haven Goals, Kimball Ladien, MD, 1993, 25th Anniversary Edition, 2018

In collaboration with the Community Advisory Council quality assurance client satisfaction metrics will be developed.

OCEAN-HP will identify key community partners including community-based organizations (CBO), faith institutions, schools and other entities for stakeholder input. OCEAN-HP's will coordinate and lead a community needs assessment within the Complex's target area with the first six months of grant approval.

Specified Service Area of Proposed Intervention (See Above)

1. Identify Service Area

Phase 1—2022 -- TARGET and PEERR-- Including Schools and JOBS

The Goal of SH/TC2 Phase 1 is to Expand upon the work the TC1 Programs TARGET and PEERR by including local Schools for Children and Jobs for Adults in the TARGET Catchment Area.

The community service area for TARGET is 60629, which includes the communities of Gage Park and the West Elsdon neighborhood. The service area is home to 45,562 individuals, of whom 18.6 percent are low-income or in poverty. Within the service area, 25.7 percent of residents are either uninsured or carry public insurance, 96.4 percent of residents identify as a racial or ethnic minority, and 70 percent of residents speak a language other than English at home. Community violence and low educational attainment also prevent many residents from enjoying the highest possible quality of life

Phase 2 –2023 -- All of Chicago and Satellite Programs (Cook, Lake, Kankakee, Rockford, Champaign, etc)

Phase 2 would expand SH/TC2 across all of Chicago, including all Chicago Public, Private and Parochial Schools. As noted above, with the cooperation of the University of Illinois and SICU, it may be possible to also begin Pilot Programs in Springfield, Champaign, Rockford and Carbondale as well. It is hoped that these State-Funded Universities with their significant expertise in many fields can act as the Nuclei for expanding SH/TC2 Statewide in Years 2-3 of the program.

Phase 3 -- 2024-2025 -- Programs Throughout Illinois and Possibly other States and Possibly Other States

By integrating All Transformational Collaborative Projects, including SH/TC2, the goal will be to have a Gang-Free, Drug Free, Full-Economy Across Illinois by 2025. Efforts will be made to Replicate SH/TC2 in other States as well.

2. Counties Covered by SHTC2

While SH/TC2 will primarily cover Cook County in Phase 1 (2022), it is intended to cover ALL Counties in Illinois by 2025,

3. Zip Codes

Over the three years of SH/TC2, it will expand from 60001 (Alden) to 62999 (Zweiger).

5. Community Input

1a UIC through its OCEAN program has done and continues to do extensive community input gathers. In addition to this, however, if you pick up any Newspaper or turn on any TV or Radio Newscast, not a week goes by without reports of multiple Murders and even more Shootings throughout Illinois, but especially in Chicago.

Rarely do people March and hold candlelight vigils to End Diabetes and Obesity. By such marches to End Violence occur on a routine basis. Similarly, there is Not a Politician in Chicago or anywhere else in Illinois who is not elected at least in part on a Promise to fight Crime and Drugs and Improve our Education System. The Voice of the PEOPLE is Loud and Clear. WHEN will Politicians and Bureaucrats actually LISTEN and finally ACT with GOOD SCIENCE instead of simply Good Intentions? When indeed?

Officials Consulted

1b As noted above, on 7/2/21, Dr. Ladien presented a brief summary of Safe Haven to Mayor Lori Lightfoot, the Chicago City Council, PPD Superintendent David Brown and many others. Sadly, there were over 117 Shootings and 17 Murders on the July Fourth weekend alone. Simply put, nobody was listening.

Similarly, in 1992, Dr. Ladien obtained Letters of Support from Gov. Jim Edgar, Sen. Carol Moseley Braun, all of the States Social Service Agencies and many more on a BIPARTISAN basis. In 1993, Dr. Ladien expanded further upon this large base of support by getting virtually every Official in Kankakee City and County, and everything else from the Chamber of Thomas to the NAACP to also urge the implementation of Safe Haven throughout Kankakee, Grundy, Will and Cook County.

2. The entire set of letters of support are in the Appendix to Safe Haven and will be sent separately.

Simply put, Safe Haven could have been implemented first in Chicago and Kankakee County and then throughout Illinois 25 YEARS ago on a BIPARTISAN basis had people simply kept their Promises and showed the LEADERSHIP to ACT. Now you know why it took 63 years to Reverse the Chicago River....

6. Data Support –Vox Populi

1. If you pick up any Newspaper or turn on any TV or Radio Newscast, not a week goes by without reports of multiple Murders and even more Shootings throughout Illinois, but especially in Chicago.

Rarely do people March and hold candlelight vigils to End Diabetes and Obesity. By such marches to End Violence occur on a routine basis. Similarly, there is Not a Politician in Chicago or anywhere else in Illinois who is not elected at least in part on a Promise to fight Crime and Drugs and Improve our Education System. The Voice of the PEOPLE is Loud and Clear. WHEN will Politicians and Bureaucrats actually LISTEN and finally ACT with GOOD SCIENCE instead of simply Good Intentions? When indeed?

2.Data Analysis

--Crime, Drugs and Recidivism in America

As noted above, Recidivism Rates for both Drugs and Crime in the US are significantly higher than are crime within three years of release; 79% after six years; and 83% within nine years.”²

A 2018 follow-up DOJ study for the years 2005-2014 showed similar results including that 77% of released Drug Offenders were rearrested for a non-drug crime within nine years.³

Europe has Recidivism Rates ranging from 20-30% to 50-60%, depending on the Country, while China has one of the lowest recidivism rates in the World at 6-8%.² Clearly, the US Can and MUST do Better if we are to continue to be True World LEADERS in pursuit of a More Perfect Union in the US and beyond.

Three Major Shortcomings of Current Drug Rehab and Criminal Justice Systems in the US include:

1. Programs are most often NOT Mandatory (following relatively brief periods of Probation or Parole);
2. There are Few (if any) Consequences for Not Following Protocols (including Compliance, etc.); and
3. There is rarely 24/7/365 Monitoring of Patients/Parolees—Especially over the Long-Term.

SH/TC2 is designed to address the above three current deficiencies. And, just like reversing the Chicago River, we can END the Epidemics of Crime, Drugs and Joblessness for the GOOD of ALL. This is Not Magic. It is moving Beyond Ideologies to Genuine GOOD SCIENCE. It is Everyone working TOGETHER to Seek the TRUTH and the Win-Win Way towards true EMPOWERMENT for the GOOD of ALL.

¹ Safe Haven, Table, p 122, Kimball Ladien, MD, 1993, 2018

²“*Crime and Delinquency*,” Steele et al., 1994

³ “*2018 Update on Prisoner Recidivism*,” Mariel Alper, Matthew Durose and Joshua Markman, DOJ, 2018

The Number One Predictor of a child's Academic Performance both here and around the World is NOT class size, amount spent per pupil or teachers' salaries, it is, by far, PARENTAL INVOLVEMENT. In 1968, Yale Psychiatrist Dr. James Comer took the two Worst performing elementary schools in New Haven Connecticut and transformed them over a year into the second and third Highest academically performing schools specifically by involving Parents in the process. *Safe Haven's Community Service Corps (CSC) turbochargers this process and can help develop World-Class Schools-- SAVING LIVES and Tax Dollars in the process.*

During the Depression in America, it was not uncommon for there to be 40-50 students in a class-- but you could hear a pin drop and true Learning was occurring. Clearly, it was not a matter of money or class-size, it was a question of VALUES. Similarly good OUTCOMES can be found in many other Countries around the World today. To improve, we must ask the question "What are South Korea, Finland and even Canada doing that we are NOT?" The bottom line is, whether in America or around the World, True EMPOWERMENT comes from balancing Rights AND Responsibilities. When better to learn this important lesson in life than starting as children?

--Education --Parental Involvement -- Super-Comer Schools -- A PENNY OF PREVENTION....

Again, as noted above, *the Number One Predictor of a child's Academic Performance both here and around the World is NOT class size, amount spent per pupil or teachers' salaries, it is, by far, PARENTAL INVOLVEMENT.* In 1968, Yale Psychiatrist Dr. James Comer took the two Worst performing elementary schools in New Haven Connecticut and transformed them over a year into the second and third Highest academically performing schools specifically by involving Parents in the process. *Safe Haven's Community Service Corps (CSC) turbochargers this process and can help develop World-Class Schools-- SAVING LIVES and Tax Dollars in the process.*

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7. Health Equity and Outcomes

1. Specific Healthcare Disparities Being Targeted

In the UIC's TC1 Project TARGET, they listed 8 Mental Health Care Professional Shortage Areas (Mental Health HPSAs), seven in the Chicago area and one in the Rockford area, range from 12 to 19 and have an average score of 16.25.

The number of mental health professional FTEs needed ranges from 4 to 31, with a total of 85.8 FTEs needed. Mental Health Care HPSA Name Mental Health Care HPSA Score Mental Health Care FTE Needed Chicago Area Mental Health Care HPSAs Low Income-Chicago Northeast 17 19.6 Low Income-

Chicago Near South 12 3.9 Cicero/Berwyn 14 5.4 Chicago Central 18 31.8 West Englewood/Englewood 15 3.7 South Shore/Chatham/Avalon Park/Burnside 19 9.6 South Chicago 19 4 Rockford Area Mental Health Care HPSAs Whiteside/Lee-Catchment Area 1-03-03 16 7.8 Summary Average: 16.25 Total: 85.8 Source: UDS Mapper, HRSA Data Warehouse: <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx> Unserved by Health Centers Region Low-Income Population 2013-2017 5- year estimates Total # Health Center Patients, 2018 Unserved Low-Income Population Health Center Penetration of Low-Income Population West/Northwest 301,962 160,734 141,228 53% Near South/South 262,211 115,367 146,844 44% Near Southwest 146,027 81,871 64,156 56% Berwyn/Cicero 63,933 29,482 34,451 46% Rockford 114,468 54,925 59,543 50% Total 888,601 442,379 446,222 50

In addition to Mental Health disparities, SH/TC2 intends to address disparities related to Crime, Drugs, Substandard Academic Outcomes and low employment in these areas as **well**. Thus, SHTC2 wishes to Strengthen and Build Upon the Strong Foundation already set by TARGET. Similarly, by giving additional resources to Safer's Prison to Work Program, we wish to finally Break the Cycles of Crime, Drugs, Abuse and Joblessness, first on Chicago's South and West Sides and then, across Illinois by 2025-- SAVING LIVES and Tax dollars in the process.

2. Activities to Address Disparities

In addition to working with UIC, the Safer Foundation, CPS, CPD, DMH, multiple Afterschool Programs and others within the TARGET area, we will be rigorously evaluating OUTCOMES relative to other areas who have Not yet implemented this Unified, Coordinated One-Stop Case Management (OS CM) system utilizing the Community Service Core (CSC) for hiring and developing Jobs within the Community.

These programs are discussed in detail both above, in Dr. Ladien's books, Safe Haven and The Chicago Project as well as multiple papers available upon request.

The Immediate measurable impacts of SHTC2 will range from Reduced Truancies and Unexcused Absences, Improved Academic Outcomes and Reduced Behavioral Problems in the Schools to Reduced Crime and Drug use reported in the TARGET,

Using the OSCM model, including the use of Super-EPIC, we hope to be able to track in Real-Time these Parameters and many others. And, by a Regularly OUTCOMES-Based Analysis, we intend to show SH/TC2 as Best Practice Model to be Replicated in other communities throughout Chicago and Illinois.

3. Why SH/TC2 Will Work -- GOOD SCIENCE, GOOD OUTCOMES and *Vox Populi*

Not only is SH/TC2 based upon GOOD SCIENCE and Best Practices historically, both in America and around the World, but by a Rigorous Cost-Benefits Analysis of its OUTCOMES relative to other programs, SH/TC2, like Penicillin, can then be Replicated both in Illinois and far beyond. Bureaucrats and Politicians who prefer "Politics as Usual" and good Intentions instead of GOOD OUTCOMES can then explain themselves to the PEOPLE of Illinois. Thus, in the end, *Vox Populi* will be Heard. In a Democracy, this is as it should be. *Elections can be the Best "Focus Groups" of all*. Perhaps it will take Elections to Remove Politicians and Bureaucrats who Refuse to LISTEN, let alone apply GOOD SCIENCE. Time will Tell.

Again, it may have taken 63 YEARS to Reverse the Chicago River, but when it was Finally Done, the Epidemics ENDED. So too here. Better late than never.

8. Access to Care

8.1 Specific Obstacles/Barriers to Healthcare Access and their Causes

Many Specific Obstacles/Barriers to Healthcare Access and their Causes are listed in both the Safer Foundation's PEERR and UIC's TARGET TC1 proposals with which we agree. In addition, however, obstacles such as Crime, Drugs and Poor Academic Outcomes are significant barriers to Healthcare Access that SH/TC2 intends to address.

8.2 Activities taken to Address Disparities

While many of the specific interventions involved in SH easy to are discussed in detail above, they will also be reviewed below in the discussion of HFS's Quality Pillars.

8.3 Why Proposed Activities Will Have Desired Impact

As above.

Not only is SH/TC2 based upon GOOD SCIENCE and Best Practices historically, both in America and around the World, but by a Rigorous Cost-Benefits Analysis of its OUTCOMES relative to other programs, SH/TC2, like Penicillin, can then be Replicated both in Illinois and far beyond. Bureaucrats and Politicians who prefer "Politics as Usual" and good Intentions instead of GOOD OUTCOMES can then explain themselves to the PEOPLE of Illinois. Thus, in the end, *Vox Populi* will be Heard. In a Democracy, this is as it should be. *Elections can be the Best "Focus Groups" of all*. Perhaps it will take Elections to Remove Politicians and Bureaucrats who Refuse to LISTEN, let alone apply GOOD SCIENCE. Time will Tell.

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9. Social Determinant of Health (SDoH)

9.1 While the University of Illinois did an Excellent Job in discussing Social Determinant of Health (SDoH) within the TARGET area, the Critical Issues of Education, Crime, Drugs, Poverty and Unemployment are left as matters as yet not fully addressed. SH/TC2 intends to build Upon the Excellent Foundation of TARGET's TC1 objectives by Reducing Crime, Drugs, Abuse and Joblessness >50% within this area during 2022 and >95% throughout Illinois by 2025. As such, just as with Safer's PEERR, by building upon these Foundations, we build a "Coalition of Coalitions" that can be further expanded over the coming years.

For the sake of completeness, the following discussion of SDoHs from TARGET's TC1 (pp 26-31) will be included below as an attachment.

9.2 Activities to Address the Disparities of SDoH

In addition to working with Schools and Afterschool Programs with TARGET and Job-Programs with Adult on Probation and Parole with Safer, additional effort will be made to ensure that All of the Agencies involved with One-Stop Case Management (OSCM) working together in an Integrated and Coordinated fashion that maximizes Positive OUTCOMES for Clients, Families and the Community.

Note: Since SH/TC2 specifically expands upon TARGET's TC1 Proposal, Figures 10-20 are included here since we are using the same Demographic Area, but focusing on Crime, Drugs, Abuse and Joblessness to further Strengthen TC1.

Note: Again, TARGET's TC1 Proposal does NOT specifically include Crime, Drugs, Abuse and Joblessness along with poor Academic Outcomes as specific "Health Disparities" that SH/TC2 specifically addresses.

Thus, for instance, working with Catholic Charities, Family Guidance, the Safer Foundation, DMH and many others working in Outpatient settings, we hope to emphasize Prevention-Oriented, Community-Based programming in all settings to the greatest extent possible.

9.3 Why SH/TC2 Will Work -- GOOD SCIENCE, GOOD OUTCOMES and *Vox Populi*

The Answer as to why SH/TC2 will work concerning SDoH's is the same as why it will work for health Equities and Outcomes as well. For convenience, this answer is repeated below.

Not only is SH/TC2 based upon GOOD SCIENCE and Best Practices historically, both in America and around the World, but by a Rigorous Cost-Benefits Analysis of its OUTCOMES relative to other programs, SH/TC2, like Penicillin, can then be Replicated both in Illinois and far beyond. Bureaucrats and Politicians who prefer "Politics as Usual" and good Intentions instead of GOOD OUTCOMES can then explain themselves to the PEOPLE of Illinois. Thus, in the end, *Vox Populi* will be Heard. In a Democracy, this is as it should be. *Elections can be the Best "Focus Groups" of all.* Perhaps it will take Elections to Remove Politicians and Bureaucrats who Refuse to LISTEN, let alone apply GOOD SCIENCE. Time will Tell.

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10. Care Integration and Coordination -- One-Stop Case Management (OSCM) and Super-EPIC

10.1 Improving Integration, Efficiency and Coordination of Care Across Provider Types and Levels of Care

SH/TC2 Significantly Improves Integration, Efficiency and Coordination of Care Across Provider Types and Levels of Care especially with the use of One-Stop Case Management (OSCM) in both and multiple Outpatient settings from Clinics to Schools to Work, etc.

A Super-EPIC Program allows the OSCM System to operate smoothly and efficiently across multiple settings including same database available in real-time for all Providers. While the Super-EPIC system will be used during the Pilot Phase of SH/TC2, it is capable of being expanded first to cover Chicago and satellite programs and then the Entire State and beyond.

By employing Nuance/Dragon Voice Recognition Programs along with Checklists on Computers and Smart Phones, it will be both possible and desirable to minimize paperwork and maximize OUTCOMES by focusing on the clients and their status towards including target points in their Individualized Goal Profiles (IGPs).

By ensuring that Clients are staying "on track" with their IGPs, we can maximize the efficiency of obtaining positive win-win goals. Such outcomes can be tracked in real time concerning everything from on time Attendance at school and Work to Improving Grades and Job Performance.

By employing GPS-Tracking technology, it will be possible in real-time to not only ensure that Clients are complainant with their IGPs, but are also avoiding other individuals with known criminal backgrounds. Thus, just as with Contact Tracing for Covid 19, we can rapidly intervene where the "social Transmission" of Anti-social behaviors from gangs and drugs to fittings and even murders might occur.

Since Smart Technologies from AI Contact monitoring and tracing to self-reporting systems will all help to improve the Integration, efficiency and Coordination of patient care, the more completely that it is applied, the better our OUTCOMES will be.

1. Care Coordination Caseload Numbers and Cost per Caseload

While different levels of Severity will affect the Number of Clients an individual can handle, there are many ways to significantly improve apparent cost effectiveness of these interventions. Thus, for instance, weekly “support groups” for At-risk Youth and their Families run by neighborhood Assistant Caseworkers could be a highly cost-effective way to monitor multiple family while providing support and education/training (and, parenting skills, etc.) in a positive environment.

Some samples of cost savings could include the following:

Assistant Caseworker (\$15/Hr) monitoring group of 10 children and 15 adult caregivers 1 hr/wk = \$15

vs 1 Social Worker (\$25/hr) seeing 10 children and 15 adults in separate sessions 1 hr/wk = \$625

Thus, not only would a weekly group run by an assistant caseworker be > 20 times more cost-effective, elements revealed from group interactions can provide additional beneficial information,

Utilizing similar models with Probation Officers and Probation Officer Assistance can yield similar beneficial results.

And, to the extent that record-keeping is kept to a minimum by the efficient use of Dragon/Super-EPIC with GPS capabilities, we can significantly improve OUTCOMES while lowering costs in the process.

Exact numbers can be found in proposed budgets for specific activities.

2. Community Health Workers and Case Coordinators

As noted above, Community Health Workers and Case Coordinators are CRITICAL to the success of SH/TC2 on many levels. Not only to CHW’s help improve the Cost-effectiveness of the programs, hiring from the Community, we hope to significantly increase the “ownership” of these programs by the Community. Also, by allowing CHWs and others to get Scholarships and/or Loan Forgiveness for participation in these programs, we can help them to increase their “value” not only for themselves and their families, but the Community as a whole.

Catholic Charities recently mentioned the difficulties that they were having in hiring 20 additional staff to even maintain their current programs. By the use of CHWs and others, Catholic Charities could not only help accomplish the workload goals with fewer Social Workers, Nurses, etc., by offering Scholarship and Loan Forgiveness, they would in fact be helping to train their next generation of therapists. Similarly, by UIC and other Universities sending Nursing, Social Worker and other Students into the Communities, they would, again, not only be helping to meet these immediate needs, but training a future generation of caregivers from the Community. Thus, hiring HCWs not only saves money, but Strengthens the Community in the process in both the short and the long term. This is a Win-Win at every level.

3. Managed Care Organizations (MCOs)

3a. While the University of Illinois has its own MCO, neither this nor other MCO's are officially part of the Cooperative. In fact, while SH/TC2 intends to integrate and work with MCO's, currently, they are often as much part of the "problem" as they are part of the Solution.

3b. For instance, it is often the case that MCO's can delay or even block the placement of a patient in a nursing home-- especially if there are issues with their funding. Thus, working out Contracts and Agreements with MCO's that they would be willing to place individuals, e.g., in nursing homes where appropriate WITHOUT their traditional paperwork could significantly reduce the Length of Stay in both State and Private mental Hospital. Not only would this be a cost savings to Taxpayers, it would allow for the more rapid and efficient transfer of patient from the emergency room as discussed above.

While Universal Healthcare might eliminate or reduce the need for State Facilities for "unfunded" patients," this is not likely to happen anytime soon. Thus, coming to agreements with MCO's for the treatment and placement of patients, funded or unfunded, can be a critical element to improving the overall cost-effectiveness, efficiency and Timeliness of programs in general.

11. Minority Participation

1. Minority Business Enterprise Programs (BEPs)

The University of Illinois Board of Trustees established goals for the utilization of minority and women business enterprise construction vendors pursuant to the Business Enterprise for Minorities, Women, and Persons with Disabilities Act (BEP Act) 30 ILCS 575/4(b). The Office of Procurement Diversity oversees the BEP program at the University of Illinois System by ensuring that diverse businesses (qualified certified businesses owned by minorities, women, persons with disabilities, and veterans) are included in the University procurement process. As part of the program, an institutional goal has been set to hire a minimum of 30% of BEP contractors and 20% of design BEP professionals (Architects & Engineers) for all capital projects undertaken at the University of Illinois Chicago. THE ILLINOIS BUSINESS ENTERPRISE PROGRAM Companies Metro Chicago 2,454 Minority-owned Business Enterprise 1,019 Persons with Disabilities Business Enterprise Program 17 Service-Disabled Veteran-Owned Small Business 49 Sheltered Workshop (Community Rehabilitation Programs) 16 Veteran Owned Small Business 95 Women Minority-Owned Business Enterprise 626 Women-Owned Business Enterprise 632 In addition, Alivio Federally Qualified Health Center is an Hispanic serving organization. It's leadership team and board are reflective of the Hispanic community they serve and the neighborhoods of Gage Park and West Elsdon.

Also, CHAMPS, Chi Positive Impact and Coach Radcliffe's Youth Sports Organization are three examples of Minority Business Enterprises focused on Afterschool Programs that SH/TC2 strongly supports. As noted previously, when Sylvia's Safe Haven Foundation is established as a 501©(3), it too will apply for BEP status. Thus, on every level, SH/TC2 not only supports Minority participation, it strongly encourages it as a way to help Support and Strengthen the Community of which these organizations are a part.

2. All of the above BEPs would have an important role in the Ongoing Operations of SH/TC2.

12. Jobs

1. Both the Safer Foundation for PEERR and the University of Illinois for TARGET provided all relevant job information for existing employees as part of their TC1 applications. Dr. Kimball Ladien is a single individual and has no important

2. New Employees

Much as with FDR's CCC and WPA, SH/TC2's Community Service Corps (CSC) is intended to provide Jobs for individuals in the Public and Private Factors. In Case One of SH/TC2, there could be potentially 1-2K individuals working in positions from Daycare assistants, Teachers Aides and Afterschool Tutors and Coaches to individuals working in Recycling and Janitorial Work among many other jobs/

In Phase 2 (2023) it is hoped that Jobs can be found for all individuals seeking employment at least in the Chicago Area. Also, Training and Apprenticeship programs should help to place even further individuals over time. Phase 3 (2024-2025) intends to achieve a Full-Employment Economy throughout Illinois.

3. New Employment Opportunities

Tables 1 (above) illustrates approximately 30,000 jobs that could be created using Community Service Corps (CSC) participants in positions in Chicago from Recycling and Garbage Collection to Janitorial work to Teachers Aides, Hall Monitors, Tutors, Coaches and Resident Patrols-- depending upon the individuals background and skills. Table 2 illustrates approximately \$39 million in Savings employing these individuals alone. Obviously, the more that adolescents stay in school and move on to either College or Work-Training Programs, the more rapidly that a Gang-Free, Drug-Free, Full-Employment Economy by 2025 can be achieved.

13. Quality Metrics/Quality Pillars

13.1 Alignment with HFS Quality Pillars

SH/TC2 aligns well with all Five Pillars of the HFS Quality Framework as described below.

13.2 Alignment with Specific HFS Quality Pillars

13.2.1 Maternal and Child Health -- Universal Daycare and Pre-K Programs

By having young mothers Trained as Day Care Assistants as described above, not only would they have Jobs Skills and Certification in an area needing significant employees, they would also be getting parenting skills and have literal Safe Havens for their Children.

By offering Continuing Education Opportunities, e.g. through the UIC, individuals could train and grow to the maximum of their potential while ensuring Safe Havens and Day Care for their children. UIC's current efforts at Maternal and Child Health through TARGET would thus be significantly expanded, Especially to the extent that such Maternal and Child Health Care might actually be available in Schools where the children already go, so much the better.

To the extent that courts enforce Child Support Laws, e.g., gang bangers having no intention of being responsible parents, let alone supporting their children would be significantly decreased. Simply put, the Best Preventive Medicine for both Maternal and Child Health is to be in Stable, Healthy, two-parent families whenever and wherever possible

Programs that ensure that Mothers remain Alcohol- and Drug-free, especially during pregnancies can go a long way towards the Significant reduction in both Early and low-weight births. Gathering actual OUTCOME-data on these issues will help to make them Best Practices moving forward. If HFS is serious, such matters will be decided by GOOD SCIENCE and Not simply Good Intentions or Bad Ideology.

13.2.2 Adult Behavioral Health -- CSC JOBS and Wellness -- Empowering Individuals and Communities

While UIC's TC1 program generically includes Adult Behavioral Health as one of their goals, SH/TC2 is Explicit in Breaking the Cycles of Crime, Drugs, Abuse and Joblessness as its Target Goals to be measured by OUTCOMES-Based Cost-Benefit Analysis and Not simply Good Intentions. As noted below, it Is Only by Rigorously Evaluating Programs based on GOOD SCIENCE that we can END these Epidemics Once and for All.

13.2.3 Child Behavioral Health-- Super-Comer Schools -- Empowering Parents--Strengthening Families

Again, as noted above, World-Class Super-Comer Schools as well as Healthy, Productive Two-Parent Families are Critical Elements for PREVENTIVE Child Behavioral Health. The more that our policies Empower Parents to help their Children Succeed and develop to the Maximum of their Potential, the better it is for Society at large. Thus, again, A PENNY OF PREVENTION truly IS WORTH A DOLLAR OF CURE. Simply put, the more that we make Families and Communities literal Safe Havens, the Better the OUTCOMES will be for our Children and Society at large. This is a Win-Win for ALL involved.

13.2.4 Equity – EMPOWERMENT v Entitlement--Towards a More Perfect Union

-- Universal Healthcare and Education -- The Best BIPARTISAN "Reparations" of All

Again, true EMPOWERMENT comes from combining Rights AND Responsibilities. The more that we move from Entitlement (Rights Without Responsibilities) to true EMPOWERMENT, the more of a truly Equitable Win-Win World we will Build-- both here in Illinois and America and far beyond.

By simply ensuring the Right to Universal Healthcare and Education are linked to the Responsibility to contribute Positively to Society, we build a Win-Win World for the Benefit of All. Thus, for instance, while Community Service Corps (CSC) participants may begin at "entry-level" positions (e.g. Community Case Managers, Day Care and Teacher's Assistants, Tutors, Coaches, Resident Patrols, etc.), Universal Education would help ensure continued to develop to the Maximum of their Potential. And, Universal Healthcare would go far towards eliminating any remaining Disparities in the current system.

13.2.5 Community-Based Services and Supports -- Strengthening Families, Schools, Jobs and Faith

There are few Institutions that are more Community-Based than Families, Schools, Jobs and Religious Institutions (Churches, Synagogues and Mosques). The more that our programs STRENGTHEN these Institutions, the Healthier and Stronger our Communities will be.

As noted above, SH/TC2 is designed to EMPOWER Individuals, Families, Schools and All Community-based Institutions to Maximize the Potential of All Individuals in All Ways Possible.

Thus, the Operationalized Long-Term Criteria for Success of SH/TC2 were first written as below:

“If within the next decade we can again walk down any street anywhere in America at any time of the day or night and both feel and actually be safe, then we are starting to do our job. If we can go into any home and find love and caring; if we can go into any school and find learning and growing; if we can go into any workplace and find productive and drug-free employees; if we can reach out into any neighborhood and find a sense of pride and commitment to the Community, then indeed a new millennium will have been reached. This is our goal. This is our dream. It is one I hope to share with you all. Working alone we can accomplish little. But working TOGETHER w and e can Change the World. As we read history and set the agenda, we have only seven years to go and not a second to lose. Let these be goals truly worthy of us all.” -- Safe Haven, Kimball Ladien, MD, 1993, 25th Anniversary Edition, 2018

13.3 Additional Metrics

-- **OUTCOMES**-Based Cost-Benefit Analysis-- PENNY OF PREVENTION WORTH A DOLLAR OF CURE

Win-Win OUTCOMES-Based Cost-Benefit Analysis

Michael Kramer (UC), Abhijit Banerjee (MIT) and Esther Duflo (MIT) won the 2019 Nobel Prize in Economics for their pioneering work in using basic Economic tools in the Fight to reduce Global Poverty. Similarly, Michael Belsky, also at the University of Chicago’s Irving Harris School of Public Policy applies OUTCOMES-Based Budgeting to evaluate the Cost-Effectiveness of both Governmental Agencies and specific Public Programs.

It is strongly argued that a Rigorous Cost-Benefit Analysis of OUTCOMES of ALL programs moving forward is Absolutely Critical to ensure that we are not only achieving Continuous Quality Improvement (CQI), but that we are also applying Best Practices in All of our programs moving forward.

In this context, *it is important to note that the current University of Illinois School of Public Health team that HFS has recruited to help in evaluating programs has Six Epidemiologists but NO Economists currently evaluating past and/or future programs.* Simply put, simply evaluating “Services Rendered” is No Guarantee whatsoever as to the actual Cost-Effectiveness of particular programs. Blindly “throwing money at problems” may be well-Intended, but it is rarely good Social Policy.

Conversely, not only is OUTCOMES-Based Budgeting Critical to CQI, developing Win-Win Economic Models that evaluate Good OUTCOMES instead of simply Good Intentions can, over time, be a way of Designing programs on the local, State, National and even International level that help to Maximizing the GOOD that is done for the Benefit of All.

Measuring OUTCOMES helps to lead to Predictable Progress in Science as well as Medicine. OUTCOMES-Based Budgeting can and should become the foundation for All Programs moving forward.

--Replicability -- Illinois v Indiana -- A “Test” of Systems and LEADERSHIP

It will be useful to see as a “Test” of Systems if Indiana can do in Weeks what Illinois has Failed to do in >30 YEARS. This may help to illustrate the critical role of LEADERSHIP and the willingness to Rigorously look at OUTCOMES and Costs-Benefit Analysis (versus “Services Rendered”) as the Scientific Standard in the implementation of All programs moving forward. Time will Tell.

14. Milestones -- Timetable (See Table)

-- Phase One—Safer PEERR/Thorek-Methodist (S/TM/FG) c/s UI TARGET

A Phase One Pilot Program that will accommodate approximately 20-40 patients at a time at Thorek-Methodist Hospital can be started still during 2021. Both the Safer Foundation and Family Guidance (FG) would be part of these Pilot Programs. It is anticipated that the Average Length of Stay on Inpatient Units will be approximately 3-4 days for stabilization followed by long-term Outpatient Follow-up within the Safer/TM/FG Network to the greatest extent possible.

Inpatient stays will include, but not necessarily be limited to individuals relapsing on drugs or alcohol or showing signs of Decompensation, secondary to Noncompliance with medications. It is hoped that the Rapid Intervention with these individuals will help to Avoid the need for Incarceration whenever possible. A Levels System will ensure that In-patients are rapidly returned to both a “Least Restrictive” setting whether this is at home, a Halfway Houses (HWH) or a Safer-Sponsored Housing placement.

Noncompliance with medications and/or Drug and Alcohol Abuse will be considered as Violations of a Client’s IGP and can result in additional consequences including, for instance, extended restrictions in a HWH except for time spent at Work and/or at necessary appointments (Medical, School, etc.).

It is anticipated that with strong, well-coordinated adherence with IGPs, OUTCOMES-studies will quickly show the Significant Benefits of such close monitoring. As with any Clinical Phase 1 trial, if the initial OUTCOMES studies confirm the Benefits of the SH/TC2 Model, the Timetable can and Should be expedited for the Good of All. (Note: the COVID-19 vaccine went through all three phases of clinical trials within less than a YEAR. We CAN do the same with SH/TC2 for reducing Crime, Drugs, Abuse and Joblessness if there is only the Will to make it so.)

A Parallel Track and OSCM System will be in place for Adolescents with Mental Health Issues as well as Juvenile Offenders, but it is anticipated that such treatment will occur in Outpatient settings to the greatest extent possible. In particular, by setting up Pre-School (e.g., “Boot Camp” calisthenics, etc.) and After-School Programs for At-Risk Youth and their families as part of the OSCM System, many issues can be addressed positively in a proactive fashion.

-- Phase Two -- All of Cook County and Potential Pilots in Rockford, Champaign, Springfield and Carbondale in Coordination with the University of Illinois (UI) and Southern Illinois University (SIU).

-- Phase Three -- All of Illinois is to be integrated into the OSCM System. It is Anticipated that at least some neighboring States (e.g., Indiana-- Community Foundation of Northwest Indiana and Wisconsin-- Refresh) may also be “Early Adapters” of the SH/TC2 Protocol. Simply put, the Better the OUTCOMES, the Faster the Implementation of SH/TC2 both in Illinois and far beyond. Time will tell.

15. Budget -- A PENNY OF PREVENTION IS WORTH A DOLLAR OF CURE

(See Attached)

16. Sustainability – POCCIPs -- Prevention-Oriented County/Community Incentive Plans

As illustrated in Table 3, even in 1993 with the first publication of Safe Haven, if we reduce Crime, Drugs and Joblessness even 10%, we would be SAVING >\$400 Million. Our goal with SH/TC2 would be >50% in Chicago in 2022 and >95% across Illinois by 2025.

By reinvesting even some of these Savings into Prevention-Oriented, Community-Based Programs, we would get a Multiplier Effect with even greater savings in future years.

Our current Win-Lose “Politics as Usual” System perversely Punishes Communities who reduce Crime, Drugs, Joblessness while actually Rewarding Communities who failed to do this. Simply put, currently, Communities lose money by simply Doing the Right Thing. This MUST Change.

Table 3 Summary of Proposed SAVINGS with Safe Haven – CSC vs Traditional “Welfare” (SH, p.122)

		Community Service Corps (CSC)	
		Savings from Reduced Costs	
	Welfare	10%	60%
Program	Illinois (1999-- Millions)	Millions	Millions
AFDC (TANF)	786	79	472
General Assistance	174	17	104
Medicaid	2,157	216	648 (30%)
Criminal Justice	900	90	540

Total Savings		402	1,764

A Prevention-Oriented County/Community Incentive Plan (POCCIP) would Block-Grant current levels of funding to Counties to spend as they saw best fit. Counties and Communities who then Reduce Crime, Drugs, Abuse and Joblessness would actually be Rewarded for doing the Right thing. Thus, not only would SH/TC2 be Sustainable, just as with Penicillin, the more Counties and States that Replicate this Model, Deliberately Designing our Systems to be Win-Win’s for ALL, the Better the OUTCOMES will be for All. And, the \$2-3T/yr of SAVINGS with GEIP can make this process truly self-sustaining.

Thus, SH/TC2 would be the First Step in the implementation of The Chicago Project as described below:

With GEIP-powered desalinization plants, we can turn Deserts into Gardens in the Middle East and far beyond. With Safe Haven, we can transform Violence and Despair into JOBS and HOPE throughout the World. And in the process, PROFOUND GOOD will have been done for the Benefit of ALL.

-- The Chicago Project, Kimball Ladien, MD, 2018

As Safe Haven was ended over 25 YEARS ago and is Truer now than ever, “Alone, we can accomplish little. Working TOGETHER we can Change the World.” In this, as in all things, may God’s Will be done. Time will Tell.

Partners and Letters of Agreement

Official BIPARTISAN Support -- 30 years and Counting-- See Safe Haven

Safe Haven — Goals -- Long-term (Operational Criteria for Success)

“If within the next decade we can again walk down any street anywhere in America at any time of the day or night and both feel and actually be safe, then we are starting to do our job. If we can go into any home and find love and caring; if we can go into any school and find learning and growing; if we can go into any workplace and find productive and drug-free employees; if we can reach out into any neighborhood and find a sense of pride and commitment to the Community, then indeed a new millennium will have been reached. This is our goal. This is our dream. It is one I hope to share with you all. Working alone we can accomplish little. But working TOGETHER we can Change the World. As we read history and set the agenda, we have only seven years to go and not a second to lose. Let these be goals truly worthy of us all.”

Safe Haven, Kimball Ladien, MD, 1993, 25th Anniversary Edition, 2018

The Chicago Project Goals

With GEIP-powered desalinization plants, we can turn Deserts into Gardens in the Middle East and far beyond. With Safe Haven, we can transform Violence and Despair into JOBS and HOPE throughout the World. And in the process, PROFOUND GOOD will have been done for the Benefit of ALL.

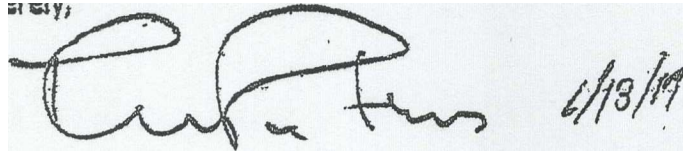
-- The Chicago Project, Kimball Ladien, MD, 2018

“Make no small plans because they have no power to stir men’s souls.” Daniel Burnham, 1891

To whom it may concern,

I have reviewed the simple equation underlying Dr, Kimball Ladien's Global Energy Independence Program (GEIP) and find it to be a credible way to provide clean, renewable Energy for the World.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Petrus", followed by the date "6/13/19".

Robert Petrus*

6/13/19

A handwritten signature in black ink, appearing to read "Kimball Ladien", followed by the date "6/13/19".

Kimball Ladien, MD 6/13/19

*Robert Petrus is an Engineer who worked closely with Jack Welch at General Electric for years.

**Dr. Kimball Ladien is a Physician and a Scientist who has been working on Safe Haven and the Chicago Project for over 35 years. Dr, Ladien's beloved wife and soulmate of over 50 years, Sylvia, was Murdered by ASSs (Arrogant, Stupid, Systematic Abusers of Power) on 2/4/12. It is to leave a Legacy of PROFOUND GOOD that Dr, Ladien has repeatedly since this time offered to Share GEIP with the World. So it shall be.

KLMichaelMGEIP121



STATE OF ILLINOIS
OFFICE OF THE GOVERNOR
SPRINGFIELD 62706

Jim Edgar
GOVERNOR

January 21, 1992

Dr. Kimball Laiden
President
Safe Haven Consultants
1732 W. School Street
Chicago, IL 60687

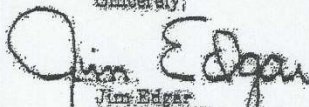
Dear Dr. Laiden:

I have been informed by Dr. Kimball Laiden of Safe Haven Consultants, that Illinois has been nominated as a possible comparison site to be used in the study supported by the Community Partnership Study Program through the Office for Substance Abuse Prevention, U.S. Department of Health and Human Services.

I understand the nature and intent of this program in the development of comprehensive community-wide partnerships for the prevention of alcohol and other drug abuse.

As Chief Executive of Illinois, I give my consent of the use of Illinois as a comparison community for the five years of the program, should the Safe Haven-Illinois Community Partnership Study Program grant be funded. Such consent gives program staff from the Safe Haven-Illinois project access annually to archival data on indicators of alcohol and other drug abuse within this community. It also allows for the collection of survey data on the indicators in the event that current information is not available through archival sources. It is understood that the use of this information will conform to Federal privacy and confidentiality practices and requirements. It is also understood that the recipient organization of the grant will share all program results with our Community at the end of the project (the end of year five), in order to be used in addressing our own alcohol and other drug abuse problems.

Sincerely,


Jim Edgar
GOVERNOR

THE WHITE HOUSE
WASHINGTON

MAY 26, 1932

Dear Mr. Ladian:

Thank you for your letter outlining some of the ideas behind the Safe Haven Program. Since the issues which you addressed are of great concern to us all, we will give it the attention and consideration it deserves. As a result, I have taken the liberty of sharing the information with Mr. Clayton Ventres, Counselor to the President for Domestic Policy.

Once again, thank you for writing. I appreciated your input.

Sincerely,



Samuel A. Skinner
Chief of Staff

Dr. Kimball Ladian
Medical Director and President
Safe Haven Consultants
1732 West School Street
Chicago, Illinois 60657

NOR

THE WHITE HOUSE
WASHINGTON

May 26, 1992

12

Dear Mr. Ladien:

Thank you for your letter outlining some of the ideas behind the Safe Haven Program. Since the issues which you addressed are of great concern to us all, we will give it the attention and consideration it deserves. As a result, I have taken the liberty of sharing the information with Mr. Clayton Kautter, Counsellor to the President for Domestic Policy.

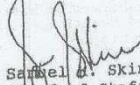
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Sincerely,


Samuel A. Skinner
Chief of Staff

Dr. Kimball Ladien
Medical Director and President
Safe Haven Consultants
1732 West School Street
Chicago, Illinois 60657

an

Many more Letters of Support are available on Request or by going to the Appendix of Safe Haven

PEACE ON EARTH



Alone, we can accomplish little. Working together
We can change the world.

—Kimball Ladien, MD

With GEIP-powered desalinization plants, we can turn Deserts into Gardens in the Middle East and far beyond. With Safe Haven, we can transform Violence and Despair into JOBS and HOPE throughout the World. And in the process, PROFOUND GOOD will have been done for the Benefit of ALL.

-- The Chicago Project, Kimball Ladien, MD, 2018

The Lessons of COVID-19: GOOD SCIENCE + GOOD GOVERNMENT = PROFOUND GOOD for ALL

“Politics as Usual” v GOOD SCIENCE = GOOD GOVERNMENT

Good OUTCOMES v Good Intentions

-- The Critical Need for OUTCOMES-Based Cost-Benefit Analysis

Preface

A Question of LEADERSHIP-- or Lack Thereof -- Safe Haven/TC 2 or 2400 Morons on a Boat (2.4KMOAB)?

“Sylvia’s first question after seeing the Titanic was “*Why didn’t they take all of the doors and tables and tie them together to make Rafts? They had the time.*” Why not indeed? It was a Lack of LEADERSHIP for 2400 Morons on a Boat. This is the Story of the World. 2.4KMOAB keeps happening. Know Other Way.”*

My mother, Julia, was my beloved wife Sylvia’s and my Second-Grade Sunday School teacher. Both Sylvia and Julia, had IQs of 185. Both were as Brilliant as they were kind-hearted. Both dreamt of a Better World for All. Neither of them ever had the Power to make It So. But Both of their dreams live on through me--for now.

When Sylvia and I first saw the updated Titanic, her first question was ““Why didn’t they take all of the doors and tables and tie them together to make Rafts? They had the time.” Why not indeed? It was a Lack of LEADERSHIP for 2400 Morons on a Boat. This is the Story of the World. This may be the Story of Future or we can Choose to Build a Better World for ALL. We may not all be Captain of the Ship. But we should all have a say on Where we are Going, and how to get there Safely. Time will tell.

Often in life, there are People with Vision, but no Power. There are also People with Power but No Vision. And the World Suffers in the Process. So it has been throughout History.

GOOD SCIENCE always tries to LEARN from History. We build Better Boats. We build Radar to See Icebergs and Defeat the ASSs (Arrogant, Stupid, Systematic Abusers of Power). We Always Try to Build a Better World. So it should be with YOU.

We don’t need Time or even Money. We Need VISION and LEADERSHIP.

We don’t need “Politics as Usual.” We Need GOOD GOVERNMENT based on GOOD SCIENCE.

CF COVID-19, Penicillin (Hebrew Hyssip Bush, Egyptian, moldy bread poltice), Cholera and Typhoid, etc.

Archimedes -- Calculus and computers

Fall of the Roman Empire -- The Dark Ages

Democracy-- Pieces of the Pie (Win-Lose) v Lifting All Boats (Win-Win) -- Correcting Inequities v Institutionalizing Multi-Generational Dependency?