

Healthcare Transformation Collaboratives Cover Sheet



1. Collaboration Name: West Side Community-based Integrated Care Collaborative

2. Name of Lead Entity: Humboldt Park Health

3. List All Collaboration Members:

Association House
Aunt Martha's Health & Wellness
Community Counseling Centers of Chicago (C4)
Healthcare Alternative Systems
Humboldt Park Health
The Loretto Hospital
Rincon Family Services

4. Proposed Coverage Area:

West Chicago

5. Area of Focus: Maternal and Child Health; Children and Adult Behavioral Health

6. Total Budget Requested: \$20,000,000

Participating Entities

Contact Information for Collaborating Entities

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

Humboldt Park Health

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

Entity Name	Primary Contact	Position	Secondary Contact	Secondary Contact Position
Humboldt Park Health	Jose Sanchez	President & CEO	Abha Agrawal, M.D.	Chief Medical Officer
Loretto Hospital	George Miller Jr.	President & CEO	Erin Borders	VP Business Development and Outpatient Services
Aunt Martha's	Audrey Pennington	COO	Mary Martin	CFO
Community Counseling Centers of Chicago (C4)	Kerri Brown, Esq	CEO	Patrick Dombrowski	Chief Clinical Officer
Healthcare Alternative Systems (HAS)	Marco Jacome	CEO	Tom Hartmann	VP, IT and Business Operations
Association House	Juan Carlos Linares	CEO	Julie Rodriguez	Vice President

1. Project Description

Brief Project Description

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

West Side Community Based Integrated Care Collaborative (WSCICC)

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

The WSCBICC proposes to provide transformative, comprehensive behavioral health care to the racially and ethnically diverse population of Chicago's West Side, while striving to improve Maternal & Child Health through a focused group of providers sharing information and practicing evidence-based medicine under value-based care arrangements. We will do that via (a) a shared center for care coordination staffed with behavioral health professionals and community health workers who share real-time information and predictive modeling to increase access to needed services including behavioral health and medical care as well as non-medical services that address social determinants of health, (b) expansion of effective outpatient services targeted to our underserved population, and (c) expansion of inpatient adolescent services in the community.

Detailed Project Description

Provide a narrative description of your overall project, explaining what makes it transformational.

Specify your service area, identify the healthcare challenges it faces, and articulate your goals in addressing these challenges; explain your strategy and how it addresses the causes of these challenges, and lay out the expected

timeframe for the project.

Describe any capital improvements, new interventions, delivery redesign, etc. Your narrative should explain the need for each significant item in your budget, clarifying how each connects to the overall goals and operations of the collaboration.

Provide your narrative here:

The WSCBICC first convened in late 2020 to address Health Equity challenges in the Hispanic and African American Communities on the West Side. The small group coalesced around the needs of these communities where our roads intersected, and explored ways we could, together, improve care, advance Health Equity, and find resources to provide solutions to address the social determinants of health (SDoH) that are often at the root of health inequities. Through a Grant Fund from a MCO (Meridian), the Collaborators began to design a community-based health improvement program in early 2021. In Summer of 2021, the group discussed how the model being created under the Meridian grant could and should be deployed for other MCOs, and moreover, aligns with the objectives of HFS' HTC initiative. From there, it was decided to proceed with an HFS HTS Application as it seemed a natural expansion of a model that will work on a broader basis.

WSCBICC will serve the Austin and Humboldt Park neighborhoods on the West Side of Chicago. These communities face numerous healthcare challenges, including access to timely, coordinated behavioral health and substance-abuse treatment and support for community members of all ages. The access issue is particularly acute for adolescents and children. The dearth of services is exacerbated by numerous SDoH, including cultural stigma related to behavioral health in both the African American and Hispanic communities. Further complicating the challenges of optimizing behavioral healthcare are other significant SDoH such as employment, health education, housing, language barriers, insufficient transportation and lack of adequate food and housing.

The Collaborative proposes to address these challenges on three (3) core investments:

- 1. Expansion of Services via New Adolescent Outpatient Care Center.** The new OCC will specialize in services currently not provided to the degree needed in the community, specifically those for adolescents, who are still children and, as such, have heightened sensitivity to all elements of their environment.
- 2. New Inpatient Capacity to Meet Unmet Community Need.** All of our studies point to lack of quality care and access to care for adolescents, especially Inpatient care. The WSCBICC seeks funding to build an Inpatient Adolescent Behavioral Health Unit at a hospital that already has Adult Behavioral Health services.
- 3. Innovative Care Coordination and Patient Data Sharing Across Core Providers via establishment of a Community Access & Resource Enterprise (CARE) Center.** There are not enough services available to these communities (access challenges). While part of this Application seeks funding for additional, targeted, precisely defined new services, the biggest lack of assets in care delivery in these communities is care coordination. The biggest value this Application can realize over time is deployment of resources to better connect and better manage services provided across the continuum to our patient base. The CARE Center will pool multidisciplinary care-coordination resources in a single entity and will utilize a central care-coordination system with data contributed and utilized by all Collaborators and the Medicaid MCOs. The CARE Center will be housed in and become part of an existing population health management organization with over 25 years' experience in managing populations under value-based agreements in safety net communities.

We estimate that program sustainability will be reached by the end of Year 3, assuming the current healthcare labor shortage will continue for at least the next two.

Our approach will help overcome the all-too-common scenario of limited access to behavioral health services, including services needed by more severely ill patients cycling through emergency departments, inpatient psychiatric facilities, inpatient medical/surgical units, and intensive care units because of an inability to access timely treatment. The Collaborative will serve the community's behavioral health needs by:

- Coordinating and utilizing services that currently exist Adding select services locally
- Continuously evaluating data and outcomes for those under our care.

The Collaborative care process will follow a stepped care pattern based on three assumptions:

- Different people need different levels of care for the same problem due to age-specific needs, cultural considerations, social determinants of health, and health equity.
- Monitoring outcomes and the utilization of real-time data will inform the Collaborative to determine the right level of care at the right time.
- Moving methodically along the stepped care continuum from lower to higher levels will

improve outcomes and contain costs.

The WSCBICC will route patients, who might otherwise neglect to seek care or leave the community, to local care and social resources, thereby keeping them in the community and maintaining continuity of care. The key tasks associated with implementation of this model include:

- A centralized Registry for all participating partners' patients, with identifiers that move with the person through payer changes
- Oversight by highly skilled behavioral health care managers and supportive personnel
- Timely assessments for confirmation of diagnosis
- Improved access and patient engagement through frequent follow-up, outreach and age-specific culturally competent care
- Initiation of treatment in a timely manner to mitigate risks associated with delays in care
- Arrangement of community-assisted services (i.e., housing, transportation, food insecurity and nutritive support, education, etc.)
- Facilitation of adherence to care plans through tracking of outcomes and adjustment of care as needed through ongoing caseload review, coordination and referral
- Promotion of patient self-management and improvement of overall health and well-being

As stated earlier, this program will incorporate services already provided in the community. To this end, post-crisis care management will be done by the Collaborative Bridges teams, a program that was awarded funding as part of the HTC application process in 2021.

Each task is performed in a specified manner and sequence to provide the best chance for high-quality outcomes. The diagram attached illustrates the model.

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Section 2 Diagram

3. Governance Structure

Structure and Processes

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

The Collaborative will create an effective governance mechanism for decision making among the participants, through an Operating Committee or other entity. It will:

- Development, implementation, and performance management of the WSCICC initiatives
- Oversee the CARE Center operations and performance
- Communicate and cooperate with HFS and the MCOs regarding Compliance and Program Management
- Have the ability and option to decide to form a new entity, if they deem it necessary and appropriate

WSCICC's Operating Committee will form at least three subcommittees:

- Executive Committee
- Finance Committee
- Quality Committee

The Executive Committee will have, among its other duties, the responsibility for monitoring and overseeing the performance of the individual Collaborators and ensuring Compliance. The Finance Committee will oversee the and

monitor the financial performance of the components of the WSCICC and its programs. The Quality Committee will oversee all clinical operations and programs related to management of Quality Metrics & Measures.

The WSCICC will contract with Humboldt Park Health Partners (HPPH) to run the CARE Center and to manage and report on the utilization of Transformation funds. The CARE Center contractor will provide monthly, quarterly, annual and trend reporting on financials, as well as the quality metrics and milestones identified here as the measures of program success.

Upon program approval, the Operating Committee will begin meeting at least monthly and continue with this cadence until programs are established and metrics are defined and monitored. At that point, it can elect to meet less frequently.

Collaborators will execute participation agreements and delegate a high-level member of their organizations who will have decision-making ability. Once programs are operational and participation is at full capacity, a decision will be made by the Collaborators as to whether a new contracting entity should be formed and, if so, what the structure should be.

Accountability

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

All the Collaborators are already fully committed to serving this community. They will be held formally accountable by committing individually and as a group to the initiatives described herein via contract. They will be involved in program development and provide leadership and oversight through participation on the Operating Committee and the development and monitoring of Key Performance Indicators (KPIs). Another key driver of our individual and organizational commitment and accountability is our work together right now on the Meridian Project. In early 2021, Centene/Meridian MCO funded a Community Behavioral Health project through HPPH. The group of providers participating in that project are the very same providers participating in the WSCICC. Recent data generated from that project has informed and influenced the WSCICC program, its initiatives and operating model. The goal is to align the design and implementation of Meridian Project with the core programs and goals of this HTC initiative, and then contract with all MCOs for the same program design. Our group and these providers are well down the road of conceptualizing and designing the programs detailed herein, and contractualization with the MCOs is underway, initiated by the Meridian Project and work with other HTC awardees from Round 1 of Funding.

The Collaborative will negotiate contracts for value-based care with additional MCOs, which will better align the program with the payers to improve quality and earn the Collaborative performance-based incentives. Such agreements may involve downside risk over time, which is one way to help ensure accountability for a program. Distribution of incentives earned will be based on the program's performance and that of each component and participant relative to the goals, KPIs and milestones. The Operating Committee will develop a performance-based distribution model for Collaborators, and the participation agreement will contain provisions for adding or excluding participants based on their performance. It is our intent to partner with MCOs immediately and our expectation is to receive some funding from MCOs beginning in Year 1. The WSCICC program will be made available to all MCOs willing to participate. The WSCICC may explore other Managed Care Agreements with referring networks, thereby increasing volume and expanding our value footprint.

Collaborators will initially commit to serving for at least the duration of the HTC Program award, with specific circumstances, conditions and timeframes for continuation. The agreement will contain language around fiduciary duties, including ensuring the highest levels of ethics and legal standards.

As stated in the prior section, the Operating Committee will have a subcommittee that will be responsible for monitoring and managing the participation and performance of individual Collaborators and reporting to the larger group. Reporting will be shared with all Collaborators and their leadership through the Operating Committee.

New Legal Entity

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

- Yes
 No

Payments and Administration of Funds

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

As the lead entity, Humboldt Park Health (HPH) will be the recipient of Transformation funds. HPH will contract with Humboldt Park Health Partners, a Chicago-based Physician Hospital Organization (PHO), half-owned by HPH. HPH has over 25 years of experience in population health management and value-based managed care contracting. HPH will provide management services that will include:

1. Fiscal oversight of all aspects of the program
2. Housing of CARE Center and staff
3. Data Warehouse
4. Patient Registry
5. Coordination and Integration of Care Management and Quality Management Programs
6. Data:
 - a. Intake and Export
 - b. Reporting
7. WSCICC Committee Participation:
 - a. Quality (Co-Chair)
 - b. Executive
 - c. Oversight Sub-Committee
 - d. Finance:
 - e. Delegation Sub-Committee

HPHP will use a documented policy developed by the Oversight Committee for management and distribution of all HTC funds, as well as reporting to the Collaborators. WSCICC may contract with an external Audit Firm to provide external financial review.

4. Racial Equity

Background on HTC and racial equity:

This form contains a racial equity impact assessment, or REIA. An REIA is a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision. REIAs are used to minimize unanticipated adverse consequences in a variety of contexts, including the analysis of proposed policies, institutional practices, programs, plans and budgetary decisions. The REIA can be a vital tool for preventing institutional racism and for identifying new options to remedy long-standing inequities. (Source: Race Forward - "[Racial Equity Impact Assessment](#)")

High-Level Narrative

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

We view racial equity as the foundational focus of everything we do and applaud HFS for its leadership and direct approach in advancing racial equity in the HTCs. The vast majority of the patients and clients served by the Collaborative partners are people of color. For years, the Collaborative's providers and partners have made every effort to hire and train staff who mirror the demographics of the communities served. We are proud that the majority of our staff are people of color and or residents of our communities.

How the West Side Community Based Integrated Care Collaborative Will Incorporate Racial Equity:

Pursuing Racial Equity must be purpose driven and root cause focused. It must be pursued on many levels including Education, Healthcare, Justice. The Collaborators understand that healthcare is local and built on trust. When people observe inclusion of people similar to themselves, it helps inspire confidence that the provider or organization understands their situations and needs.

All seven of the Collaborators prioritize hiring staff that reflect and represent the West Side. For programs and locations serving the Hispanic population, the majority of staff speak Spanish. Eliminating any language barrier ensures both a higher level of comfort for patients with communication and, from the provider perspective, more accurate information is received, which improves the likelihood of success with treatment.

Another illustration of the impact staffing can have is with adolescent behavioral health, one of the areas of focus in this proposal. The adolescent population has many unique characteristics, including a magnified need for a sense of security in order to trust the people providing care enough to fully engage in their programs. Engagement is a major factor in the success of any behavioral health program. Staff whom adolescents perceive as having personal commonalities with them and are likely to understand their individual circumstances will expedite trust-building and development of a positive relationship that is pivotal for this population to experience positive results and better health.

Offering services in racially sensitive ways, such as employing staff who live in the community or speak the languages spoken by patients or clients and their family members, allows for better and clearer communication and adds to the likelihood of success.

People need a sense of belonging. The strength of community, in whatever form it takes, strengthens our ability to effectively work with patients by enabling us to see the world from their perspectives. We support people of color by affirming their value, with an understanding that they are often disadvantaged, through no fault of their own. The Collaborative's model will be most effective if its programs and staff are woven into the community and take into account the values and experiences of people of color. This means gaining awareness of and partnering with our patients' available supports, including family, schools and other community resources. We will acknowledge and welcome their truths, working with them to succeed where the system has failed in the past.

The Collaborative's leaders utilized the Racial Equity Impact Assessment (REIA) framework provided by HFS in the HTC Application Instructions to inform our formalized approach (attached)

Below is a summarization of how the REIA framework was deployed to define the impact of WSCICC and its programs:

5. **Identifying Stakeholders:** The leaders of the Collaborative organizations are well-known and well-respected leaders in the community and have been leaders in engaging stakeholders around Racial Equity and Health Equity for all of their careers. These leaders cast a large, inclusive, and diverse net when they pursue an initiative. This application is a testament to that, reflected in the many letters of support from our community.
6. **Engaging Stakeholders:** In addition to the Collaborative's member organizations, Elected Officials, Community Leaders, and healthcare workers were engaged in the Assessment of the Current State and in the Design of the Future State.
7. **Identifying & Documenting Racial Inequities:** WSCICC leaders are committed to continuing the fight against racial inequities in hiring, access to healthcare, food and housing security, and other manifestations of systemic racism, subtle and apparent.
8. **Examining the Causes:** Leveraging the work of universities, social agencies and healthcare systems, WSCICC will continue and deepen examination of causes of racial inequities and systematic racism in our communities and in our industry.
9. **Clarifying the Purpose:** The purpose of our work aligns and integrates well with the work of our communities but comes with the higher responsibility as healthcare institutions whose mission is to serve all and serve all equally.
10. **Considering Impacts:** The intent of WSCICC is the same as the intent of HFS' HTCs, which is to improve the health and wellness of our communities and the peoples in our communities. We are confident that our impact will be positive in both regards. In consideration potential negative impacts, we recognize that there may be initial "newness" to this, and other emerging population health management initiatives designed to improve health and wellness in our community. Part of our work is to be a leader in helping our communities navigate the changing landscape of "health insurance" and Medicaid coverage so that the communities and the peoples in the communities understand and embrace the value of the services available thereby helping shift paradigms about the healthcare "system".
11. **Examining Alternatives of Improvements:** During the Assessment phase of our work, we looked at what was available in our communities, the quality/depth of those services, and what gaps in services existed. That process informed our Design phase, where we considered many models (bigger and smaller than the model proposed herein), and ultimately confirmed commitment to the WSCICC's mission, vision and purpose.
12. **Ensuring Viability and Sustainability:** In addition to aligning well with needed services in the community, our proposed investments have high probability of short-term Sustainability for two

primary reasons: The ability to scale (to MCOs, to other parts of the city and state), and short-term revenue generation and job creation.

13. Identifying Success Factors: The WSCICC will manage performance with an eye toward immediate success, utilizing Performance Metrics and Milestones to ensure we are both on track and thinking ahead. Beginning with the Development Phase, through Implementation and GoLive, we will focus on:

- Process
- Outcomes
- Clinical Quality
- Operational Effectiveness Financial
- Sustainability

The Collaborators are aware of the stresses added by racial disadvantages, as well as stigma attached to mental health in large parts of the West Side and may have been exacerbated by the pandemic. This program is dedicated to counteracting that stigma by acknowledging it and being representative of a new way to view it through outreach activities and education, communication in a way that reflects our understanding of the issues and barriers faced by different racial and ethnic groups. The Collaborative strives to improve the overall well-being of the community we serve. To this end, we will plan for continuous assessment of our programs and efforts. Part of this will be to constantly examine how we utilize available resources to best meet the needs of the communities we serve.

Racial Equity Impact Assessment Questions

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

African American, Hispanic

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

Yes.

- All Collaborators are already working in the West Side communities and have Diversity, Equity & Inclusion Committees in place to make sure we solicit and respond to stakeholders' issues, opinions and needs.
- All Collaborators are recognized and respected as leaders, influencers, and change agents in the community and in the industry
- The majority of Collaborators' staff are Hispanic and African American, and a significant number reside in the service area.
- All Collaborators have worked continuously with our elected officials and been involved in numerous community partnerships. The West Side Community Based Integrated Care Collaborative has obtained letters of support from many and submitted them with this application.
- Hospitals, healthcare providers and community-based organizations are stakeholders, and they have chosen to participate in this Collaborative.

Below is a list names of community leaders who have been consulted and have endorsed.

- Jerry Isikoff, PhD (CEO) – Angel Harvey Family Health Center [not elected]
- Esther E. Sciammarella, M.S. (Executive Director) – Chicago Hispanic Health Coalition
- Lee Francis, MD, MPH (President & CEO) - Centro De Salud Erie Family Health Centers
- David W. Gomel, Ph.D. (President & Chief Operating Officer) - Rosecrance Health Network

There are many in the community who have 'fallen through the cracks' or lack trust in the healthcare system. They

may not be represented. However, the Collaborative's proposed outreach activities and its integration into and through other community organizations will help lessen the numbers of 'missing' community members.

The Collaborative understands that expecting people with differing needs, cultures and economic statuses to adapt to a system designed without this flexibility is destined to exclude too many. Offering treatment that focuses on the individual by accommodating their socioeconomic, cultural and environmental realities and proactively taking services to them can move the community toward eliminating systemic racism as an impediment to health.

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?

- *Most Advantaged:* White/Caucasian
- *Most Disadvantaged:* African Americans. Hispanic are somewhat less disadvantaged than Blacks.

The two populations experience many of the same disadvantages as they apply to health and access to healthcare. However, there are some significant differences as well.

For the African American community, examples of unique disadvantages are living in a food desert, violent crime, harboring a deeply rooted distrust of the medical community; resistance to use of prescription medication; stigma related to mental health; lack of health education; homelessness. Homelessness is a major issue on the West Side and is most pronounced in the Austin neighborhood, which is almost all African American. This Collaborative is not in a position to propose solutions to Homelessness under Healthcare Transformation, but it is important to mention it here as a major SDoH for the West Side that should be a priority for Illinois. The WSCICC will work with housing agencies such as Heartland and Thresholds to help our clients and patients secure housing. For the Hispanic community, which is the majority demographic in Humboldt Park, examples of unique disadvantages are language barriers; lack of citizenship documentation; stigma surrounding seeking mental-health services.

Qualitative Evidence

The Collaborators are aware of the disadvantages, as providers' training allows them to see the available treatments in contrast with the barriers the African American and Hispanic populations must overcome to receive them.

Disadvantages are reported regularly in the news. There are no full-service grocery stores in Austin. There are no FQHCs in the Austin neighborhood.

The COVID-19 pandemic has exacerbated all disadvantages and brought them to light with the disproportionate negative effects chronicled statistically by the CDC, as well as state and county governments. According to a study by the Kaiser Family Foundation in September 2021, Blacks represented 14% of the population in Illinois but represented 18% of COVID-related deaths, compared to Whites, which represented 61% of the population but 62% of the COVID-related deaths.

One positive effect of the pandemic has been to significantly raise awareness of racial and other inequities in the healthcare system. An informal survey of referral partners revealed:

1. There is not enough inpatient capacity for adolescent and pediatric behavioral health within or outside of the community geography
2. There is limited capacity for ACT and CST services in the community, particularly for adolescents and pediatrics
3. On any day, Lurie Children's Hospital has over 1500 youth on their waiting list.
4. Sinai, Hartgrove, Garfield Park and others report wait times as long as 6 months.

Quantitative Evidence

These are issues of national urgency and volumes of data exist supporting these impacts. COVID-19's impact on Black and Hispanic communities has been widely reported. In addition to the medical impact, the CDC reports that the COVID-19 pandemic has seen a disproportionate rise in suicidal ideation in the Black and Hispanic populations.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>.

At a state level and more locally, in addition to data cited by HFS in its own reports and studies, there is

overwhelming evidence that the African American and Hispanic populations experience significant disadvantages when it comes to healthcare in general and behavioral health in particular. Below are just a few examples.

It's been many years since we first started seeing expanding data related to the differences in Life Expectancy within and across Chicago neighborhoods. Sadly, the latest data indicate that the problem is getting worse instead of better. The table in Graphic 1 attached summarizes the Life Expectancy and Change in Life Expectancy between 2012- 2017.

Further, according to a 2021 study by the Health Care Consortium of Chicago, "The Challenging Future of the Chicago Safety Net," life expectancy on the West Side is up to 14 years lower than in the predominantly white Streeterville neighborhood a few miles away.

Per Health Chicago 2025 Data Compendium

Chicago adults who are unable to afford a \$400 emergency expense have five times the rate of serious psychological distress and are twice as likely to need mental health treatment and not get it as pictured in Graphic 2 attached.

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 origins of the inequities experienced by the African American and, more recently, Hispanic populations on the West Side can be traced back to redlining of these neighborhoods by lenders from before, during and after the Civil Rights Movement. Predominantly Black neighborhoods were isolated from opportunity to own homes and borrow for businesses by the very institutions that were best equipped to help these groups lift themselves up. Neighborhoods made up largely of immigrants also experienced redlining, although to a far lesser degree. This resulted in lower property values and fewer business opportunities disadvantages for the populations in these neighborhoods as they tried to realize the American Dream. This is one of the origins of what we now refer to as systemic racism.

The quality of public education on the West Side and in other low-income areas has been lower than in the rest of the CPS system. This perpetuates inequities by making these populations less qualified for employment and less likely to be able to obtain or keep well-paying jobs.

Inequities have been expanding in the last decades, but we are hopeful that the increased public awareness and discussion, along with real efforts such as Healthcare Transformation will begin to reverse the trends.

This proposal helps address the root causes by enlisting the resources of the State of Illinois to implement programs that will help erode barriers to care and improve the health status of the people of the West Side. Better health will enable more people to obtain community services such as job training, GED courses, transportation and the like that will better enable people to seek and gain employment and otherwise contribute to their own well-being and that of their community.

In addition to providing more local and culturally sensitive services to the disadvantaged on the West Side, WSCBICC will provide job training as part of this program in order to address the community need from an employment perspective, while simultaneously helping alleviate the healthcare labor shortage. Training programs will have the goal of staffing the Collaborative initiatives in the long term, as well as the Collaborators' own operations which are feeling the current effects.

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

The proposal seeks to improve equity and access, thereby reducing disparities, by offering a program that will be an integral part of the community. The Collaborative acknowledges the community members' uniqueness, but also its issues, challenges and barriers and will customize care and services to address them. Awareness of issues such as stigma around behavioral health, disparate family units, distrust of the system and other inherent social and cultural nuances will be the context for helping patients and clients engage and participate in their care and help build stability in their own communities. The WSCBICC will play a role in building a healthier and more vibrant community with more and higher-quality local resources.

Will it reduce disparities or discrimination?

Several types of disparity will be reduced by the program, the first of which is access to care. This program addresses access by bringing more needed services to the West Side in the form of the three new clinical programs in the proposal: maternal behavioral health screenings, an outpatient adolescent center and an inpatient unit. Access will be further broadened by enhanced care coordination because it will ensure patients and clients receive existing services, they need but might not be aware of or know how to access. Employment disparities will also be addressed through job training programs provided by and in conjunction with the WSCBICC and its individual Collaborators.

6. What are negative or unforeseen consequences and positive impacts/opportunities for equity as a

result of this proposal? Which racial/ethnic groups could be harmed or could benefit? How could adverse impacts be prevented/minimized and equitable opportunities be maximized?

Potential adverse effects are born of assumptions and generalizations about need on the part of providers that the patient does not agree with, causing unnecessary loss of personal autonomy. The Collaborative is aware that, although there are standards of care and proven processes and procedures, we cannot waiver from our commitment from individualized treatment. Even within communities, there are always exceptions and differences. The potential to make inaccurate or mistaken assumptions in the same way that was done in the past exists and will be front-of-mind so that in our efforts to incorporate racial and ethnic differences we do not assume that everyone in any group is the same.

This proposal requires the WSCBICC to identify the individual's needs as early as possible and to continuously engage with them to increase the likelihood of success in treatment and improvement of overall health and well-being. Positive impacts on equity, diversity and inclusion are as much the goals of this project as positive clinical outcomes. Helping West Side communities' access and sustain appropriate services and treatment will counteract current racial disadvantages.

With the underlying tenet that healthcare needs fundamental change, all staff in the Collaborative's proposed programs will be trained in racial and cultural sensitivity, as well as the realities faced by the community, such as level of unemployment, crime, language barriers and their potential effects. As stated earlier, every care plan addresses the individual's needs in the context of their personal, cultural, and racial circumstances. Thus, while this proposal targets the African American and Hispanic communities, taking a culturally sensitive, individualized approach makes it applicable to any population.

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?

We believe this program, by taking into account the individual's needs in the context of their race and culture, is the best approach to reducing racial disparities and advancing racial equity from the standpoint of a healthcare provider. What would be better for racial equity to be a goal of every part of the community:

business, education, government and other community pillars. A concerted, coordinated effort would be the most effective approach. We are optimistic that this is beginning to happen, particularly post-pandemic because so many disparities were brought to light nationally. The national focus on racial inequities and discrimination has also mobilized community leaders, local governments and other institutions to step-up their efforts by prioritizing diversity, equity and inclusion at the highest levels.

Other ways to reduce racial disparities would be to provide more financial opportunity around serving disadvantaged communities. In the case of healthcare, a specialty fee schedule that is in-line with the costs of providing services would go a long way toward bringing more complete healthcare services to the West Side and other low-income populations around Illinois. A state HIE would also assist so that more complete health histories can be accessed even with the limited technological resources available to providers serving the Medicaid population.

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?

This proposal is realistic, as it has been meticulously planned to ensure it includes all available aspects of meeting a person's behavioral health needs. We believe it is properly funded as indicated by our documented assumptions and projections. The mechanisms for performance evaluation and improvement are fact-based. The group's commitment to the success of the people in this community and the chosen metrics for performance that will be monitored by the program's entities and the Operating Committee and analyzed as part of a continuous process for improvement based on learning from real experience.

For public accountability, the Operating Committee will include at least one community member at large in order to ensure ongoing community stakeholder participation and input, and data around program performance will be available on the Collaborative website, which will also be accessible through the Collaborators' websites.

8. 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?

Success of the Collaborative will be measured by improvements in our stated metrics and benchmarks, which will be reported to HFS and published on the website. Examples are rates of behavioral health screenings for pregnant and postpartum women, increased enrollment in outpatient behavioral health programs, decreased emergency department visits and decreased inpatient admissions related to crisis, among others.

The WSCBICC will also know we are successful when the overall community's health status improves, as measured by the West Side's parity with the health status of the white and overall populations. Like other measures of success, the level, diversity and quality of ongoing stakeholder engagement will be assessed through the consistent measurement of relevant metrics as described in the proposal. The level, diversity and quality of ongoing stakeholder engagement will be assessed based on continued measurement of access such completion of programs; ongoing access to outpatient services; annual or age-appropriate PCP visits and screenings (measured by MCOs).

Project benchmarks will be the quality standards as measured by the MCOs and agreed to under the Collaborative's contracts with them. Additionally, as mentioned previously, the national health averages for incidence of behavioral health diagnoses will also be utilized. These will be the measure of success in terms of health but will also let us know how well we are addressing racial and other disparities.

Impacts will be documented via reporting reviewed by the WSCBICC Operating Committee and shared with the MCOs and HFS.

5. Community Input

Service Area of the Proposed Intervention

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

West Chicago

- 2. Please select all Illinois counties that are in your service area.**

Cook

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

60607, 60608, 60612, 60622, 60623, 60624, 60642, 60644, 60651

Community Input

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

The Collaborative was formed based on an assessment of behavioral-health services in the service area by an outside consultant. The assessment identified gaps in the continuum and the many needs and challenges facing the West Side. Potential programs were listed and then prioritized based on community input that had already been collected or was sought in real time.

The Collaborators all contributed to gaining community input. The hospitals routinely collect it in the form of patient surveys and the gathering of community level data for their Community Needs Assessments and related reports. In preparation for this application, we conducted interviews surrounding community needs with the leaders of the

5. Community Input

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West Chicago

2. Please select all Illinois counties that are in your service area. (NOTE: Selecting a county does not mean that your intervention must service the entire county.)

(Hold CTRL+click on a PC or command+click on a Mac to select multiple counties).

Cook

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

60607, 60608, 60612, 60622, 60623, 60624, 60642, 60644, 60651

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The Collaborators all contributed to gaining community input. The hospitals routinely collect it in the form of patient surveys and the gathering of community-level data for their Community Needs Assessments and related reports. In preparation for this application, we conducted interviews surrounding community needs with the leaders of the collaborating organizations and the clinicians who are in contact with the community members who are their patients.

All organizations have DEI and other similar committees charged with connecting with the community through organizations such as congregations, schools, employment training programs and other SDoH agencies to ensure the organizational goals are aligned with community needs. Association House operates a school, and both Rincon and Association House have after-school programs.

The Collaborators have ongoing partnerships with Chicago Public Schools (CPS), the judicial system, and other community organizations, including those who have submitted the attached letters of support.

Additionally, we have sought and received input and support from elected officials, many of whom have also submitted letters of support for this application.

2. Please upload any documentation of your community input process or findings here. (Note: if you wish to include multiple files, you must combine them into a single document.)

Federal & State Officials - Letters of Support

Input from Elected Officials

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

Yes

No

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

Select legislators:

- Aquino, O. - Ill. Senator - 2nd State Senate District
- Davis, D. - U.S. Representative - 7th Congressional District

- Delgado, E. - Ill. Representative - 3rd State Representative District
- Ford, L. - Ill. Representative - 8th State Representative District
- García, J. - U.S. Representative - 4th Congressional District
- Hernandez, E. - Ill. Representative - 24th State Representative District
- Landek, S. - Ill. Senator - 12th State Senate District
- Lightford, K. - Ill. Senator - 4th State Senate District
- Newman, M. - U.S. Representative - 3rd Congressional District
- Pacione-Zayas, C. - Ill. Senator - 20th State Senate District
- Pelt, P. - Ill. Senator - 5th State Senate District
- Ramirez, D. - Ill. Representative - 4th State Representative District
- Zalewski, M. - Ill. Representative - 23rd State Representative District

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

- Daniel La Spata – Alderman, 1st Ward
- Brian Hopkins – Alderman, 2nd Ward
- Walter Burnett, Jr. - Alderman, 27th Ward
- Frank J. Aguilar – Commissioner, 16th District Dennis Deer – Commissioner, 2nd District
- Marc D. Smith – Director, Illinois Department of Children and Family Services
- Felix Cardona, Jr. - Alderman, 31st Ward
- Luis Arroyo Jr. - Cook County Commissioner, 8th District
- Roberto Madonado – Alderman, 26th Ward

Please upload any documentation of support from or consultation with elected officials. (Note: if you wish to include multiple files, you must combine them into a single document.)

Community Leaders Letters of Support

6. Data Support

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

Published Data

- IDPH
- Illinois Maternal Morbidity and Mortality Report 2016-2017 HFS Transformation Proposal 11/2020
- The Challenging Future of Chicago's Safety Net 2021
- ED and Avoidable Days data from HFS on Transformation website
- Avia Health Medicaid Transformation Project: Phase I Report August 2020 CDC Data on COVID-19
- HFS Quality Strategy
- 2019 Community Health Needs Assessments (The Loretto Hospital, Humboldt Park Health) SAMHSA Report 2020

Data Collection by Collaborators

- Meridian Project

- Assessment of Services and Gaps: Full inventory of Services of all sites; Collaborator interviews regarding service gaps and needs
- Informal survey of wait times for outpatient mental health and substance abuse programs for adolescents
- Tracking of ED holds for adolescents waiting for admissions
- 2021 Health Equity Program: Humboldt Park Health7. Health Equity and Outcomes

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

According to a 2021 study by the Health Care Consortium of Chicago, "The Challenging Future of the Chicago SafetyNet," life expectancy on the West Side is up to 14 years lower than in the predominantly white Streeterville neighborhood a few miles away. Additionally, Black and Hispanic populations report more difficulty finding doctors, and finding doctors that share their background, and finding doctors that treat them with respect.

The WSCBICC will target the following disparities on the West Side:

1. Access to care for African Americans and Hispanics are caused by lack of comprehensive behavioral health services in the community, as well as SDoH such as employment status, language barriers and cultural resistance to seeking care.
2. Disproportionate pregnancy-related behavioral health morbidity in the Black and Hispanic populations caused by lack of prenatal care and low engagement levels with primary care. This population also experiences more prevalent incidence of comorbidities such as obesity and diabetes. Other causes are SDoH such as lack of healthcare education and stigma attached to behavioral health.
3. Disproportionate opioid addiction in the African American community, caused by lack of health education, stigma to seeking treatment and resistance to use of counteracting medications. Disproportionate hospitalizations for BH diagnoses in the African American and Hispanic communities These are caused by the lack of identification of issues due to lack of behavioral health services within the community, as well as the social stigma associated with seeking mental health services.
4. Disproportionate hospitalizations for BH diagnoses in the African American and Hispanic communities These are caused by the lack of identification of issues due to lack of behavioral health services within the community, as well as the social stigma associated with seeking mental health services.

Among the WSCICC Collaborators is a voice and a force in the dialogue nationally around Health Equity. Humboldt Park Health's Jose Sanchez (CEO) and Dr. Abha Agrawal (CMO) have been advancing Health Equity since their careers in the New York health system prior to arriving in Chicago 10 years ago. Humboldt Park Health recently changed its name to better reflect the community, and made its tagline, "Advancing Health Equity." They are supporting it with a committee on equity comprised of its leadership and constituents. HPH is being recognized nationally for its leadership in advancing Health Equity.

HPH has one of the more well-defined approaches to advancing Health Equity, based on the framework provided by the Institute for Healthcare Improvement (IHI):

The IHI Framework is deployed initially to begin a broad-based approach to measurable improvement:

1. Assessing of SDoH
2. Addressing SDoH
3. Creation of a Health Equity Dashboard
4. Improving Patient Access to their Health Information
5. LGBTQ inclusion in Health Equity

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

Below is a summary of our approach in addressing health disparities:

- Begin with an understanding of the disparities in our communities, the concentration of the populations and the existing footprint of work completed
- Understand SDoH and the drivers of disparities requires up front connection to begin a relationship and a care plan with individuals. This connection will be central to our work and drive our longer-term success.
- The Collaborative will weave the goals above into the fabric of the program, from policies and processes to care-plan development and the rendering of services.
- The program will provide more comprehensive behavioral-health services in the community through increased access to behavioral health services at the primary care site, enhanced care coordination through the CARE center, and conducting intensive outreach and education services within the community through peer CHWs and ensuring behavioral health screenings are offered to all pregnant and postpartum women.
- The WCBICC will utilize claims and demographic data to identify and contact members of the target groups proactively.

WSCICC will deploy tools and tactics to help address SDoHs and advance Health Equity: Patient Intake Assessments (new and existing patients)

- Individualized Care Plans
- Coordinate services that will prevent tragedy
- Outreach and educational activities performed in a culturally sensitive way will enable patients to make informed decisions

Immediate measurable impacts include:

- Increased access to behavioral health services by pregnant women
- Increased rates of enrollment in outpatient behavioral health programs or outpatient therapy visits
Reduced incidence of behavioral health trauma and crisis
- Reduced number of unnecessary ER visits
- Reduced number of avoidable inpatient admissions and re-admissions related to behavioral health
We will also be tracking the time between referral and service to ensure care coordination is effective,

As noted elsewhere, WSCICC will measure its progress via HFS Quality Strategy metrics, and metrics developed specific to our initiatives.

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

These activities are designed to be:

- Effective
- Systematic
- Inclusive
- Proactive
- Individualized

They will enable patients and clients to receive early and even preventive treatment at the lowest-intensity, least intimidating level possible for them. By conducting intense, targeted outreach, the WSCBICC is initiating care and treatment that will help promote overall health and stability, thereby avoiding crisis-level need.

The team will include Community Health Workers who, by definition, have something in common with the patient and can facilitate building trust in the team and in providers so they have the maximum comfort level with the care plan and can participate in setting goals and participate in improving their own health.

Together, these actions will improve access to care, engage patients with providers in new ways, expand and deepen care coordination and population health management, and importantly toward, enable providers to access data on common patients via the Registry until such time as the community has a fully interoperable EMR/HIE.

8. Access to Care

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

The Collaborative views the following as the major obstacles to access:

- Lack of comprehensive services available within the community
- Lack of coordination of services (people falling through the cracks and becoming lost to the healthcare system) and ongoing follow-up
- Unaddressed Social Determinants of Health preventing people from seeking care or complying with the advice of their clinicians (e.g., stigma, language, transportation, housing, other)
- Lack of patient understanding of and comfort with how “managed care” and Medicaid/Medicare health insurance works, and when coupled with a general heightened fear of going out because of COVID-19, creates a problem of under-utilization of needed services for basic health, and an increase to the long-term costs of these populations

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

The Collaborative will undertake the following activities to address the issues mentioned above.

- Immediate implementation of increased behavioral health services, including adding access at the PCP site
- Proactive outreach to those at risk by CHWs, who are peers
- Earlier initiation of prenatal care, including behavioral health screenings for all pregnant women
- Postpartum follow-up, including behavioral health screening
- Providing more comprehensive services within the community, such as the new outpatient adolescent center and inpatient unit
- Care coordination that is long-term and continuous and incorporates SDoH
- Community outreach and engagement around healthcare education initiatives (Managed Care/MCO Insurance, Importance of PCP Relationship, Care Coordination-Why?, Accessing Resources)

Immediate measurable impacts include:

- The number of patients engaged and enrolled in care management
- Increase in outpatient behavioral health services as evidenced by claims
- Reduction in ED visits
- Reduction in unnecessary inpatient admissions for behavioral health
- Reduction in unnecessary re-admissions
- Improvement in access as evidenced by reductions in the time between referral and service (PCP visit, care management enrollment, behavioral health visit)

As detailed in Section 10, our initiative is tied directly to and will be aligned in measurement with the HFS Quality Pillar Metrics

- Prenatal & Postpartum Care (PPC)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse of Dependence (FUA)
- Follow-Up After High-Intensity Care for Substance Abuse Disorder (FUI)
- Pharmacotherapy for Opioid Use Disorder (POD)
- Adults' Access to Preventive/Ambulatory Health Services (AAP)

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

We believe our activities will have an impact for the following reasons:

- They are driven by evidence-based community health need which is the mission of our organizations individually; collectively we bring a new approach to a mutual population.
- Our actions are designed in direct response to need as identified by the community.
- While defined by the community, our deployment will be addressed locally and in a way that meets each individual's needs and facilitates engagement in their own care.
- This collaboration will accelerate and integrate actions to improve care, and enable rapid improvement towards defined goals
- Communication across providers will be exponentially improved
- Providers will have access to patient data like never before through the use of enabling technology and shared protocols
- Our actions and mission is to address SDoH centrally and wholistically as part of the individualized care plan. Effective tools will be implemented immediately as proven best practices, including front-end SDoH Assessment Tools and back-end connections to community resources, defined and enabled by our Central Data Warehouse and Patient Registry.
- The CARE Center will provide a much needed administrative and clinical coordination resources for all participants, and because of its alignment with HPHP (an established and well positioned PHM/VBC company), will both leverage existing resources and expertise and accelerate deployment of WSCICC work.

9. Social Determinants of Health

Note on the significance of social determinants of health:

A full 50% of a person's health outcomes can be attributed to social determinants of health (that is, factors such as education, economic stability, housing, access to healthy food, access to transportation, social support and environment). Given this, we are looking for collaborations that meaningfully address social determinants of health in coordination with physical and behavioral health.

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

The most effective way to address SDoH is to understand SDoH both at a community level, and at an individual level. To effect change, we are focused on applying our knowledge and experience to individuals and their needs to best get them on a journey to better health and wellness by addressing any SDoH barriers as part of the Individualized Care Plan.

Our funding request seeks funding to implement tactics addressing these key issues: WSCICC has chosen these SDoH because we view them as the main causes of disengagement from the healthcare system creating the most adverse impacts:

- *Housing*: While WSCICC cannot assume full front line Housing support, there is enough need to warrant funding for connecting individuals with both short-term housing support and long-term solutions.
- *Food Insecurity*: Existing funding exists but is neither adequate nor targeted to align with an individual's health needs. Our funding is envisioned to provide both access to resources and integration of diet and food security into our patients' care plans.
- *Cultural Stigma Associated with Seeking Mental Health Services*: Causes: This is an issue found with high incidence in African American and Hispanic communities, that have not been addressed due to many societal factors, not the least of which is isolation due to lack of employment, transportation, language barriers, etc.
- *Employment*: A multitude of factors exist here, being with Education and continuing through Training and Placements. Our goal is to coordinate across need areas to be best align patients with resources available in each of those categories.
- *Lack of Healthcare Education*: Causes: inadequate healthcare services within the community; generally lower level of formal education; cultural fear of the medical or healthcare community.
- *Transportation*: An effective Transportation Model, similar to the reliance, efficiency and customer satisfaction of Uber and UberEATS combined, will help both engage and sustain connection with our patients and communities. We will recognize this as a best practice for improvements in Access to Care.

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

WSCICC will take the following steps to address the targeted disparities

- Making SDoHs an integral part of initial assessments and care plan
- Maximizing care coordination to ensure health issues AND SDoH are addressed to the degree possible
- Maximize care coordination - include social and community services to address SDoHs as a full and pivotal part of care plans
- Develop necessary partnerships with agencies and organizations that provide services that Collaborators do not to ensure access for community members
- Community Education and Events
- Individualized Education and Events

Immediate Measurable Impact:

- More uptake/enrollment in SDoH programs Fewer ED visits
- More utilization of outpatient services, both health and SDoH Number of individuals in Case Management
- Number of Individuals connected to Housing resources Number of individuals connected to Food Security resources

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

The Collaborators believe we have the right approach in understanding and reducing barriers in SDoH in our communities and with individuals:

- Each Collaborator works in the community and is very aware of its needs
- Early connection and assessment is important in long term engagement and improvement
- By coordinating efforts, making decisions, and creating care protocols care plans based on facts and data, we will work together to improve care at a community level and at an

individual level

- Community support for improving their health and wellness

10. Care Integration and Coordination

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

According to the Collaborators, community representatives, and all the studies we have referenced or participated in, the biggest challenge facing the community is keeping patients from falling through the cracks. Care is disjointed because there is no centralization or data sharing.

The WSCICC represents an innovative collaboration in its focus on a high impact need in communities need high impact action and investment. The value of funding requests for specific/precise services expansions will be long term and relevant to addressing health disparities identified.

The attached WSCICC Patient Flow Diagram illustrates patient flow and care coordination across our network. This care management process will be deployed for all patients, not just patients attributed to us via the HTC initiative.

Below is an overview of the Care Integration and Coordination of the WSCICC programs.

- CARE Center to coordinate care across sites and populations Enabled by Patient Registry and Central Data Warehouse
- Front End Intake and Assessment Protocols to be precise in defining Individualized Care Plans Communication and coordination across the care journey, supported by technology, shared protocols and processes
- Integrated over time with MCOs for alignment of care improvement, funding, and data sharing

An important role in the WSCICC Care Integration and Coordination Model is the role of the Behavioral Health Care Manager (BHCM).

The BHCM coordinates the overall effort of the group and ensures effective communication among team members. BHCMs are typically nurses, psychologists, social workers, or licensed counselors. The ability to perform the tasks that need to be completed and creating a tailored plan for who will do each of those tasks is much more important than one's credentials. The BHCM performs all of the care management tasks including offering psychotherapy when that is part of the treatment plan. A BHCM is not the same as a case manager or a behavioral health consultant.

Effective BHCMs support the care collaborative in their role by:

- Participating in diagnosis and treatment planning.
- Coordinating treatment.
- Providing proactive follow-up of treatment response.
- Alerting the PCP and/or Community Resource when the patient is not improving. Supporting medication management.
- Facilitating communication with the psychiatric consultant regarding treatment changes; and
- Offer brief counseling (using evidence-based techniques such as motivational interviewing, behavioral activation, and problem-solving treatment).

Some BHCM duties and responsibilities can be assigned to other members of the care team. However, BHCMs on a collaborative care team need to build a unique set of clinical skills specific to practicing in primary care and other community-based behavioral healthcare settings. In the WSCICC model, the BHCMs will be deployed in the community sites and at the CARE Center.

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

- Yes
 No

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

- High-Risk Care Coordinators will have a caseload maximum of Medium-Risk Care Coordinators will have a caseload maximum of
- Cost per caseload is effectively the costs of salaries and overhead per employee

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

- Yes
- No

3A. Please list the names of the managed care organizations in your collaborative.

As noted above, the WSCBICC first convened in late 2020 to address Health Equity challenges in the Hispanic and African American Communities on the West Side. The small group coalesced around the needs of these communities where our roads intersected, and explored ways we could, together, improve care, advance Health Equity, and find resources to provide solutions to address the social determinants of health (SDoH) that are often at the root of health inequities. Through a Grant Fund from a MCO (Meridian), the Collaborators began to design a community-based health improvement program in early 2021. In Summer of 2021, the group discussed how the model being created under the Meridian grant could and should be deployed for other MCOs, and moreover, aligns with the objectives of HFS' HTC initiative. From there, it was decided to proceed with an HFS HTS Application as it seemed a natural expansion of a model that will work on a broader basis.

The Meridian Project (and funding) is very limited but aligns with the clinical initiatives detailed herein. The funding is being utilized to Assess Current State (that data utilized in this program formation), Design Future State (that data informed formation of the CARE Center) and implement and contractualize. This HTC funding would fund both needed service expansions (not included or contemplated in Meridian funding) and the CARE Center (beyond the limited short- term funding available via the Meridian Project).

The Meridian Project is also enabling the contracting process for the HTC model. It is clear to the MCOs that HFS is expecting alignment; and the "contractualization" of this program serves as a model for contractualization of this and other HTC models.

11. Minority Participation

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

BEP-Certified

- 5T Construction
- Benford Brown & Associates Daysprings
- Daysprings
- Imagens
- Goldstar Communications Martin Branding
- Milhouse Construction Nia Architects
- Onyx Architects
- Level-1 Global Solutions
- KFA Information Technology
- XDTech

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

Below is a list of Collaborators' current partner entities certified by the Illinois Business Enterprise Program (BEP) that are targeted for a role in the West Side Community Based Integrated Care Collaborative, along with brief summaries of their anticipated role. This list is not final, as we anticipate identifying as many additional opportunities to tap BEP resources as possible.

Company - Function/Role

- *5T Construction* - Space buildout (will bid on Adolescent Center (and inpatient unit, if qualified) Benford Brown & Associates - Auditor
- *Daysprings* - Cleaning/Janitorial – Adolescent Center
- *Imagens* - Consulting in Marketing, Media, and Public Relations
- *Goldstar Communications* - Marketing, PR, and Communications – marketing materials for programs Martin Branding - Signage (Adolescent Center)
- *Milhouse Construction* - Construction (will bid on Adolescent Center and inpatient unit if qualified)
- *Nia Architects* - Space Design (will bid on Adolescent Center and inpatient unit if qualified)
- *Onyx Architects* - Space Design- (will bid on Adolescent Center and inpatient unit if qualified)
- *Level-1 Global Solutions* - Interoperable Technology Infrastructure Design, Implementation and Management
- *KFA Information Technology Consulting & Services* - EMR and care management system access
- *XDTEch* - Marketing, Technology

12. Jobs

Existing Employees

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

Please see attached file

New Employment Opportunities

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

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

The employment opportunities resulting from this initiative are delineated as follows:

- *Care Coordinators* - Masters-level licensed counselors with certification in care coordination
- *Community Health Workers* - Community members, i.e., peer liaisons, who have commonalities with the patient population either by virtue of having endured crisis, mental health or substance use disorder and have recovered; no degree specified, but must be able to identify with constituents
- *Pediatric Clinical Psychologist* - PhD for complex needs presented at the adolescent outpatient center.
- *Behavioral Therapists*- Licensed counselors to provide therapy, IOP and PHP services at the adolescent outpatient center

- *Clinic Staff to Administer Maternal Behavioral Health Screening Program* - medical assistant or other staff to be hired at HPH to perform outreach, ensure screening is conducted and documented
- *Additional Human Capital* – medical assistant or other staff to be hired at the discretion of the sites to assist in administration of this program, e.g., liaison to the CARE Center, referral coordinator, data specialist, etc.
- *Administrative Liaison* – admin staff to support the CARE Center; no degree specified
- *Program Director* – business manager for the CARE Center; bachelors preferred + experience in care coordination organization or other equivalent
- *Data Analyst* – analyst to manage data received, develop clinical and financial reporting and dashboards, as well as implement predictive modeling in support of care coordination; bachelor's degree or equivalent; proficiency with SQL or other database software
- *Program Medical Director* – Psychiatrist to oversee care management activities, participate in care planning and represent the CARE Center to the Collaborators
- *Inpatient Psych Unit Manager* – RN to run unit operations and provide nursing care
- *Inpatient Psych Clinical Staff* – RN to provide nursing care
- *Inpatient Psych Administrative Assistant* – administrative support for unit; no degree specified but experience and or relevant training necessary
- *Inpatient Psych Medical Director* – psychiatrist to oversee clinical operations of the unit; sign off on care plans, provide clinical care. The WSCICC is committed to hiring staff from within the community whenever possible. The Collaborators understand the need for those who serve the community members to have more than just a license or credential; they need to have an understanding of the context in which people who come to them live. In the case where a hire from within the community is not possible, racially, ethnically, or other familiarity such as language spoken, or LGBTQ will be sought. All staff will undergo extensive training in cultural competency and sensitivity, which will be ongoing over the course of their employment by the Collaborative. Making such characteristics and training priorities during and after the hiring process will ensure maximum alignment with the goals.

The significant number of CHWs and clinic staff that can be hired at the Collaborators' discretion is another mechanism to ensure staffing aligns with the goals of the proposal. CHWs are peers who are the day-to-day face of the Collaborative and will be the WSCICC's best asset in the quest for patient or client engagement because they will enable people to quickly gain a comfort level with seeking needed services, either clinical or to address SDoH. Both types of employees will allow the Collaborative flexibility to hire the best staff to further the vision of the Collaborative.

3. Please describe any planned activities for workforce development in the project.

The Collaborative is aware that there is a shortage of qualified staff. Every effort will be made to hire from within the community. However, the WSCICC has allowed for the possibility that qualified staff will not be available as the program grows. To serve the dual purposes of having adequate, qualified staff and offering as many jobs as possible to community members, the program will undertake efforts to grow staff organically.

New Community Health Workers will be trained after hire. They will also be offered certification training should they want to become certified as Recovery Support Specialists (RSS). Since this requires experience as well as pursuit of a bachelor's degree, the WSCICC will assist them in getting college scholarships which are readily available to this population. Once they have the RSS, they are allowed to bill for their services, which is in line with sustainability efforts of the proposal.

The WSCICC will also seek partnerships with universities to grow staff by becoming training sites for resident physicians, advance-practice nurses, and registered nurses. By doing so, in the case of medical residency and APN training, low-cost services will be rendered which can be billed under one supervising medical director. The experience in the healthcare industry is that some of those trainees will go on to staff the community service providers.

Similarly, the Collaborative will expand its partnerships with local training programs for administrative and medical- assistant staff. This will provide a pipeline for staff and ensure those employees are invested in the community and trained to ensure cultural sensitivity.

13. Quality Metrics

Alignment with HFS Quality Pillars

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

The programs proposed by the WSCICC were chosen by providers who choose to serve a population that faces virtually all the obstacles to health and well-being a community could face. Together, this group has several hundred years of history supporting Chicago's most disadvantaged. Yet they are all different, each offering a set of services that is slightly different from and complementary to the others. By combining forces, providing different perspectives and strengths, pooling resources, and sharing information, this Collaborative is taking action that will help address the tough issues studied and articulated by HFS.

Like the HFS strategy, the WSCICC has taken a systematic, fact-based approach to program design, taking into account all the realities of life and health in Austin and Humboldt Park to devise the optimal ways to improve the health of the people of this community. The Collaborators were addressing SDoH before they had a name by offering programs designed specifically for their community. They have done so as individual organizations and in partnership with others, such as community, faith-based and government organizations, in order to lift up the people of the West Side and give them the opportunities and means to be well and live their best lives on their own terms.

The Collaborative started with an in-depth assessment of currently offered services and their effectiveness. This led to the identification of gaps in service and obstacles faced by those in need of care. Once the needs were articulated and prioritized, it became clear which initiatives should be realized. Then, programs were designed to make specific improvements and interventions with clear, measurable goals and a plan to systematically make and measure progress. The programs are all born of need observed by the Collaborators and verified by the community.

The proposal aligns directly with four of the pillars: Maternal & Child Health, Adult Behavioral Health, Child Behavioral Health and Equity.

- The Maternal & Child Health Pillar is reinforced from a behavioral health standpoint because it uses several different approaches to encourage women to seek prenatal care. These different ways to engage women in their own health in a manner that allows for social and cultural understanding.
- Adult Behavioral Health is addressed through the elevated availability of behavioral healthcare at the primary-care site. This also supports the Equity pillar because access is increased locally through the added service.
- The two new programs for adolescents align with the Child Behavioral Health Pillar in a major way by adding two additional physical spaces with multiple services that have been beyond difficult to access to date.
- The shared, centralized care-coordination center is innovative and will support all pillars because it will ensure greater access to behavioral health services. It is driven by proactive outreach carried out by community health workers who have a full understanding of the community and can help break down barriers caused by SDoH. The center will address SDoH head-on by coordinating non-clinical services to support health, such as matching people with community resources using NowPow.
- The hiring and training of numerous CHWs across this program acknowledges the challenges to engagement and helps address them by making the healthcare system less threatening and helping raise people's comfort levels with health and community services.

Below are the mechanisms for measuring the progress and success of the WSCICC.

Existing Quality Metrics	New Quality Metrics
Prenatal & Postpartum Care (PPC) Follow-Up After Hospitalization for Mental Illness (FUH)	Greater Enrollment in Care Management Reduction in ED Visits Decreased Emergent Hospital Admissions

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

2A. Maternal and Child Health?

- Yes
 No

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

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

The WSCICC will address the Maternal & Child Health pillar by launching a robust initiative to ensure pregnant and postpartum moms receive behavioral health screenings. The Collaborative will help more women access prenatal care and do so early in pregnancy by providing enticements for them to engage in care, such as free pregnancy tests and CHWs to contact and educate them throughout their pregnancies and through the risky postpartum period. Although this proposal is behavioral-health-oriented, its goals are aligned with and supportive of a mother's overall safety and wellness.

The program will lead to the following measurable outcomes:

- Prenatal & Postpartum Care (PPC)
- Increased Behavioral Health Screening for Prenatal and Postpartum Mothers Increased Outpatient Behavioral Health Services
- Reduced Maternal Morbidity and Mortality Greater Enrollment in Care Management Reduction in ED Visits
- Decreased Emergent Hospital Admissions Decreased Re-Hospitalizations
- Increased Outpatient Behavioral Health Services
- Increased Use of Health Services Located within the Service Area

2B. Adult Behavioral Health?

- Yes
 No

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

The success of the proposed initiatives in addressing Adult Behavioral Health will be measured by improvements in the following metrics:

- Follow-Up After Hospitalization for Mental Illness (FUH)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse of Dependence (FUA) Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

- Pharmacotherapy for Opioid Use Disorder (POD)
- Adults' Access to Preventive/Ambulatory Health Services (AAP) Greater Enrollment in Care Management
- Reduction in ED Visits
- Decreased Emergent Hospital Admissions Decreased Re-Hospitalizations
- Increased Compliance and Adherence to Behavioral Health Medications Reduced Time Between Referral and Services
- Increased Outpatient Behavioral Health Services
- Increased Use of Health Services Located within the Service Area

2C. Child Behavioral Health?

Yes

No

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

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

The WSCICC will address Child Behavioral Health through a focus on bridging gaps in services for the adolescent population. The future of the community depends on the successful strong emergence of our children from this crucial period of mental and physical development. The West Side currently does not have adequate services for its older children, and it is a failure of the healthcare system and a reflection of the systemic disadvantages faced by this fragile group.

The success of the proposed initiatives, the new outpatient center and inpatient unit, will be measured by:

- Follow-Up After Hospitalization for Mental Illness (FUH)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM) Greater Enrollment in Care Management
- Reduction in ED Visits
- Decreased Emergent Hospital Admissions Decreased Re-Hospitalizations
- Increased Compliance and Adherence to Behavioral Health Medications Reduced Time Between Referral and Services
- Reduced ED Holds in Number and Duration (particularly for adolescents) Increased Outpatient Behavioral Health Services
- Increased Use of Health Services Located within the Service Area

2D. Equity?

Yes

No

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

As each Collaborator organization is committed to advancing equity, it follows that equity is the underlying goal of the WSCICC. As detailed more in section 7, the WSCICC Health Equity Strategy is based on the framework provided by Institute for Healthcare Improvement (IHI), and the best practices in advancing Health Equity deployed by Collaborators, including the comprehensive Health Equity Strategy of Humboldt Park Health, a national leader in advancing Health Equity. The measures below will act as measurable indicators of success around the Equity pillar:

- Adults' Access to Preventive/Ambulatory Health Services (AAP) Greater Enrollment in Care Management
- Reduced Time Between Referral and Services Increased Outpatient Behavioral Health Services
- Increased Use of Health Services Located within the Service Area

In the long term, the measure of this and other Transformation efforts, our collective performance will be measured by progress toward outcomes equivalent to the currently advantaged populations, including rates of morbidity and a life expectancy that are no longer discernably different from those of any other part of American society.

2E. Community-Based Services and Supports?

- Yes
 No

Community-Based Services and Supports: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

- Community based behavioral health services Community based maternal child services Food Insecurity services
- Housing support services

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

- Yes
 No

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

- Percentage of Patients with SDoH Survey at Intake Access to Care by Ethnicity
- Preventive Care
- Maintenance of Chronic Care Plans

16. Sustainability

WSCISS: An Investment in People and the Pursuit of Equity

The WSCICC Funding is an investment in short-term and long-term improvement to the health and wellness of the communities of West Chicago. Funding will be invested immediately in desperately needed new services in the community across the behavioral health and the maternal child health continuum. All our actions enabled by the HTC funding will pursue Equity and advance Health Equity. These investments will begin generating revenue immediately and ramp up over the course of the investment to reach Self-Sustainability no later than going into year 6.

New revenue generation will include:

1. New service Billings for covered services provided to the community
2. MCO investment funding to align economics on population health management, cost reduction and quality improvement
3. Philanthropy and Grant Funding: WSCICC will seek funding from outside sources including the growing availability of grants at a state and federal level.

Costs

There are three (3) general categories of costs and investments. Each of which will provide a return and are scalable and grown from a revenue perspective:

- *Hiring*: Staff resources both from a clinical delivery perspective and in administrative capacity in terms of care coordination and analytics
- *Technology* investment: Via the expansion of the existing HPH platform to include a patient registry platform, across sites of care, that will provide immediate return over the long term.
- *New Service Expansion*: Both from an outpatient and inpatient perspective, the services proposed for the funding requested reflect needed services in the community; a lack of services compared to surrounding communities and demonstrative of the health inequities that exist in our communities.

Return on investment (ROI)

- ROI begins immediately for the hiring of staff and the care coordination work and ramps up in year two as construction is completed on the new inpatient unit. These additional revenue streams combined with MCO funding approaching Years 4-5 should bring the WSCICC to Self-Sustainability possibly near Year 5 but no later than Year 6.
- The return to the state will be in a greater via longer term health care cost reductions and reductions in health disparities. These actions will also reduce ER and other Acute Care visits driven by lack of access to care or lack of care coordination.

Going forward with Self-Sustainability and Ideally Growth and Expansion of Model

- We expect to know within the first 12 to 18 months what the demand will be for the services provided through the collaborative demand may be greater than supply. We will quickly evaluate need for expansion, and funding for expansion. We will decide by the next HTC funding round if additional Capital Funding should be requested or seek other outside funding and financing mechanisms.
- MCO funding is essential in the beginning, and sustainable also. The combined value of the HTCs' work and the MCOs' work need to demonstrate value at both levels in the eyes of HFS. This is best achieved foundationally through alignment of economics between the MCOs, the safety net communities, and HFS via HTC initiatives such as this.
- There are several initiatives in this proposal, and they have varying paths to sustainability. For the clinical programs, the WSCICC anticipates sustainability in three years, based on the high likelihood of running at full or near-full capacity and a full complement of staff who can generate fee-for-service revenue. The Collaborative notes that the need is great enough that the new entities could break even and run independently sooner, were the fee schedule sufficient to support higher-level staff, such as psychiatrists to prescribe and manage medications, trained nurses to administer them or psychologists trained to serve more complex cases, seeing the number of people who need their services.
- As evidenced by the number of staff the WSCICC plans to hire and deploy in these areas, community outreach and care management services are critical to the success of any of the proposed programs. These services are paramount to the success of the initiative but are not billable, so the revenue for them must be obtained from non-traditional sources. The Collaborative will seek funds from the payers immediately upon approval in the forms of seed money to establish the programs, a reasonable share of monthly care coordination fees, and performance incentives such as value-based care (VBC), shared savings and the like. The MCOs are compensated for care coordination, but these large companies have shown that they are not able to truly improve the health of the population they serve without significant contributions that can only be made at the local provider level. We anticipate sustainability for the CARE Center by the end of Year 5 through earnings generated by these contractual arrangements.
- Solving inherent problems requires a concerted, carefully orchestrated effort. Combining the resources and efforts of the State, payers, providers and community organizations gives us the best odds for making progress toward the ultimate goals of full equity and high quality of care and life for the people we serve. VBC arrangements are the best available mechanism for aligning the payer and provider with HFS in efforts to maximize the health status of the West Side population and gaining real ground in eliminating disparities rooted in systemic racism and other truly daunting obstacles.

Daniel La Spata

ALDERMAN, 1ST WARD
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E-MAIL: info@the1stward.com



CITY OF CHICAGO CITY COUNCIL



CITY HALL
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CHICAGO, ILLINOIS 60602

November 9, 2021

Committees

Committees and Rules
Contract Oversight and Equity
Environment Protection and Energy
Housing and Real Estate
Pedestrian and Traffic Safety
Special Events, Cultural Affairs
and Recreation

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FAX: 773-270-4682
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WEBSITE: www.aldermanhopkins.com



CITY OF CHICAGO
CITY COUNCIL

BRIAN HOPKINS
ALDERMAN, 2ND WARD

COMMITTEE MEMBERSHIPS
LICENSING AND CONSUMER PROTECTION
(VICE-CHAIRMAN)
COMMITTEES AND RULES
ENVIRONMENTAL PROTECTION
AND ENERGY
FINANCE
PEDESTRIAN AND TRAFFIC SAFETY
ZONING, LANDMARKS, AND
BUILDING STANDARDS

November 8, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

I share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Please let me know if you have any additional questions.

Sincerely,

A handwritten signature in cursive script that reads 'Brian Hopkins'.

Brian Hopkins
Alderman, 2nd Ward
City of Chicago



WALTER BURNETT, JR.

ALDERMAN, 27TH WARD
4 N. WESTERN AVENUE, 1C
CHICAGO, ILLINOIS 60612
TELEPHONE: 312-432-1995
FAX: 312-432-1049
E-MAIL: wburnett@cityofchicago.org

November 3, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

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Please let me know if you have any additional questions.

Sincerely,


Walter Burnett Jr, Alderman 27th Ward

**CITY COUNCIL
CITY OF CHICAGO**
COUNCIL CHAMBER

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(CHAIRMAN)
COMMITTEE ON HOUSING & REAL ESTATE
(VICE-CHAIRMAN)
CHOOSE CHICAGO
COMMITTEE ON AVIATION
COMMITTEE ON BUDGET & GOVERNMENT OPERATIONS
COMMITTEE ON RULES
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COMMITTEE ON ECONOMIC, CAPITAL,
AND TECHNOLOGY DEVELOPMENT
COMMITTEE ON FINANCE
COMMITTEE ON WORKFORCE DEVELOPMENT
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AND BUILDING STANDARDS

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Veterans
Zoning and Building
Criminal Justice
Finance
Health and Hospitals
Emergency Management and Regional
Security
Labor
Law Enforcement
Legislation and Intergovernmental
Technology and Innovation
Transportation

Frank J. Aguilar
Commissioner – 16th District
Cook County Board of Commissioners

November 5th, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

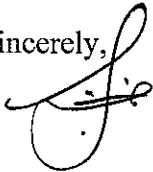
Dear Mr. Garza:

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I share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all of these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Please let me know if you have any additional questions.

Sincerely,


Cook County Commissioner
Frank J. Aguilar

COUNTY BUILDING
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(312) 603-4055 FAX
dennis.deer@cookcountyil.gov



DENNIS DEER
COMMISSIONER - 2ND DISTRICT
COOK COUNTY BOARD OF COMMISSIONERS

November 3, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

I share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all of these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Please let me know if you have any additional questions.

Sincerely,

Dennis Deer

Dennis Deer
Cook County Commissioner-2nd District



CRISTINA H. PACIONE-ZAYAS, PHD
STATE SENATOR – 20TH DISTRICT

November 9, 2021

Raul Garza
President & CEO
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

I share the vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. WSCBIC's strength comes in bringing together critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services while coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project. Please let me know if you have any additional questions.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Pacione-Zayas".

Cristina Pacione-Zayas, IL State Senator
20th Legislative District

November 3, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

Mr. Garza,

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

The WSCBIC Collaborative is a consortium of high-quality organizations working together to improve the health of Chicago's West Side. Led by two anchors of the community, Humboldt Park Health and Loretto Hospital, and leveraging the experience and trust established by recognized critical organizations in the West Side, including Aunt Martha's Health & Wellness, the collaborative is fostering new partnerships to increase community connections, augment services, and expand expertise that will provide integrated care for individuals with chronic health and mental health conditions across the West Side.

The Illinois Department of Children and Family Services has worked together with members of the collaborative, including many close partnerships with Aunt Martha's Health & Wellness. We share your vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. Given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Sincerely,



Marc D. Smith
Director, Illinois Department of Children and Family Services



ILLINOIS HOUSE OF REPRESENTATIVES

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Elizabeth "Lisa" Hernandez
State Representative • 24th District
Assistant Majority Leader

November 9, 2021

Raul Garza,
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, Il 60461

Dear Mr. Garza:

I write in support of the WSCBIC's proposal to the Illinois Department of Healthcare and Family Services for consideration as a Healthcare Transformation Collaborative.

I share your vision of a strong, healthy community, one where everyone has access to high-quality health and wellness care. The collaborative's strength lies in bringing together all of the critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project. Thank you for your vision and initiative in convening this partnership.

Sincerely,

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

Elizabeth Hernandez

ILLINOIS HOUSE OF REPRESENTATIVES

SPRINGFIELD OFFICE:
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Springfield, Illinois 62706
(217) 782-0480 (Office)



DISTRICT OFFICE:
6309 W. Belmont
Chicago, Illinois 60634
(773) 237-4558 (Office)

Eva Dina Delgado

STATE REPRESENTATIVE
3rd DISTRICT

November 9, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy
Olympia Fields, IL 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

I share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all of these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Please let me know if you have any additional questions.

Sincerely,


Eva-Dina Delgado



CITY OF CHICAGO



FELIX CARDONA, JR.
ALDERMAN, 31ST WARD

November 9, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

Dear CEO & President Garza:

I am pleased to write a letter of support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by the Illinois Department of Healthcare and Family Services (HFS).

I share a vision of strong, healthy communities where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long term. I feel that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

Felix Cardona Jr.
Alderman, 31st Ward

FC/aer

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CHAIRPERSON
EDUCATION
EXECUTIVE
HIGHER EDUCATION
LABOR

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KIMBERLY A. LIGHTFORD
SENATE MAJORITY LEADER
STATE SENATOR • 4TH DISTRICT

November 3, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Highway
Olympia Fields, IL 60461

Dear Mr. Garza,

I am pleased to offer my support for the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS). The WSCBIC Collaborative is a consortium of healthcare and mental health care providers, federally qualified health centers, safety net hospitals, and community-based organizations working together to improve the health of Chicago's West Side. This collaborative builds on the expertise of the West Side Health Equity Collaborative by fostering new partnerships to increase community connections, augment services, and expand expertise that will allow this new collaborative to work together to provide integrated care for individuals with chronic health and mental health conditions across the West Side.

The WSCBIC Collaborative is a community-based; led by two safety net hospitals in the area, Humboldt Park Health and Loretto Hospital, and leverages the experience and trust established by recognized critical organizations in the West Side, including Association House of Chicago, Aunt Martha's Health & Wellness, C4 - Community Counseling Centers of Chicago, Healthcare Alternative Systems, and Rincon Family Services. HFS' works to prioritize healthcare and mental health resources in the West Side as one of the zones with the greatest concentration of social vulnerability to health inequities and poor health outcomes in Illinois. The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term.

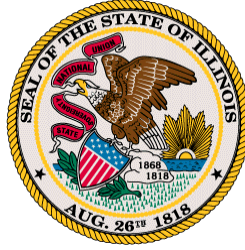
It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project. Please let me know if you have any additional questions. Thank you for your consideration.

Best Regards,

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

Senator Kimberly A. Lightford
Senate Majority Leader | 4th District

CAPITOL OFFICE
247-E STRATTON
BUILDING
SPRINGFIELD, IL 62706
217.782.5962 OFFICE
217.557.4502 FAX
Repford@lashawnford.com



La Shawn K. Ford
State Representative
8th District

Nov 2, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, Il 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS). The WSCBIC Collaborative is a consortium of healthcare and mental health care providers, federally qualified health centers, safety net hospitals, and community-based organizations working together to improve the health of Chicago's West Side.

This collaborative builds on the expertise of the West Side Health Equity Collaborative by fostering new partnerships to increase community connections, augment services, and expand expertise that will allow this new collaborative to work together to provide integrated care for individuals with chronic health and mental health conditions across the West Side. The WSCBIC Collaborative is a community-based consortium led by two safety net hospitals in the area, Humboldt Park Health and Loretto Hospital, and leverages the experience and trust established by recognized critical organizations in the West Side, including Association House of Chicago, Aunt Martha's Health & Wellness, C4 - Community Counseling Centers of Chicago, Healthcare Alternative Systems, and Rincon Family Services.

Our organizations share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

I applaud HFS' work to prioritize healthcare and mental health resources in the West Side as one of the zones with the greatest concentration of social vulnerability to health inequities and poor

health outcomes in Illinois. The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Please let me know if you have any additional questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'LKF', written in a cursive style.

La Shawn K. Ford
State Representative--Eighth District

COUNTY BUILDING
118 N. CLARK ST.
ROOM 567
CHICAGO, IL 60602
312.603.6386



DISTRICT OFFICE
2653 N KEDZIE AVE.
CHICAGO, IL 60647
312.603.8530

LUIS ARROYO JR
COMMISSIONER - 8TH DISTRICT
CHAIRMAN OF LABOR
luis.arroyojr@cookcountyil.gov

November 9, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

I share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all of these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Please do not hesitate to contact me should you have any questions.

Sincerely,

A handwritten signature in black ink that reads 'Luis Arroyo Jr.' in a cursive style.

Luis Arroyo Jr.
Cook County Commissioner, 8th District

HOUSE OF REPRESENTATIVES

DISTRICT OFFICE:
1 Riverside Rd., Suite 204A
Riverside, IL 60546
708-442-6500
708-442-6501 FAX

SPRINGFIELD OFFICE:
229-E Stratton Building
Springfield, IL 62706
217-782-5280



COMMITTEES:
Health Care Licenses
Insurance
Judiciary- Criminal
Personnel & Pensions- Vice Chair
Revenue & Finance- Chair

MICHAEL J. ZALEWSKI
STATE REPRESENTATIVE
23RD DISTRICT

November 9, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Field, IL 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

I share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all of these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Please let me know if you have any additional questions.

Sincerely,

A handwritten signature in black ink that reads "Michael J. Zalewski". The signature is fluid and cursive, with a large loop at the end.

Michael J Zalewski
State Representative

CAPITOL OFFICE:
113 STATE HOUSE
SPRINGFIELD, IL 62706
217.782.0054
FAX: 217.782.2331
LANDEK@SENATEDEM.ILLINOIS.GOV



COMMITTEES:

CHAIRMAN
• STATE GOVERNMENT
& VETERANS AFFAIRS

MEMBER:
• REVENUE
• APPROPRIATIONS II
• LOCAL GOVERNMENT

DISTRICT OFFICE:
6215 79TH STREET
SUITE 1A
BURBANK, IL 60459
708.430.2510

ILLINOIS STATE SENATE
STEVEN LANDEK

November 9, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

I share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all of these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Please let me know if you have any additional questions.

Sincerely,

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

Steven M. Landek
Senator, State of Illinois

ELIZABETH "LISA" HERNANDEZ
STATE REPRESENTATIVE • 24TH DISTRICT
2137 S. LOMBARD, SUITE 205
CICERO, IL 60804
(708) 222-5240
REPEHERNANDEZ@YAHOO.COM

MICHAEL J. ZALEWSKI
STATE REPRESENTATIVE • 23RD DISTRICT
1 RIVERSIDE ROAD, 3RD FLOOR SOUTH
RIVERSIDE, IL 60546
(708) 442-6500
INFO@REPMIKEZALEWSKI.ORG

CAPITOL OFFICE:
623 STATE CAPITOL
SPRINGFIELD, ILLINOIS 62706
PHONE: 217/782-5652

DISTRICT OFFICES:
4353 W. ARMITAGE AVE.
CHICAGO, ILLINOIS 60639
PHONE: 773/292-0202
FAX: 773/292-1903



ILLINOIS STATE SENATE
OMAR AQUINO
STATE SENATOR • 2ND DISTRICT

COMMITTEES:
• APPROPRIATIONS I, VC
• APPROPRIATIONS II
• EDUCATION
• GOVERNMENT
• ACCOUNTABILITY
AND PENSIONS, CHAIR
• HIGHER EDUCATION
• LICENSED ACTIVITIES

November 5, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy. Olympia Fields, IL 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

I share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all of these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Please let me know if you have any additional questions.

Sincerely,

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

Omar Aquino
Illinois State Senator, 2nd Legislative District

ROBERTO MALDONADO
ALDERMAN, 26TH WARD

2511 WEST DIVISION STREET
CHICAGO, ILLINOIS 60622
PHONE: 773-395-0143
EMAIL: ROBERTO.MALDONADO@CITYOFCHICAGO.ORG



CITY OF CHICAGO
CITY COUNCIL

COUNCIL CHAMBER
CITY HALL, ROOM 300
121 NORTH LASALLE STREET
CHICAGO, ILLINOIS 60602

COMMITTEE MEMBERSHIPS

AVIATION

COMMITTEES AND RULES

EDUCATION AND CHILD DEVELOPMENT

HOUSING AND REAL ESTATE

November 9, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

Dear Mr. Garza:

I am pleased to offer my support for the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

I share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all of these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Thank you for your time and please let me know if you have any questions.

Sincerely,

Roberto Maldonado
Alderman, 26th Ward



ANGEL HARVEY
FAMILY HEALTH CENTER
INFANT WELFARE SOCIETY of CHICAGO

OFFICERS

Edward D. Rickert
President

Richard D. Raskin
Vice President

Elizabeth Hennessy
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Suzanne Murin
Steven R. Rothbloom
Pat Pulido Sanchez
K. Sue Sanford
Cynthia Scholl
James H. Stacke
Margaret S. Tresley
Benjamin E. Wolff, III
JoEllen Bursinger Zacks

HONORARY

Bryan C. Cressey
Nathan P. Eimer
Cynthia Landreth
John W. Stimpson
John P. Volkman

CHIEF EXECUTIVE OFFICER

Jerry Isikoff, PhD.

November 11, 2021

Marco E. Jacome
Chief Executive Officer
Healthcare Alternative Systems, Inc.
2755 W. Armitage Ave.
Chicago, IL 60647

Dear Marco,

I am pleased to provide this letter of support for the West Side Community Based Integrated Care Collaborative's (WSCBIC) proposal submission to the Healthcare Transformation Collaborative to the Illinois Department of Healthcare and Family Services (HFS).

The West Side Community Based Integrated Care Collaborative is a consortium of healthcare and mental healthcare providers, federally qualified health centers, safety net hospitals and community-based working together to improve the health outcomes for residents of Chicago's West Side. The WSCBIC Collaborative is a consortium led by Humboldt Park Health and Loretto Hospital working with established organizations in the West Side, including Association House of Chicago, Aunt Martha's Health & Wellness, C4 - Community Counseling Centers of Chicago, Healthcare Alternative Systems, and Rincon Family Services.

The West Side of Chicago is one of the zones with the greatest concentration of health inequities and poor health outcomes in Illinois. If awarded, we believe that the WSCBIC would advance health equity in the West Side by building the healthcare and social support, and addressing patient needs holistically in the long-term. It is my feeling that the collective expertise of the WSCBIC, its presence, passion and creativity for serving some of our state's most vulnerable residents makes them a worthy applicant to receive HFS funding.

Sincerely,



Jerry Isikoff, PhD
CEO



Chicago Hispanic Health Coalition

November 10, 2021

Marco E. Jacome, MA, LPC, CAADC, CEAP
Chief Executive Officer
Healthcare Alternative Systems, Inc.
(773) 252-3100 x 101
FAX (773) -252-8945
2755 W. Armitage Avenue
Chicago, IL 60647

Dear Mr. Marco Jacome,

I am pleased to provide this letter of support for the West Side Community Based Integrated Care Collaborative's (WSCBIC) proposal submission to the Healthcare Transformation Collaborative to the Illinois Department of Healthcare and Family Services (HFS).

The West Side Community Based Integrated Care Collaborative is a consortium of healthcare and mental healthcare providers, federally qualified health centers, safety net hospitals and community-based working together to improve the health outcomes for residents of Chicago's West Side. The WSCBIC Collaborative is a consortium led by Humboldt Park Health and Loretto Hospital working with established organizations in the West Side, including Association House of Chicago, Aunt Martha's Health & Wellness, C4 - Community Counseling Centers of Chicago, Healthcare Alternative Systems, and Rincon Family Services.

The West Side of Chicago is one of the zones with the greatest concentration of health inequities and poor health outcomes in Illinois. If awarded, we believe that the WSCBIC would advance health equity in the West Side by building the healthcare and social support, and addressing patient needs holistically in the long-term. It is my feeling that the collective expertise of the WSCBIC, its presence, passion and creativity for serving some of our state's most vulnerable residents makes them a worthy applicant to receive HFS funding.

Sincerely,

Esther E. Sciammarella, M.S.,
Executive Director

November 10, 2021

Marco E. Jacome
Chief Executive Officer
Healthcare Alternative Systems
2755 W. Armitage Ave.
Chicago, IL, 60647

Dear Mr. Jacome:

I am pleased to provide this letter of support for the West Side Community Based Integrated Care Collaborative's (WSCBIC) proposal submission to the Healthcare Transformation Collaborative to the Illinois Department of Healthcare and Family Services (HFS).

The West Side Community Based Integrated Care Collaborative is a consortium of healthcare and mental healthcare providers, federally qualified health centers, safety net hospitals and community-based working together to improve the health outcomes for residents of Chicago's West Side. The WSCBIC Collaborative is a consortium led by Humboldt Park Health and Loretto Hospital working with established organizations in the West Side, including Association House of Chicago, Aunt Martha's Health & Wellness, C4 - Community Counseling Centers of Chicago, Healthcare Alternative Systems, and Rincon Family Services.

Erie Family Health Centers (Erie) is a 501(c)(3) non-profit Federally Qualified Health Center (FQHC) providing comprehensive primary care services at 13 health centers located throughout Chicago and the surrounding suburbs, serving nearly 87,000 low-income patients. Motivated by the belief that healthcare is a human right, we have provided high quality, affordable care to support healthier people, families, and communities since 1957. Through Erie's holistic, patient centered approach we strive to fulfill our vision of all people living their healthiest lives.

The West Side of Chicago is one of the zones with the greatest concentration of health inequities and poor health outcomes in Illinois. If awarded, we believe that the WSCBIC would advance health equity in the West Side by building the healthcare and social support, and addressing patient needs holistically in the long-term. It is my feeling that the collective expertise of the WSCBIC, its presence, passion, and creativity for serving some of our state's most vulnerable residents makes them a worthy applicant to receive HFS funding.

Sincerely,



Lee Francis, MD, MPH
President & CEO



November 11, 2021

Mr. Marco E. Jacome
Healthcare Alternative Systems, Inc.
2755 W. Armitage Avenue
Chicago, IL 60647

Dear Mr. Jacome,

On behalf of Rosecrance Health Network, I am pleased to provide this letter of support for the West Side Community Based Integrated Care Collaborative's (WSCBIC) proposal submission to the Healthcare Transformation Collaborative to the Illinois Department of Healthcare and Family Services (HFS).

The West Side Community Based Integrated Care Collaborative is a consortium of healthcare and mental healthcare providers, federally qualified health centers, safety net hospitals and community-based working together to improve the health outcomes for residents of Chicago's West Side. The WSCBIC Collaborative is a consortium led by Humboldt Park Health and Loretto Hospital working with established organizations in the West Side, including Association House of Chicago, Aunt Martha's Health & Wellness, C4 - Community Counseling Centers of Chicago, Healthcare Alternative Systems, and Rincon Family Services.

The West Side of Chicago is one of the zones with the greatest concentration of health inequities and poor health outcomes in Illinois. If awarded, we believe that the WSCBIC would advance health equity in the West Side by building the healthcare and social support, and addressing patient needs holistically in the long-term. It is my feeling that the collective expertise of the WSCBIC, its presence, passion and creativity for serving some of our state's most vulnerable residents makes them a worthy applicant to receive HFS funding.

Sincerely,

David W. Gomel, Ph.D.
President & Chief Operating Officer

rosecrance
life's waiting*

Rosecrance Health Network
1021 North Mulford Road
Rockford, Illinois 61107

T 815.391.1000
F 815.391.5041

rosecrance.org

DWG/agb

JESÚS “CHUY” GARCÍA
4TH DISTRICT, ILLINOIS

1519 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-8203

**COMMITTEE ON TRANSPORTATION &
INFRASTRUCTURE**

SUBCOMMITTEE ON
HIGHWAYS AND TRANSIT

SUBCOMMITTEE ON
RAILROADS, PIPELINES, AND HAZARDOUS
MATERIALS

Congress of the United States
House of Representatives
Washington, DC

COMMITTEE ON FINANCIAL SERVICES

SUBCOMMITTEE ON
NATIONAL SECURITY INTERNATIONAL
DEVELOPMENT, AND MONETARY POLICY

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

COMMITTEE ON NATURAL RESOURCES

VICE CHAIR

SUBCOMMITTEE FOR
INDIGENOUS PEOPLES
OF THE UNITED STATES

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

November 15, 2021

Director Theresa Eagleson
Illinois Department of Healthcare and Family Services
Prescott Bloom Building, 201 South Grand Avenue, East
Springfield, Illinois 60607

Dear Director Theresa Eagleson:

I ask for your careful consideration of the West Side Community Based Integrated Care (WSCBIC) Collaborative application for the Healthcare Transformation Collaborative. If awarded, WSCBIC would advance health equity in historically underfunded communities in Illinois, including those in the 4th congressional district, through long-term innovations in healthcare delivery.

WSCBIC's strength comes in bringing together critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services. This strategic coordination of trusted community providers allows the collaborative to fill healthcare gaps and focus on underlying health conditions, all while improving the lives and health of Chicago's West Side. Given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective would be the right choice to carry out this vital project. The work plan proposed by WSCBIC was crafted by and for the community and is one that will rebuild a stronger and healthier West Side post-pandemic.

I commend WSCBIC's commitment to ensure high-need communities receive the holistic care they need and deserve. I am confident that in providing additional support, they will be able to not only enhance their capacity but continue serving the residents of the 4th congressional district. If you have any questions, please contact my District Director at Patty.Garcia@mail.house.gov or (312) 489-7726. Thank you for your consideration.

Sincerely,

Jesús G. “Chuy” García
Member of Congress
Illinois' 4th Congressional District

District Office
4053 W. Armitage Ave
Chicago, IL 60639
(773) 799-8219



Springfield Office
632 Capitol Building
Springfield, IL 62706
(217) 782-0150

Delia C. Ramirez
Assistant Majority Leader
4th District State Representative

November 15, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

I share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all of these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

If you have any questions please contact my office at (773) 799 8219 or email at info@repedeliaramirez.com.

Sincerely,

A handwritten signature in blue ink that reads "Delia C. Ramirez".

Delia C. Ramirez
4th District State Representative

DISTRICT OFFICE:
1016 W. JACKSON BLVD.
CHICAGO, IL 60607-2914
(312) 888-9191
(312) 277-3716 FAX



COMMITTEES:

APPROPRIATIONS I
CRIMINAL LAW
ENERGY
LABOR & COMMERCE
PUBLIC HEALTH

STATE SENATOR
PATRICIA VAN PELT
5TH LEGISLATIVE DISTRICT OF ILLINOIS

November 15, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, Il 60461

Dear Mr. Garza:

This letter of support is written on behalf of the West Side Community Based Integrated Care (WSCBIC) Collaborative. This organization is requesting consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

WSCBIC's vision is to create strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to work together to improve the lives and health of Chicago's West Side residents.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity on Chicago's westside by building healthcare and social supports needed long-term. It is my recommendation that you consider this request which may provide much needed opportunities to serve our state's underserved, positively impacting my district and beyond.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "P. Van Pelt".

State Senator Patricia Van Pelt
5th Legislative District



**CITY COUNCIL
CITY OF CHICAGO**

COUNCIL CHAMBER

City Hall, Room 300
121 N. LaSalle Street
Chicago, IL 60602
Telephone (312) 744-8805

CHRIS TALIAFERRO

Alderman, 29th Ward
6272 W. North Ave
Chicago, IL 60639
(773) 237-6460
(773) 237-6418 (Fax)

Ward29@cityofchicago.org

COMMITTEE MEMBERSHIPS

Chairman
PUBLIC SAFETY

Budget and Government Operations
Rules
Finance
Special Events, Cultural Affairs and Rec.
Workforce Development
License and Consumer Protection

November 12, 2021

Raul Garza
CEO & President
Aunt Martha's Health & Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

I share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all of these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Thank you for your consideration in this matter. If you have any questions regarding this matter, please feel free to contact me at (773) 237-6460.

Sincerely,

Chris Taliaferro
29th Ward Alderman

COMMITTEE ON TRANSPORTATION AND
INFRASTRUCTURE

SUBCOMMITTEE ON HIGHWAYS AND TRANSIT

SUBCOMMITTEE ON RAIL, PIPELINES, AND
HAZARDOUS MATERIALS

COMMITTEE ON SMALL BUSINESS

SUBCOMMITTEE ON ECONOMIC GROWTH,
TAX, AND CAPITAL ACCESS

SUBCOMMITTEE ON INNOVATION,
ENTREPRENEURSHIP, AND WORKFORCE
DEVELOPMENT

SUBCOMMITTEE ON CONTRACTING
AND INFRASTRUCTURE

CONGRESSWOMAN MARIE NEWMAN
3RD DISTRICT, ILLINOIS

U.S. House of Representatives
Washington, DC 20515

WASHINGTON OFFICE:
1022 LONGWORTH HOB,
WASHINGTON, DC 20515
P: (202) 225-5701

CHICAGO OFFICE:
6245 SOUTH ARCHER AVE,
CHICAGO, IL 60638
P: (773) 948-6223
newman.house.gov

November 16, 2021

Mr. Raul Garza
CEO and President
Aunt Martha's Health and Wellness
19990 Governors Hwy.
Olympia Fields, IL 60461

Dear Mr. Garza:

I am pleased to offer my support towards the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by the Illinois Department of Healthcare and Family Services (HFS).

I share a vision of strong, healthy communities, where everyone has access to high-quality health and wellness care. This collaborative's strength comes in bringing together all these critical partners in our community and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to get us all coordinating with one another and working together at the top of our ability and creativity to improve the lives and health of Chicago's West Side.

The Healthcare Transformation Collaboratives, which are partially funded through federal relief received by the state of Illinois under the *American Rescue Plan Act*, are a timely opportunity to advance health equity in the West Side by building the healthcare and social supports our community holistically needs in the long-term. It is my feeling that given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved, this collective is deserving of funding from HFS to carry out this vital project.

Thank you for your full and fair consideration of the WSCBIC Collaborative's submission.

Sincerely,



Marie Newman
Member of Congress

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Congress of the United States
House of Representatives
Washington, D.C.

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subcommittees
Civil Rights and Civil Liberties
Government Operations

November 16, 2021

Raul Garza
CEO & President
Aunt Martha's Health and Wellness
19990 Governors Highway
Olympia Fields, Illinois 60461

Dear Mr. Garza:

Please accept this communiqué as a letter in support of the West Side Community Based Integrated Care (WSCBIC) Collaborative's submission for consideration as a Healthcare Transformation Collaborative by Illinois Department of Healthcare and Family Services (HFS).

Your vision of strong, healthy communities, where everyone has access to high-quality health and wellness care, provides a solid foundation for incorporating the full range of critical partners in our community, and leveraging each of their individual histories of high-quality healthcare, child welfare, and community wellness services to improve the lives and health of the residents of Chicago's West Side.

The Healthcare Transformation Collaboratives provide a timely opportunity to advance health equity on the West Side by building the holistic healthcare and social supports our community needs in the long-term. Given the WSCBIC Collaborative's expertise, presence, and creativity in serving our state's underserved population, and the remaining very significant unmet need for such programs, I trust the application will receive all due consideration.

Sincerely,

A handwritten signature in black ink that reads "Danny K. Davis".

Danny K. Davis
Member of Congress

DKD:nh