

Healthcare Transformation Collaboratives Cover Sheet



1. Collaboration Name: West Side SUD Hub

2. Name of Lead Entity: Lawndale Christian Health Center

3. List All Collaboration Members:

Saint Anthony Hospital, Thresholds, New Age Services Corporation, The West Side Heroin and Opioid Task Force and Prevention Partnership, The Salvation Army Freedom Center, and Legal Council for Health Justice

4. Proposed Coverage Area:

West Side of Chicago and Cicero: 60624, 60623, 60644, 60804

5. Area of Focus:

Substance Use Disorder and Mental Health services

6. Total Budget Requested:

\$18,871,053

Application for Transformation

Funding Cover Sheet

Primary Contact for CollaborationEntity Name Lawndale Christian Health CenterPrimary contact Alyssa SianghioPosition VP of External Affairs and StrategyEmail Development@lawndale.orgOffice Phone 872-588-3015

Mobile Phone _____

Address _____

List of entities participating in the collaboration:Entity Name Saint Anthony HospitalPrimary contact Ellen CanterPosition Senior Director, CampaignEmail ercanter@sahchicago.orgOffice Phone 773-484-1912

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List of entities participating in the collaboration:Entity Name New Age Services CorporationPrimary contact Dr. Tonyia Winston, MSWPosition CEOEmail Twinston@newageservices.orgOffice Phone 773-542-1150, ext 137

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Add more pages as necessary.

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List of entities participating in the collaboration:Entity Name The Prevention Partnership, IncPrimary contact Lee RuschPosition Director of Heroin-Opioid Task ForceEmail westsidetaskforce@yahoo.comOffice Phone 773-450-1567

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List of entities participating in the collaboration:Entity Name The ThresholdsPrimary contact Tim DevittPosition Associate Vice PresidentEmail Tim.Devitt@thresholds.orgOffice Phone 773-572-5152

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Add more pages as necessary.

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List of entities participating in the collaboration:Entity Name Legal Council for Health JusticePrimary contact Thomas YatesPosition Executive DirectorEmail tyates@legalcouncil.orgOffice Phone 312-605-1958

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List of entities participating in the collaboration:Entity Name Salvation ArmyPrimary contact Capt. Corey HughesPosition Freedom Center AdministratorEmail corey.hughes@usc.salvationarmy.org

Office Phone _____

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Add more pages as necessary.

Form 0: Eligibility Screen

Note that applications cannot qualify for funding which:

1. fail to include multiple external entities within their collaborative (i.e. entities not within the same organization); or,
2. fail to include one Medicaid-eligible biller.

Does your collaboration include multiple, external, entities?

Yes

Can any of the entities in your collaboration bill Medicaid?

Yes

Based on your responses to the two questions above, your application meets basic eligibility criteria. You may proceed to complete the remainder of the application.

Form 1: Glossary of Key Terms

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

Yes

No

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

Lawndale Christian Health Center

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

Yes

No

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

Saint Anthony Hospital

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

Yes

No

Note: HFS is seeking to know in which MCO networks each hospital in your collaborative participates.

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

Saint Anthony Hospital

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

Blue Cross Blue Shield Community Health Plan

CountyCare Health Plan (Cook County only)

IlliniCare Health

Meridian Health Plan (Former Youth in Care Only)

Molina Healthcare

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

No

4. *Are there any mental health providers in your collaborative?*

Yes

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

The Thresholds, Salvation Army - Harbor Light Center, Lawndale Christian Health Center

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

Yes

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

Lawndale Christian Health Center, Saint Anthony Hospital, New Age Services Corporation, The Prevention Partnership, Inc., The Thresholds, Salvation Army - Harbor Light Center

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

Yes

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

Lawndale Christian Health Center, New Age Services Corporation, The Prevention Partnership, Inc., The Thresholds, Salvation Army - Harbor Light Center, Legal Council for Health Justice

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

Yes

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

Saint Anthony Hospital

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

Yes

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

Lawndale Christian Health Center, New Age Services Corporation, The Prevention Partnership, Inc.

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

Lawndale Christian Health Center

Saint Anthony Hospital

New Age Services Corporation

The Thresholds

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

Safety Net Hospital Partnerships to Address Health Disparities

Cross-Provider Care Partnerships Led By Minority Providers, Vendors, or Not-For-Profit Organizations

10A. If you checked, "Other," provide additional explanation here.

2. Project Description

Provide an official name for your collaboration.

West Side SUD Hub

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

The West Side Substance Use Disorder (SUD) Hub will serve as an innovative community hub featuring co-located community partners providing extensive wraparound services for those in West Chicago struggling with substance use disorders and other chronic health conditions. The West Side SUD Hub's coordinated model will improve health outcomes for patients, reduce cost burdens on the medical system — particularly ED utilization, and ultimately save lives by decreasing the rate of opioid overdose in Chicago's West Side.

Please provide a narrative description of your overall project, including participation of collaborators, goals of the collaboration, community service area, strategy and expected timeframe for the project, capital improvements, new interventions, delivery redesign, etc.

The West Side SUD Hub is a highly integrated proposal led by Lawndale Christian Health Center (LCHC) in collaboration with an extensive partner network. The collaboration proposes an application to the Illinois Department of Health and Family Services' Healthcare Transformation Collaboratives funding

opportunity to address substance use disorders (SUDs) and access to primary care on the West Side of Chicago through developing and implementing a physical location and partnership for a coordinated spectrum of SUD services.

LCHC, a Federally Qualified Health Center caring for more than 55,000 patients on Chicago's West Side, together with multiple community-based and healthcare organizations on the West Side will create an integrated physical location. The location will allow for direct access to resources, including primary care, SUD treatment, care coordination, and services that support social determinants of health. Collaboration between partners will remove longstanding silos that can make it challenging for clients to access and remain in care while helping to address both immediate and underlying needs for those on their recovery journey. All this will be strategically located in West Garfield Park to maximize accessibility of care within a community that has been disproportionately impacted by the Opioid Epidemic and historic disinvestment of capital resources.

The West Side SUD Hub requires two significant investments from the State of Illinois: first, the construction of a new physical space to facilitate services and second, startup programmatic funding that will allow for the development and strengthening of an innovative partnership model to magnify the impact of treatments already offered by each partner. This collaborative program will be located on the Pulaski Corridor in West Garfield Park and will address an expressed community need to improve overall health outcomes for individuals experiencing substance use disorders in Chicago and facilitate healthier lifestyles.

While each partner and supporter included in this application has worked for decades to provide high quality services within this community, structural inequities have persisted on the West Side relating to race, income, and access to healthcare. These factors, when coupled with the recent availability of highly potent and very dangerous synthetic opioids like fentanyl and derivatives, have culminated in a disproportionate rate of prevalence and overdose from substance use disorders on the West Side of Chicago. In the first half of 2021, 467 individuals died due to opioid overdose in Chicago. West Side Chicago community areas represent the first, second, and third highest number of EMS responses for overdose in the same timeframe, per the Chicago Department of Public Health. This program will specifically target the following neighborhoods:

- West Garfield Park (60624)
- East Garfield Park (60624)
- North Lawndale (60623)
- Austin (60644)
- Humboldt Park (60644)
- Cicero (60804)

The West Side SUD Hub will utilize funding from Healthcare Transformation Collaboratives to decrease the number of opioid related deaths on the West Side of Chicago and increase the number of patients with substance use disorders in recovery through effective treatment options. While some limited treatment services such as methadone clinics, in-patient rehabilitation centers, and other supports do exist in the neighborhood, siloed care models and adverse social determinants of health often decrease a patient's ability and likelihood to access care across the spectrum. This program will provide a platform for each partner organization to provide their unique services in a direct and even co-located

collaboration with others to achieve the greatest outcomes for the community. The first year of the proposed project will require significant foundational development work from partners to begin service offerings and facilitate systemic integration, but will ultimately set a trajectory for sustainable, integrated community support.

The West Side SUD Hub is an innovative community hub that features integrated co-working spaces that will allow this diverse group of service providers to coordinate care in a manner that ultimately improves health outcomes for patients and reduces cost burdens on the medical system. As a patient centered medical home, LCHC can offer comprehensive, holistic medical and behavioral health care that is individualized to each patient with Opioid Use Disorder (OUD). Consistent with this model, LCHC is equipped to care for each patient at ASAM Levels 1 and 2, depending on the severity of their OUD. LCHC has a proven track record of providing effective Medication Assisted Treatment (MAT) options for patients to support them with both medication and behavioral health supports to promote recovery. This work will be paired with other complementary local partner services to provide comprehensive services for patients, regardless of where they find themselves in recovery journey. Partners will work collaboratively to transition patients to higher and lower levels when needed seamlessly, and will bring in other resources to support patients, including a café and social spaces for patients to gather safely. This sustainable project model will ensure that SUD services are available within communities of greatest need to serve patients regardless of their circumstances and offer a model for replication in similar communities of need.

This SUD Hub will be located directly within the area that experiences the highest rates of opioid-related deaths in Illinois, the Pulaski Corridor in West Garfield Park, to provide urgent services and to connect users to services immediately. This collaborative will create a holistic, proximate, coordinated means of care to address the needs for substance use disorder treatment on the West Side. If awarded, the Collaborative will begin growing and integrating services and establishing methods of coordination among organizations within the first year until a new space for the SUD Hub is completed. Expanded services will be visible and easily accessible so that an individual in crisis could walk in off the street and immediately be enrolled in services centralized in the Hub. In addition to receiving Medication Assisted Treatment, patients with acute needs could be directly admitted to the Medical Stabilization Unit at Saint Anthony Hospital to begin stabilizing from opioids. Other services centralized in this location will include:

- Outpatient treatment program with daily methadone distribution
- Enrollment in housing support
- Residential in-patient substance use treatment program
- Legal aid
- Community outreach services and education

The benefit of co-location is the ease of care coordination among organizations to best serve the unique needs of each patient on their recovery journey and the 'one stop shop' accessibility for community members. This area also includes a large population of people experiencing homelessness, who often undergo higher levels of substance use. This capital investment in the heart of West Garfield Park will seek to make these services available to every patient who may need them, despite the varied challenges they may face.

This collaborative project will bring together unique service partners to serve these needs. Throughout this application, “the collaborative” will refer to this grouping of organizations that will partner to provide services from the West Side SUD Hub. Each partner has a long history of investment and location in the West Side community and has the cultural competency, service experience, and staffing capacity to achieve the stated goals of the program.

- Saint Anthony Hospital is a vital safety net hospital serving the West Side of Chicago. Saint Anthony Hospital has approximately 2,600 Medical-Surgical Discharges annually, serves 35,000 patients in the Emergency Department annually, and provides a comprehensive range of services to support the health of the community. As a key partner, Saint Anthony Hospital will provide wraparound care in its Medical Stabilization Unit (MSU) and transitions of care. This MSU has been a pivotal community asset to support patients in crisis who need immediate connection to medical services as they stabilize after an overdose or need stabilization possibly leading to a higher level of care from outpatient treatment. By having a representative of SAH in the SUD Hub, patients will be admitted to the MSU directly from the Hub. Following their stay in the MSU, additional social workers will assist with the transitions of care team to ensure patients remain in care. The collaborative will work to ensure that every patient coming from the MSU is connected with the appropriate support, whether that be MAT services through LCHC, enrollment in Salvation Army’s residential recovery program, or other programs.
- Founded in 1984, Lawndale Christian Health Center is a Federally Qualified Health Center located in North Lawndale, offering a variety of primary and specialty care services. In addition to serving over 55,000 patients annually with medical services, LCHC has developed a competency in providing services for patients with SUDs, including Medication Assisted Treatment and Recovery Community supports. As a continuation of these services, LCHC will participate in the Hub by providing primary care from the Hub’s 10 exam rooms, utilizing the shared space to provide Medication Assisted Treatment and ASAM Levels 1 and 2 through its Recovery Community, an Intensive Outpatient Program (IOP) for those with Opioid Use Disorder that includes daily Behavioral Health groups and 1:1 counseling, wellness activities, and social work support. LCHC is prepared to act as the financial lead for this program and will provide directed payments for all other partner organizations. LCHC will also act as project lead on construction activities, while working closely with each organization to ensure the final SUD Hub building meets partner needs.
- Thresholds has offered supports in healthcare, housing, and hope for people with substance use disorders and mental illness since 1959. In the last year, Thresholds served more than 12,500 adults with 500,000 hours of care and has already established a partnership with LCHC. As part of this collaborative, Thresholds will add a new Community Support Team (CST) services in an intensive team along with housing supports. This team will provide street outreach, connection to primary care, recovery coaching, and more services directly within homes and congregate living settings for West Side residents. This service will provide a linkage to Thresholds’ extensive long-term supportive housing options for patients who struggle with housing stability.
- New Age Services Corporation is an outpatient adult behavioral health clinic on the West Side specializing in providing services for patients with complex care needs. Their comprehensive approach to treating patients will benefit SUD Hub patients significantly. New Age Services Corporation will provide an onsite integrated methadone clinic for patients as part of the

collaborative. Patients could also be immediately enrolled at the SUD Hub in New Age's other services, including health screenings, testing, and mental health support.

- The West Side Heroin and Opioid Task Force and Prevention Partnership has been a valuable organizing partner for all organizations engaged in substance use disorder treatment and advocacy for the last several years, impacting service availability, state policy, and patient awareness of care. The Task Force will provide targeted community outreach for engagement in and awareness of services and by serving as the organizing partner for the Advocacy Council. Outreach efforts will be strengthened significantly by offering the opportunity for referrals directly in the area of greatest need.
- The Salvation Army Freedom Center offers a wide range of service for patients experiencing homelessness and substance use disorders. The Salvation Army Harbor Light Center's goal is to help people overcome their addiction to drugs or alcohol and successfully reclaim their lives in a safe, structure environment through ASAM level 2.1 IOP, Level 1 outpatient, and recovery home services. Through the West Side SUD Hub, the Salvation Army will increase community outreach and provide onsite intake at the SUD Hub and engagement to recovery home services at the Salvation Army Freedom Center. Harbor Light provided services to more than 250 clients in their prior year of service and will expand care through this proposal.
- Legal Council for Health Justice is an organization dedicated to overcoming and dismantling barriers to the care and services they need to stay healthy, fed, and housed since 1987. Legal Council for Health Justice uses the power of the law to secure dignity, opportunity, and well-being for people facing barriers due to illness or disability will provide legal services for clients needing significant legal support. As part of this collaborative, the Legal Council for Health Justice will advocate for and provide legal support for patients of the SUD Hub who are facing legal challenges, especially in aiding persons in applying for social security disability income, during their recovery journey.

The Collaborative is requesting a total of \$5.2 million to support the capital expenses of this project. The construction of the SUD Hub and subsequent capital expenses will total approximately \$8.6 million USD, and the support from ILHFS will supplement these expenses as LCHC will cover the remaining expense. The Collaborative will procure a leased space in West Garfield Park within the first year of the project in order to begin offering services while construction is completed on the final co-located building. The full SUD Hub will consist of 10 exam rooms, methadone dispensary services, large meeting spaces to facilitate Behavioral Health group meetings, space for individual care management and behavioral health sessions, as well as office space for each collaborative partner staff to allow for their own service provision. The partnership anticipates completion time for the SUD Hub facility to be approximately 2.5 years. The full project timeline will be further outlined in application Section 14: Milestones.

The primary programmatic funding of \$2.26 million in the first year (\$13.7 million over 5 years) within the proposal is necessitated by a total of 62.5 new FTE across seven partners organizations, inclusive of salary and fringe benefits. Supplemental funding is also required to support extensive community outreach work, ongoing medical care, office supports for project work, ongoing maintenance of the co-located space, and other necessary costs to ensure high quality services. The partnership expects to be sustainable after the 5-year start-up period, generating nearly \$2.3 million in new revenue by the end of

the five-year cycle associated with billable services, with opportunity for additional revenue following the integration of Community Support Team for SUD services into the Medicaid billing structure.

3. Governance Structure

Please describe the governance structure of your collaboration. How are decisions made and how do you intend to monitor and enforce adherence to the policies and practices you put in place.

If a new umbrella legal entity is created please give details on the Board of Directors, including its racial and ethnic make-up.

It is likely that transformation funds for proposals will come in the form of utilization based Directed Payments to the various providers in your collaboration. Collaborations will receive a report of payments going to each provider. Explain how you will ensure that the funds are used for your proposed program's intended purpose.

The West Side SUD Hub Collaborative has determined a governance structure by which to coordinate decisions, input and funding allocation if awarded the Healthcare Transformations Collaborative funding. If awarded, the partnership anticipates convening an advisory council which will help to organize partners for program coordination, implementation, and feedback. This advisory council will consist of two individuals from each collaborative partner organization, two community representatives and two peer representatives.

Each organizational representative will provide key information regarding program implementation, areas of improvement, and performance indicators on a quarterly basis. As an experienced coordinating body, the West Side Heroin and Opioid Task Force and Prevention Partnership will convene each meeting of the advisory council. Each organization will have equal levels of representation within the advisory council to allow for equal input on decision making. The inclusion of two community representatives will allow for greater support and cohesion with the communities served and will further ensure that diverse viewpoints are included. Lastly, the two peer participants will help to educate the council on issues of access, workflow, and community needs. These peer participants may be other SUD patients within the community who would experience the benefit of this collaborative and can shed light on the effectiveness and impact, as well as areas of improvement. Ultimately, each representative will bring significant community experience and resources to oversee and review activities within the West Side SUD Hub.

The advisory council will meet on a quarterly basis to develop and implement the West Side SUD Hub program. Once awarded, the partnership will review quality metrics proposed in this application, assess further suggestions from HFS, and ultimately agree on a final set of metrics to be included in the HFS contract. These metrics will be reported within the advisory council on a quarterly basis and will be provided to HFS annually to assess for overall project performance. Each partner organization will provide a formal Memorandum of Understanding following award notification from HFS to solidify the collaborative partnership. These MOUs will delineate anticipated funding following the formal award from HFS, performance metrics to be reported within the advisory council, and guidelines for acceptable use of funds, services, and opportunities.

Each collaborative partner organizations has indicated in attached Letters of Commitment that they agree to have funds dispersed through LCHC on an ongoing basis, unless alternative payment

methodologies are preferred by HFS in final contracting. LCHC will serve as the financial representative for the project, utilizing its experienced accounting team to oversee payments. LCHC has a demonstrated history of managing large scale, multi-partner grants and will execute the objectives with excellence.

Each member of the collaborative is based on the West Side of Chicago and seeks to have a leadership team that is reflective of the community that is served. One way that this is reflected is through the racial makeup of each partner’s board of directors. The demographics of each partners’ Board of Directors are shown in the chart below:

Table 1: Board of Directors by Race and Ethnicity

Organization	African American	Latino/a	Asian	White	Other	Multiracial
Lawndale Christian Health Center	3	3	1	3	0	0
Thresholds	9	1	3	31	3	0
New Age Service Corp	5	0	0	0	0	0
Saint Anthony Hospital	3	1	0	5	0	0
Legal Council for Health Justice	2	0	1	12	0	0
West Side Heroin/Opioid Task Force	4	1	0	3	0	0
*The Salvation Army is organized as a church and does not report on or maintain a board of directors.						

4. Racial Equity

A major focus of transformation is racial equity. Please describe how your partnership/collaboration will incorporate racial equity in the project. In addition, please complete the attached Racial Equity Questionnaire and return it with your application.

Racial justice and equity in the areas of health and wellness are key to the missions of each proposed partner and are core to the proposed service model. Opioid related overdoses have uniquely affected the Black community, particularly on the West Side, with opioid related overdose mortality rates for Non-Hispanic Black individuals more than double rates of any other race or ethnicity in the City of Chicago. Addressing a lack of access to quality, accessible substance use disorder treatments in majority Black neighborhoods on the West Side of Chicago is central to this proposal and integral to the Department’s goals of advancing racial health equity in Illinois. This capital investment in West Garfield

Park will seek to remedy a lack of healthcare services which have led to higher rates of Substance Use Disorders among residents.

As the lead applicant, LCHC is dedicated to addressing racial inequalities. LCHC was founded by a group of young community members to address the unmet medical needs of their neighborhood. Since that time, LCHC has grown while maintaining a dedication to community-based services that engage and represent its neighborhood in every way possible. As a result, LCHC leadership has been historically purposeful in ensuring that the board of directors, along with leadership and staff, remain reflective of its community. To this day, this is reflected in LCHC’s many programs and initiatives, from its commitment to educational opportunities for staff of all levels to its requirement that all board members live or work in the community. As a result, LCHC will continue to address community needs through integrated work with this collaborative team.

Each additional community partner is similarly established in providing high quality services within communities of color, particularly the neighborhoods of Austin, East and West Garfield Park, and North Lawndale.

The table below highlights some community statistics that demonstrate the effects of systemic racism on the West Side and the need for accessible healthcare services, such as those offered by a Federally Qualified Health Center like LCHC.

Table 2: Community Service Area Data¹

ZTCA	Adults Who Have Delayed/Not Sought Care Due to Cost	% of population Low Income	Adults with No Usual Source of Care
60623	9.50%	62.8%	13.60%
60644	11.1%	62.48%	11.9%
60624	8.3%	67.12%	9.60%
60804	20.9%	50.1%	9.50%

The West Side SUD Hub will seek to address the racial disparities among those who are most heavily impacted by substance use disorders. Data shows that Black men are disproportionately impacted by opioid related deaths, which is a result of decades of poor social determinants of health. This collaborative will seek to provide care directly to the most impacted population to ensure that these disparities do not continue but that the community experiences an improved overall quality of life.

In order to achieve this goal, the collaborative has sought to ensure that this program West Side SUD Hub is led and directed by a diverse team of leaders who will be able to shape the program in a way that will allow for effective, culturally appropriate, contextualized care for West Side residents. The racial and ethnic makeup of LCHC’s board and staff as the lead organization is listed below:

¹ 2017. Uniform Data System, Accessed at www.UDSmapper.org. November, 2021

	Black	Latino/a	Asian	White	Two or More	Opt Out/Not identified	Total
LCHC Board of Directors	3	3	1	3	0	0	10

This is also reflected in the demographics of staff which are employed by each partner organization. This is demonstrated in the data below:

Table 3: Partner Organization Staff by Race and Ethnicity

	Black	Latino/a	Asian	White	Two or More	Native Hawaiian or Pacific Islander	Opt Out/Not identified
Lawndale Christian Health Center	29%	38%	8%	22%	1.7%	0%	1.3%
Saint Anthony Hospital	25%	391 41%	13%	16%	3%	0.4%	1.6%
Salvation Army Freedom Center	57.8%	20.3%	1.56%	20.3%	0	0	00
West Side Heroin/Opioid Task Force	77%	0	0	22%	0	0	0
New Age Service Corp	86%	10%	0	4%	0	0	0
Thresholds	41%	9%	3%	44%	2.66%	.17%	.17%
Legal Council for Health Justice	9%	21%	0	63%	3.5%	0	3.5%

¹¹ 2017. Uniform Data System, Accessed at www.UDSmapper.org. November, 2021

Racial Equity Impact Assessment Questions

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

This proposal will create new services in the West Garfield Park neighborhood of Chicago, with access for patients in the neighboring communities of East Garfield Park, North Lawndale, Austin, Humboldt Park, and Cicero. These communities reflect a population that is 41% Non-Hispanic Black and 54% Hispanic. West Garfield Park, the community area for the proposed physical location of the West Side SUD Hub, itself is 90% Non-Hispanic Black, according to the UDS Mapper. Residents of these communities have demonstrated extraordinary commitment to fighting against inequity, including through their work and leadership in the proposed partnership.

The programmatic focus of this proposal will similarly impact communities of color. The opioid related overdose mortality rate for white residents of the City of Chicago is 18.2 per 100,000, while the rate for Non-Hispanic Black Chicago residents is 46.8 per 100,000, per the Chicago Health Atlas. Black communities across the city have had higher rates of opioid use, overdose, and overdose death.

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 is missing and how can they be engaged? [2 - 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.)

Engaging stakeholders that reflect the racial and ethnic diversity of the communities served begin at the highest organizational levels, with each partner's board of directors. West Side SUD Hub partners Lawndale Christian Health Center, New Age Services Corporation, and West Side Heroin and Opioid Task Force and Prevention Partnership are each led by boards that are majority people of color. This is particularly important for these three organizations, as they each represent the majority of FTE within the proposed SUD Hub. The board and leadership for all partner organizations have been instrumental in providing insight into the issues of substance use disorder on the West Side, the potential for proposed solutions, and the possible challenges that will be faced in providing services. Similarly, staff from each partner organization that will be carrying out day-to-day service within the community have historically been reflective of the communities served in this proposal, as shown in the above table of staff by demographic data. These staff will continue to be instrumental in ensuring that ongoing operations address community needs and are culturally appropriate.

The partners have also worked extensively with local community leaders and elected officials reflective of the race and ethnicity of the service area to ensure alignment with existing community priorities. This is reflected in the letters of support attached to this application. Community representation will be central to the advisory council, both in representatives from each organization that reflect the community and in dedicated space for community voices — and through peer representatives and community representatives.

LCHC and Saint Anthony Hospital each worked in tandem to distribute a community input survey to patients to ensure proposal alignment with the needs of community members. Both LCHC and SAH regularly assess community and patient feedback through needs assessments and patient survey data. The partnership will also continue to take into account other community assessments, including resources like the North Lawndale Quality of Life Plan produced by the North Lawndale Community

Coordinating Council, which identifies providing additional mental health resources as a key health and wellness priority for the West Side.

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? [3 - 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.)

As mentioned previously, data from the Chicago Department of Public Health shows that substance use disorders disproportionately impact Black Chicago residents. This is profoundly evident in qualitative assessments, including City Level data from the Chicago Health Atlas and State level data from the Illinois' Department of Public Health's Opioid Data Dashboard. Ultimately overdose deaths and a general lack of access to care contribute to the 8.8-year age gap between black and white residents of Chicago. Qualitatively, prominent West Side community members like State Rep La Shawn Ford have devoted significant energy to advocacy work surrounding heroin and opioid overdose, including the founding of the West Side Heroin and Opioid Task Force and sponsoring legislation like HB2589 that provides for the availability of Narcan. Elected officials and prominent community members of color have recognized the inequality of the opioid epidemic and have demonstrated a commitment to respond. The proposed services will primarily impact Black West Side residents, in line with these efforts.

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? [4 - 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.)

A history of systemic racism has exacerbated poor health outcomes and adverse social determinants of health on the West Side. The overall racial wealth gap between Black Chicagoans and white Chicagoans — stemming from historic and well documented discriminatory housing policies, lending policies, and employment discrimination — has drained many Black West Side communities of resources. Over the past few years, the introduction of Fentanyl to many communities with existing high rates of substance use disorders has dramatically increased the risk of overdose and death. The pandemic had initially worsened overall rates of overdose in West Side communities, although data from the first half of 2021 published by the Chicago Department of Public Health indicates a decline in opioid overdoses and deaths compared to the record levels from 2020.

While the full range of root causes for these disparities cannot be addressed by a single proposal, this proposal will look to address a few resulting historic inequities. The Collaborative will do this through providing high quality services in West Garfield Park — a Chicago Community Area with just one FQHC site, providing affordable services for residents with lower incomes or who are uninsured, connecting individuals with substance use disorders to legal counsel for accessing benefits, connecting individuals with SUDs to housing supports if they are unstably housed, and connecting unemployed patients to job opportunities as warranted, both in peer support and through the general community. The SUD Hub will include both immediate care, such as enrollment in the Medical Stabilization Unit or Medication

Assisted Treatment but also address social determinants of health through care management and connection to a patient centered medical home, the lack of which may have contributed to the usage in the first place.

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

This proposal seeks to address the disparity in SUD services available and accessible on the West Side to ultimately decrease the disproportionate impact of the opioid epidemic on black communities on the West Side.

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? [6 - 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.)

The SUD Hub will be intentionally located in the West Garfield Park community in order to facilitate access for individuals in this community needing SUD services and supports. While this will ultimately make care more accessible in a neighborhood with high rates of opioid overdose, patients in surrounding neighborhoods may continue to struggle to access services without readily available transportation options — particularly relevant for the Latino/a community, in Humboldt Park and Cicero. While rates of opioid use are not as high in this community in Chicago, services are still needed for West Side residents. Partners are including transportation resources in this proposal to help address access barriers to those not directly residing in West Garfield Park, but may need additional targeted interventions to ensure equitable access across all West Side communities in need of SUD treatment.

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? [7 - 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.)

While this proposal does not propose significant funding to address access to housing, some significant investment in additional housing vouchers or supports is likely warranted in order to advance racial equity relating to substance use disorders. The National Coalition for the Homeless notes that those with substance use disorders are at an increased risk for homelessness, and a lack of housing can exacerbate existing substance use disorders. Stability and access to resources are essential to providing recovery opportunities for those with SUD, and housing will be an essential part of creating racial equity for those on the West Side with SUD. The partnership will utilize relationships with existing housing and shelter partners and the significant resources for those experiencing homelessness provided by Thresholds in order to begin addressing these needs for patients with substance use disorders.

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? [8 - 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.)

As evidenced by the remainder of this proposal, each partner envisions that services proposed in this application are realistic, sustainable, and appropriate. As previously mentioned, the advisory council proposed as the governance model will provide appropriate data collection, report to HFS and the public, and ensure accountability to identified outcomes. The West Side Heroin/Opioid Task Force and Prevention Partnership will serve as the lead for the advisory council to ensure cooperation on these matters.

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

The collaborative will continue to track racial data regarding partner representation, patient usage of the SUD Hub services, and community data regarding SUDs. As indicated in the Quality Metrics section of this application, a variety of benchmarks will be used to assess for improvement in outcomes and equity of access. The collaborative will also make the representatives of its advisory council public in order to increase overall transparency and allow for additional community input on the direction of the West Side SUD Hub and ensure diversity within stakeholders.

5. Community Input

Identify the community service area by zip code or county of your collaborative and the process you have followed or intend to follow to establish the needs of your community including the process for direct community input. Also describe how you have included elected officials at all relevant levels of government in your service area in discussions as you developed your proposal.

This collaborative and the partners that it represents seek to build a program and a service that directly addresses the needs that have been expressed by the community. Each organization has a unique individual history of addressing a specific need and this collaborative project will be built upon these experiences and third party data to highlight the importance of these services. As previously noted, the West Side SUD Hub Program will focus services to target the following community areas:

- North Lawndale (60623)
- West Garfield Park (60624)
- East Garfield Park (60624)
- Austin (60644)
- Humboldt Park (60644)
- Cicero (60804)

Poor social determinants of health such as little access to safe housing, food security, lack of transportation and other factors have contributed to higher rates of opioid use on the West Side. The rate of mortality due to opioid use is more than 300% that of the city average and in some areas is over 400% higher². Rates of poverty and uninsurance can discourage individuals from seeking out medical care and support, if services are even accessible to them. This application cites data sources from both the Saint Anthony Community Health Needs Assessment from 2018 as well as the Mount Sinai Community Health Needs Assessment from 2019. However, LCHC has also worked to gain community input on the importance of SUD services and what were the main community barriers to access.

Community Survey

LCHC and the collaborative's hospital partner, Saint Anthony Hospital, released a joint community survey in the fall of 2021 to poll the both patient population on the West Side on their needs for substance use disorder treatments. This survey, which was designed by both entities, was distributed within waiting rooms and via email to the entirety of their patients with an incentive for completion. It was available in both Spanish and English. The results further confirmed the need for additional supports within the community.

Survey participants were asked to rank the need for substance use disorder services within the community on a scale of 1-5 (1 being no need, 5 being high need) and 42% of respondents ranked this at a level 5. When asked to rank the quality of available services on the same scale, 54% of participants responded that they were not familiar with any local substance use disorder services within the community, while only 19% said that they confidently knew where services were. 41% of respondents ranked the quality of Substance Use Disorder treatment as a 1, the lowest quality rating.

When asked to rank the barriers to accessing local substance use disorder services, participants responded with the following order:

- Transportation Challenges
- Lack of Awareness of Local Services
- Lack of Insurance
- Inability to Pay
- Social Perception
- Language Barrier
- Availability of Treatment

When asked to rank which services are needed to improve local substance use disorder services, participants responded with the following, in order of importance:

- Community Outreach
- Financial Assistance
- Full Service Treatment options
- One Stop Shop for all service types
- Wraparound Services such as mental health care and social services

²*Chicago Health Atlas*, <https://chicagohealthatlas.org/>.

The West Side SUD Hub will be located at Pulaski and Jackson, which is in the West Garfield neighborhood. According to the UDS Mapper, the West Garfield community only has one additional health center location aside from one homeless shelter where LCHC provides medical services. This area is also one of the leading neighborhoods for Opioid Related EMS calls and Opioid related deaths. Patients can access medical care at the SUD Hub or can access regular medical care at any of LCHC’s clinic locations located throughout the West Side:

- 3860 W. Ogden Avenue Chicago, IL
- 5122 S. Archer Avenue Chicago, IL 60632
- 3812 W. Ogden Avenue Chicago, IL 60623
- 3219 W Carroll Avenue Chicago, IL 60624
- 3851 W. Ogden Avenue Chicago, IL 60623
- 3256 W. 24th Street Chicago, IL 60623
- 3750 W. Ogden Avenue Chicago, IL 60623
- 3517 W. Arthington Street Chicago, IL 60624
- 3910 W Ogden Avenue Chicago, IL 60623
- 3745 W Ogden Ave Chicago, IL 60623

The West Side SUD Hub has received Letters of Commitment from all previously stated service partners and has agreed upon the KPIs, Governance Structure and program plan outlined within this application. These partners will form formal collaboration upon notice of state grant award in the form of a Memorandum of Understanding. In addition to these data sources and methods of community input, the Collaborative has sought out the support of a wide variety of community representatives and other service providers to ensure that this program plan aligns with the values and needs of the neighborhood. The list below includes all those who have signed in support of this program. These primarily include elected officials, however Heartland Alliance Health has been included as a key collaborator in the City of Chicago tasked with oversight for the primary care at all North and South side shelters for those experiencing homelessness and will be instrumental in ensuring patient access.

Signatory:	Representation:
Danny Davis	Illinois Congressman
Patricia Van Pelt	State Senator
La Shawn Ford	State House of Representatives
Dr. Alison Arwady	Chicago Department of Public Health
Ed Stellan	Heartland Alliance Health

The partnership has already begun work with additional partners, including a variety of other area elected officials, local faith leaders, and others, to begin planning for project implementation and ensure that community input remains core to the overall project goals.

6. Data

Describe the data used to design/plan your proposal, methodology of collection, and submit the results of the analysis.

The communities that the West Side SUD Hub will serve face a wide array of challenges to health and wellbeing compounded by poor social determinants of health, including safety, income, and quality of life. These neighborhoods often lack access to necessary resources, including health clinics, quality education, and economic opportunity. Data from sources including the American Community Survey, the Chicago Health Atlas, the Illinois Department of Public Health's Opioid Data Dashboard, and the Uniform Data System (UDS) Mapper from the Federal Department of Health and Human Services all provide unique and overlapping perspectives on health outcomes and access to resources for the West Side.

Ultimately, these data sources indicate a need for additional health care supports, additional behavioral health and substance use disorder services, and more supportive services to address social determinants of health. This application seeks to address many of these challenges through capital investments, ultimately improving the long term health outcomes on the West Side.

According to ZCTA averages derived from the American Community Survey for 2019, nearly 59% of community residents in the combined service area for the West Side SUD Hub are considered low income. Additionally, over 16% of residents in the zip code of 60624 (primarily including West and East Garfield Park) do not have insurance coverage, while another 42% make use of Medicaid or other public insurance coverages. Several of these service communities are designated Medically Underserved Areas (MUA) because of a lack of medical providers, mental health providers, and dentists. Data from the Uniform Data System (UDS) provided by the Health Resources and Services Administration indicate that only 63% of the low-income population is a patient of any health center, indicating that much of the population has unmet medical needs or are utilizing services that may not be financially attainable for them.

Chicago Health Atlas Data categorizes West Garfield as a community with a very low child opportunity index, and high economic hardship. Rates of diabetes, obesity, low birth weight, HIV incidence, and many other adverse health indicators are very high compared with wealthier Chicago communities. The Sinai Community Health Survey 2.0, published in March 2017, documents many of the health disparities faced by residents of the West Side service area. Approximately 50% of residents in West Garfield Park utilize SNAP benefits to access food, while another 26% of households qualify but do not currently receive these benefits, ultimately creating barriers to healthy eating that can result in or exacerbate chronic conditions³. While many structural interventions are needed in areas from access to food to

³ *Chicago Health Atlas*, <https://chicagohealthatlas.org/>.

creating generational wealth, poor health outcomes also indicate a need for additional medical and behavioral health services within the community.

The attached Table 4 shows overall population level data for the community area that will be most heavily impacted by the West Side SUD Hub.

Table 4: Population Data⁴

	60623 Lawndale	60624 Garfield Park	60804 Cicero	60644 Austin/Humboldt Park
Total Population	81,283	34,892	82,383	46,592
Total Hispanic or Latino Population (%)	(67%)	5%	(90%)	6.68%
Total Non-Hispanic Black Population (%)	30%)	90%	3%	88.82%
Households	24,996	11,948	22,362	16,736
% Of Zip Code visiting LCHC for care within 1 year	16.35%	11.23%	5.55%	3.88%

The proposed service area contains several distinct neighborhoods that face various levels of social and health related challenges. Each of these diverse communities struggles with high rates of poverty, unemployment, and low educational attainment that can often result in high risk behaviors such as opioid use. Alongside these adverse social determinants of health, high levels of chronic disease and poor health outcomes highlight the need for accessible medical treatment.

Low income, uninsurance, and other access barriers throughout these ZCTAs combined with the shortages of primary care and other medical providers limit overall patient access to care. The attached Table 5 shows the number of community members that have delayed their care or that do not have a usual source of healthcare. These rates are much higher than averages throughout the state of Illinois and indicate ongoing barriers to traditional access to care, which often lead to decreases in the use of preventive and primary care. The COVID-19 pandemic has further exacerbated these barriers to access. Table 5 also highlights area residents who cannot access care within the Collaborative’s proposed service areas. These patients without a usual source of care are less likely to know what services are available to them regarding substance use disorder treatment and available options for supports.

Table 5: Healthcare Usage Data

Indicator ^{5[1]}	60623 Lawndale	60624 Garfield Park	60804 Cicero	60644 Austin/Humboldt t Park
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⁴ 2017. Uniform Data System, Accessed at www.UDSmapper.org. November, 2021

⁵ 2017. Uniform Data System, Accessed at www.UDSmapper.org. November, 2021

Adults Who Have Delayed/Not Sought Care Due to Cost	9.50%	8.30%	20.90%	11.1%
Adults with No Usual Source of Care	13.60%	9.60%	29.50%	11.9%
Health Center Usage by Low Income Patients	73.7%	60.4%	58.4%	52.34%

As noted in data from the Department of Healthcare and Family Services Healthcare Transformation Collaborative portal, in West Chicago represented the highest rate of ED visits for both FY19 and FY20 in the four most vulnerable Cook County areas, at a rate of 140 and 116 per 1,000 Medicaid enrollees respectively. While the difference between West Chicago and other nearby areas is small and possibly attributable to other factors, what is clear is that additional, high-quality outpatient and primary care services are needed to prevent high rates of Emergency Department utilization across the region.

Social Determinants of Health

Adverse social determinants of health have also compounded these factors that have led to poor health. The four identified ZCTAs include 245,149 residents that face unemployment rates as high as 10.5%, highlighted in the attached Table 6, compared with a national average of 3.4%.

Table 6: Unemployment

	60623 Lawndale	60624 Garfield Park	60804 Cicero	60644 Austin
Unemployment Rate – American Community Survey for 2019	6.5%	10.5%	3.5%	7.9%

Each of these service communities struggle with high levels of poverty, with an average of 27% of individuals living below the Federal Poverty Line in the last 12 months, highlighted below in Table 7. However, the Collaborative’s target ZCTAs of 60623 and 60624 average 32% of individuals living in poverty, as well as 45% of all children.

Table 7: Income Level

Poverty^{6[4]}	60623 Lawndale	60624 Garfield Park	60804 Cicero	60644 Austin
Families in Poverty	25.7%	37.6%	13.4%	28.7%
Individuals in Poverty	30.3%	42.3%	16.1%	30.6%
Children in Poverty	43.4%	57.3%	23.3%	42.7%

⁶ American Community Survey 2019 –Table DP03

Low Income – UDS	62.83%	67.12%	50.01%	54.34%
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Despite provisions from the Affordable Care Act, the number of uninsured residents within the service area remains high, as noted in Table 8. Over 35,000 individuals within these ZCTAs still do not have insurance. This can result from many factors, particularly including challenges related to re-enrollment in coverage.

Table 8: Uninsurance Rate

^[5] 7	60623 North Lawndale	60624 Garfield Park	60804 Cicero	60644 Austin
Uninsurance Rate	17.4%	16.5%	15.84%	11.66%

A lack of access to income, employment, and health insurance contribute to poor health outcomes and often correlate with an increase in substance use disorder. In order to address substance use disorders, it is necessary to also treat the social factors that contribute to it. The West Side of Chicago lacks access to generalized healthcare services, and needs programs which will address the negative social determinants of health which perpetuate poor community health. Each of the project partners has a strong reputation of making healthcare services accessible to the community alongside services that address social determinants of health. Through this funding opportunity, the West Side SUD Hub seeks to make Substance Use Disorder treatment immediately available within the areas that experience the highest rates of usage and overdose and to connect patients to a wide range of services to address the social determinants of health that pose challenges to living a healthy lifestyle.

Opioid Specific Needs

The Collaborative’s target communities face high levels of substance use disorders, particularly opioid use disorder. As noted in the Community Input section, participants surveyed by LCHC and SAH were asked to rank the need for substance use disorder services within the community on a scale of 1-5 (1 being no need, 5 being high need) and 42% of respondents ranked this at a level 5. Of these participants 41% ranked the quality of local Substance Use Disorder treatment as a 1, the lowest quality rating. Table 9 below highlights the disproportionate rate of mortality from opioid overdoses experienced within the Lawndale and Garfield Park neighborhoods of Chicago, the heart of the West Side SUD Hub’s proposed development. According to data provided within the Department of Healthcare and Family Services Healthcare Transformation Collaborative portal, in FY19-20 approximately 5,708 individuals on Medicaid sought care at a West Side Emergency Department due to a variety of opioid related reasons, of which 2,500 patients were hospitalized.

Table 9: Opioid Use Detail

⁷ 2019. Uniform Data System, Accessed at www.UDSmapper.org. November, 2021

Indicator ⁸	North Lawndale (60623)	East Garfield Park (60624)	West Garfield Park (60624)	Austin (60644)	Chicago Average	Illinois
Opioid Overdose Mortality Rate Per 100,000 Population	94.0	112.7	87.8	66.1	26.4	23.5
Overdose Count by Zip – IDPH Opioid Data Dashboard for 2019	358	499 for 60624	(see East Garfield Park)	583	-	16,690

Other Health Outcomes

In addition to the unique impact of the Opioid Epidemic on the West Side of Chicago, this community has continued to experience poor health outcomes that stem from a lack of access to healthcare services, and the many previously identified social determinants of health. Table 10 identifies rates of common chronic diseases in community areas present in target ZCTAs, as reported by the Chicago Health Atlas, a publication of the Chicago Department of Public Health. While health disparities vary by community area and ZCTA — overall each of these neighborhoods face unique and burdensome health conditions that present distinctive challenges to healthcare providers in the service areas.

Table 10: Community Health Outcomes⁹

Health Indicator	North Lawndale (60623)	East Garfield Park (60624)	West Garfield Park (60624)	Austin (60644)	Chicago Average
Adults ever told they have diabetes:	9.0%	10.9%	16.1%	12.4%	9.9%
Adults ever told they have high blood pressure:	29.7%	25.6%	34.5%	39.2%	27.7%
Obese Adults	44.1%	43.5%	48.4%	38.4%	30.8%
Life Expectancy	69	68	69	71	77

⁸ 2019. Opioid Data Dashboard, Accessed at <http://idph.illinois.gov/opioiddatadashboard/> Illinois Department of Public Health

⁹ 2019. Chicago Health Atlas, Accessed at www.chicagohealthatlas.org. November, 2021

Many of these health issues coalesced as many West Side communities were hit particularly hard by the COVID-19 pandemic. The public health crisis illuminated the disproportionate impact on communities with majority Black and Latino populations and even further highlighted the lack of health care resources within these areas. The communities proposed to be served by the West Side SUD Hub were highlighted by the Chicago Department of Public Health COVID-19 Community Vulnerability Index as some of the most vulnerable in all of Chicago. Table 11 below shows COVID-19 cases and deaths for each included zip code.

Table 11: COVID-19 Detail ¹⁰

Health Indicator	North Lawndale (60623)	East and West Garfield Park (60624)	Austin (60644)	Cicero ¹¹ (60804)
COVID-19 Cases	12,306	4,168	5,444	14,453
COVID-19 related deaths	279	95	153	N/A

Community Input and Research

In Saint Anthony Hospital’s Community Health Needs Assessment in 2018, approximately 31% of responders noted having had substance abuse cause a significant impact on their lives, with 11% saying it impacted their lives “a great deal”. The Emergency Department at Saint Anthony Hospital has reported 755 patients coming in the last two years who have been admitted to the Medical Stabilization Unit, indicating that other services are either not available or not widely recognized as available. Utilization of the Emergency Department of safety net hospitals for SUD treatment puts unnecessary costs on both patients and the health system when other, more sustainable treatment options exist. A streamlined process for admitting individuals in overdose to the Medical Stabilization Unit would allow for quicker connection to care and a more sustainable model.

In the fall of 2021, LCHC and Saint Anthony Hospital released a community survey to all active patients at both centers, requesting information regarding perception of service available, the importance of Substance Use Disorder treatment options, etc. LCHC incentivized survey participation by offering a gift card to select participants. The results of this survey were as follows:

Survey participants were asked to rank the need for substance use disorder services within the community on a scale of 1-5 (1 being no need, 5 being high need) and 42% of respondents ranked this at a level 5. They were asked to rank the quality of available services on the same scale and 54% of participants responded that they were not familiar with any local substance use disorder services within the community, while only 19% said that they confidently knew where services were. 41% of respondents ranked the quality of Substance Use Disorder treatment as a 1, the lowest quality rating.

¹⁰ Chicago Department of Public Health COVID-19 Dashboard, <https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html>

¹¹ Illinois Department of Public Health COVID-19 Statistics, Accessed November 2021 <https://dph.illinois.gov/covid19/data.html>

When asked to rank the barriers to accessing local substance use disorder services, participants responded with the following order:

- Transportation Challenges
- Lack of Awareness of Local Services
- Lack of Insurance
- Inability to Pay
- Social Perception
- Language Barrier
- Availability of Treatment

When asked to rank which services are needed to improve local Substance Use Disorder services, participants responded with the following:

- Community Outreach
- Financial Assistance
- Full Service Treatment options
- One Stop Shop for all service types
- Wraparound Services such as mental health care and social services

This survey was beneficial in demonstrating the perceived lack of services as well as the need for a more coordinated response for substance use disorder treatment.

Data shared internally among CDPH and West Side service providers showed the increased rates of Emergency Responses related to opioid use, as well as opioid related deaths in Austin, Humboldt Park, east and West Garfield and North Lawndale. According to the map, the number of EMS calls and death in this area were particularly high along the “Pulaski Corridor”, further highlighting the need for proximate services within this area. Located around this same intersection are six blocks that account for a large majority of the shootings that occur in these neighborhoods. The map also indicates that while there are service providers located in that general area, limited hours and lack of coordination may be limiting the utilization of such services. As the city of Chicago begins to invest in this area with hopes to decrease both the rate of SUD related deaths and rates of violence, the West Side SUD Hub will be a tremendous asset to connecting patients with a continuum of care to support their recovery and overall health.

Current Services Available

LCHC has been offering Opioid Use Disorder treatment through Medication Assisted Treatment (MAT) for six years in conjunction with primary care services and care for individuals experiencing homelessness. In FY21, LCHC provided MAT to 736 patients and has 440 patients active in its MAT services at this time. In this timeframe, LCHC provided 8,159 visits for all substance use disorder patients, including those with alcohol usage and other types of substance use in addition to opioids. LCHC’s MAT program provides patients with prescriptions of suboxone to support them as they begin recovering from opioid use. This, in conjunction with a routine medical follow up, allows both medical providers and behavioral health providers to maintain contact with each patient and to monitor their wellbeing. Recovery Community, a daily support group for SUD patients, has approximately seven daily attendees and continues to grow. Recovery Community activities include therapeutic art projects, group

therapy sessions, individual encounters with both primary care and Behavioral Health providers, and social interaction among members to create a community where recovery is celebrated and encouraged. In addition to the SUD-specific services, patients may access the wide range of medical and wraparound services available at LCHC, including dental, optometry, lab services, access to Veggie Rx and the fitness center. This collaborative will widen the scope of services that LCHC is able to connect these patients with to continue their care in other ways.

Saint Anthony Hospital is one of the West Side's key safety net hospitals, offering a wide range of services to the community that otherwise faces difficulties in accessing care. In many cases, SAH's Emergency Department and Medical Stabilization Unit (MSU) have served a wide range of patients with substance use disorders. As part of the collaborative, these patients will have an improved network of care available to them after their time in the MSU.

Salvation Army Freedom Center is home to the Harbor Light Center, which offers Level 2.1 intensive outpatient treatment, Level 1 outpatient services and recovery home. Other service offered in this location are an employment assistance program, homeless outreach services and a halfway and three quarters residential program for men who have completed treatment. The Harbor Light treatment program is housed in Humboldt Park, where facilities include updated private rooms, indoor and outdoor gymnasiums, classrooms and many other amenities.

Thresholds utilizes a Team Based Service approach when providing a wide range of services to support individuals in recovery. Through this model, patients can access employment services, peer support, medical care and community support and housing. Thresholds operates over 1,100 housing units throughout Chicago for individuals in recovery from SUD and/or those who have been experiencing homelessness.

New Age Service Corp is a community-based organization offering a wide range of SUD services including methadone maintenance, substance use screening, mental health screenings, HIV screenings and testing, group counseling and case management. NASC serves approximately 1,200 patients per year, 80% of which are not able to pay for their treatment services.

The West Side Heroin/Opioid Task Force and Prevention Partnership has an established reputation as a coordinating body of SUD service providers on the West Side of Chicago. In addition to providing updated information regarding SUD services and trends on the West Side, this partnership provides advocacy for SUD related projects, meaningful resources and facilitates information sharing among organizations.

The Legal Council for Health Justice runs the Homeless Outreach Project exemplifies Legal Council's mission with its focus on providing legal assistance to people who are chronically homeless and have a serious mental illness (SMI), and/or disabling physical health condition, and co-occurring substance use disorders. Working with medical and social services partners across Chicago, HOP staff are able to address legal issues for clients who are among the most marginalized, under-served, and impoverished in metropolitan Chicago. The Hop staff assist clients in qualifying for health and income benefits in order to be able to secure stable housing, provides legal advocacy to obtain Social Security Disability programs when applicable, connect patients to medical and mental healthcare and enrollment in SNAP and Medicaid. Additionally, HOP staff address legal barriers to employment, vocational progress, housing,

employment accommodations for SUDs, access to unemployment benefits and discrimination due to criminal system involvement.

7. Health Equity and Outcomes

Describe how the revised delivery system in your proposal is designed to improve health outcomes and reduce healthcare disparities.

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

The West Side SUD Hub will seek to improve a variety of healthcare disparities experienced by its service community. Most prominently, the partners will look to address significant geographical and racial disparities in opioid overdose, deaths from opioid overdose, and general high levels of substance use disorder. As identified in Section 4. Racial Equity, Black/African American residents of Chicago are much more likely to experience an overdose, and as identified in Section 6. Data Support, West Side communities have much higher rates of overdose. The primary goal of this application will be to improve rates of overdose, reduce hospitalizations across the West Side for opioid overdose, decrease time to follow up with primary care or other services, and ultimately improve quality of life through these measures.

Beyond adult behavioral health metrics, the partnership will also look to address both racial and geographic disparities in general health outcomes through the addition of a Federally Qualified Health Center location in the West Garfield Park community area. As mentioned elsewhere in this application, despite the significant adverse social determinants of health in the neighborhood, there is just one other Federally Qualified Health Center location in West Garfield Park: ACCESS Community Health Network's Madison Family Health Center. This level of service is not sufficient to meet healthcare needs of the community, and is shown in statistics like the primary care provider rate for West Garfield Park from the Chicago Department of Public Health — just 57% of community residents have a primary care provider, compared with 80% of Chicago as a whole. Indeed, the Health Resources and Services Administration has designated this area a Medically Underserved Area, indicating an additional need for community resources. Primary care is essential for combating this geographic health disparity. If awarded, the collaborative will begin working immediately to provide primary care and a range of SUD services even while the final space for the SUD Hub is being completed.

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 primary methods the collaborative is undertaking to address these disparities fall broadly into two categories: proximity and integration. In order to ensure access to needed services, the partnership is seeking to locate extensive substance use disorder services and primary care directly in an area that the

City of Chicago has noted in both proprietary and public data as being an overdose hot spot. Making services immediately available in an area of great need and without significant existing resources is vital to facilitating access to services and addressing community and racial disparities in both the areas of substance use and overall health. Section 13. Quality Metrics identifies many of the specific and measurable impacts that can be expected, but ultimately a decrease in overdoses across the service area and an improvement in total numbers of patients using both primary care and substance use disorder services.

The second activity the partnership will undertake — service integration — will take more time to develop, but will perhaps have an even greater impact on service provision for the long term. Each partner in the proposal has some experience working with health disparities generally and with substance use disorder patients in particular. However, because of longstanding funding patterns, an avoidance of treating substance use in primary care, and general separation of care, most have very limited integration, ultimately creating silos of care that increase the likelihood that any individual patient will fall through the gaps. Co-locating services that include primary care, Medication Assisted Treatment, an intensive outpatient program for SUD, a methadone clinic, street outreach, targeted outreach through care management, onsite linkage to inpatient treatment and a medical stabilization unit, and onsite access to legal services and care coordinators to support housing searches will decrease the burden to accessing care for patients.

Even beyond the co-location, developing an advisory council that can weigh in on current challenges for the West Side SUD Hub, identify metrics that will show success or opportunities for improvement, and developing shared tools that can even further facilitate access between different organizations will be instrumental.

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

These activities are essential for a number of reasons. The most important stems from patient access: many of those on the West Side of Chicago with substance use disorders struggle to access care because of barriers that include access to transportation, affordability, and life stability. Locating services where overdoses are happening will reduce the need for transportation, even as more resources devoted to transportation proposed in this application will ultimately create new opportunities for residents outside West Garfield Park. Providing affordable care through an FQHC while offering insurance enrollment services and legal care to enroll eligible patients into disability services will ensure even uninsured, low income patients can get the care they need. And connections to additional housing supports and employment services through Thresholds, and inpatient care through Salvation Army and Saint Anthony Hospital will ultimately stabilize many patients and facilitate their recovery journeys.

Additionally, intentional co-location and involvement in an ongoing advisory council will allow organizations to identify new gaps in services, to reveal new barriers to care, and to work together towards furthering care for the West Side. An ongoing funding relationship will encourage and support collaboration even beyond what was already established for these partners.

8. Access to Care

Describe how your proposal will increase access to preventive, primary or specialty care in your community.

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.

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?

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

The Collaborative was intentional to locate the program in a centralized location that would allow for the fewest barriers to access for patients seeking immediate care for substance use disorders. Through community outreach activities, patients could be aware that they are able to directly walk in to receive services for care, without any prior appointment, health insurance, or need to pay. As a sustainability measure, staff at the Hub will try to enroll patients in insurance if eligible in order to allow for more sustained access to health services in general, but uninsurance would never disqualify someone from receiving care. The Hub would have staff who are fluent in Spanish in order to address any patients who prefer to receive services in Spanish. Service partners have a proven track record of providing care in a manner that ensures access for all populations to allow underserved populations to receive the care they need. The Collaborative will work to ensure that the Hub is staffing appropriately in order to provide timely and efficient care. This will be outlined further in the Jobs section of this application.

Regarding physical barriers, the SUD Hub would be located on the intersection of Pulaski and Jackson, which is on the bus line and is a ½ mile from the nearest Green Line “L” stop and 0.2 miles from the nearest Blue Line stop. It is also located 0.2 miles away from the Eisenhower Expressway. This location is also 1.6 miles away from LCHC’s clinic located at the Breakthrough Family Plex, where patients can receive ongoing preventative and primary care services. The Hub will serve as a first point of contact for patients to be connected to SUD care but also to a medical home. If needed, patients can receive transportation services and can take advantage of a full range of services offered through LCHC, including dental care, Optometry, access to Veggie RX for fresh vegetables and use of the Lawndale Christian Fitness Center. The collaborative will begin working towards service integration and coordination immediately following an award to ensure that services can be accessible to the community as soon as possible.

Quality SUD treatment options that are accessible to patients can have a tremendous impact on the rate of SUD within a community. Many patients may have attempted one form of treatment but were not able to continue in recovery due to issues of access, lack of knowledge regarding other services available, or a culmination of factors regarding social determinants of health. By having the SUD Hub located in a place where most patients are statistically most likely to be, patients can be sure that they not only can receive treatment but that they will have direction and oversight in accessing the care most appropriate for their needs. The Collaborative will seek to create an environment of care that is welcoming and culturally appropriate, so that the community is aware that they are welcomed to utilize available services.

9. Social Determinants of Health

Describe how your proposal addresses specific social determinants of health and how you propose to measure your proposal's impact on those social determinants.

Poor Social Determinants of Health are a major contributor to the breadth of substance use disorders on the West Side of Chicago. Communities of color in Chicago, which are largely located on the South and West Sides of the city, have faced decades of discrimination and unjust policies which have led to poor quality of life and factors that have contributed to poor health. The following items are listed by Mount Sinai's 2019 Community Health Improvement Plan as some of the key Social Determinants of Health that face the West Side.

- **Housing:** The West Side has a historical legacy of redlining where residents were refused loans or insurance due to the location they lived in. Martin Luther King Jr. resided in North Lawndale for a time in order to bring attention to this unethical practice that was negatively impacting the wellbeing of the community. Decades later, this legacy continues to plague communities like North Lawndale, East and West Garfield and Austin. According to the Chicago Health Atlas, an average of 38% of renters experience severe rent burden. As a result, these communities face lower levels of home ownership, inability to pay housing expenses, and higher levels of homelessness, which can contribute to poor physical and mental health. Additionally, high vacancy rates, such as the 27% of housing units in West Garfield, often lead to more crime.¹²

In response to this need, the SUD Hub will include supports for sustainable housing through Thresholds where patients can live in a stable environment on their recovery journey. Because a lack of housing can so often lead to substance use disorders, providing for this need is a key aspect of promoting health and wellbeing for the population that experiences SUDs. This will also be strengthened by the availability of Care Coordinators and Care Managers who can connect patients to a breadth of social services to support them in recovery.

- **Transportation:** The South and West Sides of Chicago also experience a lack of options regarding transportation and mobility. According to the 2021 Strategic Plan for Transportation from the Chicago Department of Transportation, the neighborhoods with the fewest transportation options are also those with the highest levels of poverty and disproportionate concentrations of Black and Latinx residents. Commuting times on public transportation are significantly longer in West Side communities due to frequency of trains or buses, making this a less reliable means of transportation. The prohibitive cost of owning a car in the city, along with the lack of safe walking options can create serious limitations in mobility for those living in neighborhoods like West Garfield Park or North Lawndale. This can often lead to challenges in retaining employment, accessing food, social connections, healthcare and overall quality of life.

To address this need, the Collaborative will locate services in area that is central to the need and is easily accessible by multiple forms of public transportation.

- **Food Security:** The problem of food insecurity is a major barrier to residents of the West Side living healthy lifestyles. According to West Side United, "all of the 560,000 residents on

¹² *Chicago Health Atlas*, <https://chicagohealthatlas.org/>

Chicago's West Side face at least one barrier to food security, including reduced quality, variety, or sufficiency of available food". According to the Chicago Health Atlas, an average of 43% of households in the service area are SNAP (food stamp) recipients. The lack of local grocery stores and the lack of reliable transportation sources, along with poor education regarding nutritional needs has created significant challenges to accessing food that will support ones health and wellbeing. In North Lawndale, only 49% of residents with easy access to fresh fruits and vegetables with other West Side neighborhoods representing similar rates. This can result in the need of healthcare which may also be unattainable and the onset of chronic conditions that are exacerbated by poor dietary habits. These Social Determinants of Health can all culminate in a higher likelihood of engaging in risky behaviors such as using opioids.

Once connected with the SUD Hub, patients will be able to access the full range of services available through LCHC and other partner organizations. This includes both Care Management services to apply for social services such as SNAP benefits, or could also include enrollment in LCHC's Veggie Rx program where patients can receive fresh produce weekly in coordination with their medical care. These supports can be pivotal in creating factors that support the patient's health on their recovery journey.

- Unemployment: Data shows that these communities face high levels of unemployment due to multiple factors. The average unemployment rate of the service area is approximately 10.5%. This is probably partially due to the lack of employment opportunities and economic activity within communities and then the compounded problem of lack of transportation which leads to higher levels of individuals living below the poverty line. This can create financial barriers to accessing things such as healthcare, mental health care. Unemployment and higher rates of poverty can also contribute to higher rates of neighborhood crime and violence and risky behaviors such as substance use.

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?

Each patient of the SUD Hub will be screened by the organization where they receive services for social determinants of health and will be connected with care managers who will address these components of care alongside the appropriate form of SUD support. LCHC care managers, who are not included in the funding request for this application but will support the work of the West Side SUD Hub, will utilize an initial screening form called the Adult Health Risk Assessment (HRA), capturing data on:

1. Health History
2. Ability to pay
3. Substance Use History
4. Mental Health History
5. Social factors like:
 - a. Stable housing
 - b. Phone access
 - c. Safety from abuse
 - d. Social support

e. Food security

LCHC will share its HRA with partners as warranted to ensure patient risk factors are appropriately captured regardless of the services used by each patient. For primary care patients of LCHC, patients that screen or are otherwise identified as appropriate for care management, an additional screening will be used, called the Adult Comprehensive Risk Assessment Questionnaire (CRA). The CRA covers the same topics are noted above but in a greater level of detail to determine where patients need the greatest level of support. These assessments are beneficial for both determining a care plan for each patient and for tracking the effectiveness of services in meeting these needs over the course of time. Collaborative staff will utilize a similar risk assessment and intake form throughout a patient's course of care in order to monitor progress and see where they are in recovery.

West Side SUD Hub partners will each provide some significant efforts that address these needs as they are a key strategy in reducing the rates of SUD in the community. Thresholds will work to provide patients with stable housing options to support their recovery. Homelessness and housing instability can often correlate with higher rates of SUD, and a stable, supportive housing environment can help mitigate these challenges. As a patient of the SUD Hub, individuals will have access to care management services where patients can be connected with social services such as SNAP benefits, unemployment, and other supports as well as more immediate services such as transportation. The Legal Council for Health Justice will support patients facing legal issues and will work with clients do complete disability applications to ensure ongoing support if this is warranted by a health issue. LCHC will work to offer food through its IOP, while Salvation Army's outreach activities will incorporate food distribution both as an incentive and as a way to meet basic needs for patients. LCHC will offer programs such as VeggieRx to patients who may need additional assistance regarding food access and nutrition, and LCHC's outreach and enrollment assistance can support with applications for both insurance and benefits.

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

Data surrounding Substance Use Disorder diagnoses often cite a wide range of poor social determinants of health and their impact on the onset of SUD's as well as the importance they have on recovery. When social determinants of health are improved, patients are much more likely to succeed in their recovery and begin to live more healthy lifestyles. Because the communities served by the SUD Hub have a history of poor Social Determinants of Health, addressing these will be a major priority for the SUD Hub. By providing services that meet a wide range of needs of the patient, such as housing, connection to social services, transportation services, and others, the SUD Hub anticipates having a greater level of success in supporting patients in recovery. The Hub will ensure that patients are able to continue in care in order to receive the full range of SUD services to meet their specific needs, which may not happen typically if services and providers remained siloed.

10. Care Integration and Coordination

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

The West Side SUD Hub is designed to allow for an increased level of care integration and coordination by co-locating services in a primary location where staff can advise patients on the most appropriate form of care and immediately enroll them. The collaborative will work together to move patients along a continuum of care by providing services at various levels of an individual's recovery journey.

As previously mentioned, all SUD Hub partners have served a wide range of patients with SUD and have worked to provide continued care even as these patients have received care elsewhere. The experienced Transitions of Care team at LCHC allows for continued follow up for these patients and certainty that they are receiving the appropriate care. With the variety of services that will be offered in the SUD Hub, care coordination will be a key component to ensuring that patients are able to take full advantage of each unique service depending on their needs. The Collaborative will develop a workflow regarding the initial evaluation of each patient to the SUD Hub to ensure that each patient is provided with the most appropriate form of care for their circumstance.

As an initial proposal, the collaborative envisions that each individual entering the SUD Hub will be greeted by an LCHC staff member equipped with trauma informed training and a brief screening tool approved by the partnership through the advisory council. For patients and clients that already have established relationships with service providers, they will be able to proceed directly to meet with staff from the appropriate agency. For patients and clients that are not yet linked to care, this screening tool will assist staff in identifying the best organization to provide services at the onset. The advisory council will be instrumental in developing this tool and ensuring that all clients have simple access to appropriate services.

Following the development of a formal partnership relationship among partners, the advisory council will review options to facilitate data sharing among partners and ensure care coordination across services. A potential model includes a shared data system for all clients accessing care management or other supplemental SUD services with access as warranted for each partner. The partnership will agree upon the final data system and sharing model following grant award.

While each patient will have their own unique needs, the Collaborative has developed a model continuum of care that might help to create workflows for supporting patients. An example of such a continuum might be as follows:

- A patient may walk into the SUD Hub in crisis after using opioids and need immediate assistance in stabilizing their health and moving towards recovery. A greeter would meet them and, if feasible, provide a brief intake to determine an appropriate next step in care. The patient would be entered into the Electronic Medical System to track their care and medical needs. The Collaborative will work towards solidifying information sharing agreements so that patient information can be easily accessed and utilized by each service provider as needed. The medical team located at the Hub could provide immediate care, while a representative from Saint Anthony Hospital located in the SUD Hub could enroll and transport them immediately in the Medical Stabilization Unit where they could spend several days stabilizing. The Care Coordination staff could then decide if moving to a residential program could be the best next step, or if a patient simply needs a connection to primary care or a methadone clinic.

- The patient may then be referred to Salvation Army Freedom Center to participate in the residential treatment program where they have space and support to recover further, whether fully sober or while receiving Medication Assisted Treatment.
- Patients discharged from the residential program can receive daily methadone or periodic suboxone prescriptions directly from the SUD Hub alongside medical or Behavioral Health care, as needed.
- Due to the proximity to substance use hotspots, community outreach providers based within the SUD Hub would have easy access to enroll community members in services at the Hub.

The majority of this care coordination could be accomplished primarily through the fact that staff would be able to discuss patients needs face-to-face in the SUD Hub. This would overcome the primary barrier to successful transitions of care, which is the disjointed nature of services. Although the building to house the SUD Hub will take some time to complete, the collaborative intends to procure space in West Garfield Park as soon as possible so to begin integrating services and providing coordinated means of care. While Year One of this program will include both planning and construction, patients will begin to have access to services from the Collaborative even before the Hub location is completed. Additionally, the collaborative will utilize the quality metrics identified in Section 13 to track the progression of each patient’s wellbeing both as an indicator of whether they need additional services or assistance as well as a way of tracking overall progress towards project goals.

Additionally, the collaborative is proposing the hire of a total of ten staff who support some care coordination efforts related to the SUD Hub. Lawndale Christian Health Center will hire 2 FTE of Recovery Care Coordinators, Saint Anthony Hospital will hire 3 FTE to serve as Patient Navigators for the ED, MSU, and SUD Hub, Thresholds will hire 2 FTE of Recovery Coaches that will assist with some care management activities, and Salvation Army – Harbor Light will hire 3 FTE in Care Manager staff to support transitions of care across their services. Ultimately, these ten staff will ensure that patients are connected with the full network of care available to them through the SUD Hub and will follow up with patients at each level of care through the service partners.

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

While each staff member mentioned above will participate in some measure of care coordination, their primary tasks will be associated with supporting patients as they address their social determinants of health: accessing food, housing, legal support, and other basic needs. As such, coordination across medical care will not be a primary outcome of funded care managers. It is expected that co-locating services with dedicated staff onsite from each organization will be the primary driver of coordination for the West Side SUD Hub and ultimately increase collaboration.

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

Key collaborative members including Saint Anthony Hospital and Lawndale Christian Health Center contract with a variety of managed care organizations in to develop innovative models of care and ultimately improve patient outcomes. While no specific intervention from MCOs is proposed through this model the partnership is interested in furthering conversations regarding the utilization of care for a

population that poses a significantly higher risk for hospitalization and ED utilization: those with substance use disorders. The partnership will work with the State of Illinois to engage MCOs in this work in collaborative payment models if warranted.

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, and describe how they will be used. Indicate whether their role is only during the implementation of your proposal (e.g., construction, consulting, etc.) or if they will have a role in the ongoing operation of your transformed delivery system.

To the extent one of the members of your collaboration already contracts with a BEP certified firm, only include the services of the BEP firm that will be used on the project. To be included, these services must increase the volume of work of the BEP certified firm or not-for-profit entity that is majorly controlled and managed by minorities above the services provided to the collaborating member.

As previously mentioned, the board of directors for three of the participating organizations are majority controlled by minority board members, these include Lawndale Christian Health Center as lead applicant and West Side Heroin and Opioid Task Force and Prevention Partnership and New Age Services Corporation. These three organizations represent the most significant presence within the West Side SUD Hub, and will maintain their staffing levels both during initial stages of the project and following project completion. The attached chart notes the makeup of the board of directors for each partner organization.

Organization	African American	Latino/a	Asian	White	Other	Multiracial
Lawndale Christian Health Center	3	3	1	3	0	0
Thresholds	9	1	3	31	3	0
New Age Service Corp	5	0	0	0	0	0
Saint Anthony Hospital	3	1	0	5	0	0
Legal Council for Health Justice	2	0	1	12	0	0
West Side Heroin/Opioid Task Force	4	1	0	3	0	0
*The Salvation Army is organized as a church and does not report on or maintain a board of directors.						

Additionally, the Collaborative will seek to prioritize minority owned businesses as part of the bidding process which will be carried out when choosing vendors for capital project construction, associated with the approximately \$5 million in requested capital funds. As the lead organization, LCHC’s Fiscal Manual includes a policy noting that when solicitation lists are compiled, they “will include small,

minority, and women’s owned business (SMW) enterprises. When firms meeting these categories are potential sources they will be encouraged to bid. When economically feasible, total requirements will be divided into smaller tasks or quantities to permit maximum participation by the SMW enterprises. Prime contractors will be encouraged to follow these steps when subcontracting is required.”

LCHC’s background in implementing large capital projects such as this one has created a structure by which to evaluate vendors and contractors, and this process will follow this same trend. Preference will be given to businesses who are located on the West Side and owned/staffed by individuals from within the neighborhood. Recent projects that have received state funding, including construction at 3910 W Ogden Ave have maintained a significant portion of minority participation in construction.

12. Jobs

For collaborating providers, please provide data on the number of existing employees delineated by job category and including the zip codes of the employees’ residence and benchmarks for the continued maintenance and improvement of these levels. Please describe any new employment opportunities in the future alignment of your proposal and how those opportunities reflect the community you serve. The proposal should also describe any retraining, innovative ideas or other workforce development planned for the new project.

The West Side SUD Hub will seek to benefit the communities it serves not only through the services offered but also through the jobs that are created and staff hired in order to provide such services. As is true of each individual partner organizations, the Collaborative will seek to hire as many staff directly from the West Side as possible, prioritizing local hires as much as possible. Each partner organization deeply values having a staff and leadership team that is reflective of the community to ensure that services are culturally informed and that the full benefit of the organization is centralized within the neighborhood.

The table below outlines the percentage of staff from each organization that reside in key West Side ZCTAs.

Table 12: Staff by ZTCA

	Lawndale Christian Health Center – All Staff	West Side Heroin Opioid Task Force – All Staff	New Age Service Corp – All Staff	Saint Anthony Hospital – All Staff	Other Partner Organizations – SUD Services Only
60623	29%	0%	7%	4.9%	3.0%
60624	4%	0%	7%	1.0%	0%
60644	3%	0%	7%	1.1%	2.5%
60804	4%	0%	0%	3.0%	0%
60629	4%	14%	3%	4.7%	0%
60632	4%	0%	3%	4.4%	0%
60402	3%	0%	0%	3.0%	0%
60651	2%	0%	1%	1.9%	0%

60612	1%	0%	1%	1.3%	0%
60609	1%	0%	0%	1.8%	0%
60608	3%	14%	1%	3.2%	4.0%
	636	9	29	872	-

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

While some of this program will be implemented by existing staff at each partner organization, the partnership anticipates the creation of approximately 62.5 FTE of new, permanent jobs following the five-year project implementation. In a neighborhood that experiences high levels of unemployment, this project will serve as a hub of employment opportunities as well. The new job opportunities are outlined below by organization:

- Lawndale Christian Health Center – 27 New FTE
 - Physician – Medical Director
 - Physician – Family Practice
 - Physician Assistants
 - Family Nurse Practitioners
 - Site Manager
 - Greeters
 - Registration Representatives
 - Medical Assistants
 - Laboratory Assistants
 - Environment of Care Worker
 - BH Provider – LCPC
 - Recovery Care Coordinators
 - Nurse
 - LCSW
 - Interpreter
 - Referral Coordinator
 - Licensed Psychologist
 - Outreach and Enrollment Specialist
- Saint Anthony Hospital – 4 New FTE
 - LCSW
 - Emergency Department Patient Navigator
 - MSU Patient Navigator
 - SUD Hub Navigator
- Thresholds - 6 New FTE
 - Community Support Clinicians
 - Recovery Coaches
 - IPS Worker
 - Team Lead

- West Side Heroin/Opioid Task Force and Prevention Partnership - 7 New FTE
 - Lead Outreach Worker
 - Outreach Workers (Experienced)
 - Outreach Workers (New)
- Legal Council for Health Justice – 1 New FTE
 - Staff Attorney
- Salvation Army – 5 New FTE
 - Care Managers
 - Intake Assessor
 - Driver
- New Age – 11.5 New FTE
 - Front Desk Manager
 - Clinical Supervisor
 - Nurses
 - Nurse Manager
 - OMT Counselors
- Total New FTE: 62.5

The partnership will heavily prioritize community representation, both to ensure alignment of culturally competent care for community members and to provide employment opportunities within the community. As employers, each partner is committed to hiring from within services communities as much as possible and representing the patient population. Given each partner organization’s historical value of hiring teams that reflect the community, the Collaborative will have a wealth of networks to utilize in hiring diverse staff who are specialized in providing a wide range of quality SUD services. The integrated nature of this program will be an asset in attracting a workforce dedicated to serving the community.

Describe any planned activities for Workforce development

LCHC in particular has prioritized training opportunities for staff, most recently developing a partnership with National Louis University to serve as the onsite training partner for recent high school graduates interested in pursuing their certification as a Medical Assistant. With a proposed 5 FTE of Medical Assistants providing care within the West Side SUD Hub, this will provide excellent alignment with community job creation and staffing needs. The partnership will continue to identify new opportunities for community learning and development, and report on these within the advisory council.

13. Quality Metrics

Tell us how your proposal aligns with the pillars in the Department’s Quality Strategy [found here \[pdf\]](#). Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy for each of the pillars you identified. Once metrics are agreed upon in the negotiated funding agreement, HFS will proceed to establish a baseline for the service community and a tracking process as well as negotiated improvement targets. For metrics currently not tracked, propose a method for tracking.

The West Side SUB Hub aligns incredibly closely with the pillars and overall vision for the Department of Healthcare and Family Services (HFS). The partnership is particularly focused on two of the primary pillars noted by HFS: Improving Behavioral Health Services and Supports for Adults and Increasing Preventive Care Screenings – Using Data to Identify Target Areas in Priority Regions where Disparities in Optimal Outcomes are the Highest. The core of the proposed partnership revolves around ensuring equity of care in the realm of adult substance use disorder services.

The partnership proposes that the following adult behavioral health outcomes provide accountability for the success of its project, including: The 7-Day and 30-Day Follow Up After Emergency Department Visits for Alcohol and Other Drug Use or Dependence, 7-Day and 30-Day Follow-Up After High-Intensity Care for Substance Use Disorder (FUI), and Pharmacotherapy for Opioid Use Disorder. It is anticipated that a hub of comprehensive services for individuals with substance use disorder in an extremely high needs area that includes significant connection to one of the primary Medical Stabilization Units serving the West Side of Chicago will significantly reduce time to follow up and utilization of Medication Assisted Treatment for those with opioid use disorders.

The partnership also proposes that the following equity goal will provide accountability for the success of its project: Adults' Access to Preventive/Ambulatory Health Services. Lawndale Christian Health Center will provide primary care services at the West Side SUD Hub — with the goal of locating the Hub in the Chicago Community Area of West Garfield Park near the intersection of Pulaski Rd and Jackson Blvd. Following construction, this clinic location will be just the second primary care clinic in the West Garfield Park Community Area per the Health Resources and Services Administration's UDS Mapper tool. The other primary care clinic is operated by ACCESS Community Health Network, and does provide needed access to primary care — however, with a total population of 17,000 and well documented community need, the West Garfield Park community needs additional health resources. Currently, approximately 40% of the low income residents of the 60624 zip code tabulation area do not utilize health centers. The partnership expects that additional access to care will allow more low income community members to access care, perhaps at a rate similar to the neighboring zip code of 60623, where 74% of low income patients use a health center for primary care.

Additionally, the partnership proposes to review and track quality metrics internal to each partner, which will be reported quarterly in its Advisory Council. Proposed metrics include the following, with the managing partner noted adjacent to the metric:

Lawndale Christian Health Center

- # of primary care visits at the West Side SUD Hub
- # of BH visits at the West Side SUD Hub
- # of patients receiving Medication Assisted Treatment (MAT)
- 3, 6, and 12 month retention rate for MAT

St. Anthony Hospital

- # of Medical Stabilization Unit Visits
- # of ED patients admitted to the MSU
- # of ED patients with primary admitting diagnosis of opioid overdose
- % MSU admissions for OUD vs. alcohol use disorder vs. other (cocaine, benzodiazepine, etc.)

Thresholds

- % of program participants with OUD provided with overdose prevention education
- # of warm handoffs to MAT/MAR providers
- # of warm handoffs to medical stabilization, residential and inpatient care
- % of program participants followed up after ED visit for Alcohol and Other Drug Abuse or Dependence Treatment after 7 days and 30 days
- # of patients linked with needed care
- # of program participants enrolled with Medicaid/Medicare
- # of program participants with housing placement and tenancy retention
- % of program participants with increased employment disparities due to implementing evidence-based Individual Placement and Support Model
- % of program participants participating in community organizations and faith communities

New Age Service Corp

- # of weekly clinical services provided through individual sessions or groups
- # of patients in treatment for more than 90 days
- % improvement in program implementation as measured by the client survey
- % of patients participating in advocacy meetings
- # of critical incident reports filed

Salvation Army Freedom Center

- % of patients with successful completion of inpatient program
- # of intake referrals completed
- # of patients who were connected to services
- # of meals served

Legal Council for Health Justice

- # of individuals referred to Homeless Outreach Project for legal needs
- # of individuals assessed for legal needs
- # of cases referred to outside legal agency
- # of legal cases closed following completion

West Side Heroin and Opioid Task Force and Prevention Partnership

- # of Persons Trained
- # of Doses of Naloxone/Narcan distributed
- # of Overdose Reversals reported
- # of PPE and other supplies distributed
- # of Drug Disposal Kits distributed
- # of Referrals to Tx modalities
- # of Referrals for ancillary services (housing, ID's, MH services, etc.)

14. Milestones

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

The West Side SUD Hub Partnership anticipates utilizing the following planning timeline to implement West Side SUD Hub Activities within the 60624 zip code. Year one includes a calendar of milestones by month, while years two through five are noted on a quarterly basis. Ultimately, project implementation will begin robustly by month 6 following the date of award, while construction completion on the proposed physical location for the West Side SUD Hub will be finalized in project year 3. Service provision in year one will be primarily utilized for developing the foundations for a longstanding partnership that will be both integrated and sustainable for years to come within this West Side community.

Table 13: Milestones

Planning and Infrastructure	Year 1											
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Planning & Implementation												
Convene Stakeholders	x											
Establish Initial Advisory Committee		x	x									
Establish Job Descriptions for New Hires		x	x									
Hire for Initial SUD Staff			x	x	x	x						
Establish Initial Key Performance Indicators			x	x	x	x						
Review and Select Final Data Sharing Models					X	x	x					
Collect KPI Data					x	x		x	x		x	x
Convene Quarterly Meeting, reporting on KPIs						x			x			x
Month Six Report to HFS						x						
Month Twelve Report to HFS												X
Infrastructure												
Publicize Architectural and Engineering (AE) RFP		x	x									
Identify Temporary Leasing Space Partnership During Construction		x	x									
Select AE			x	x								

Begin Service Implementation at Leased Space					X	X										
Begin Drawing Production				X												
Finalize Drawings						X	X									
Issue Permit Package and Begin Permitting Process								X	X							
Begin Bidding and Negotiating Process									X	X						
Select Contractor										X						
Permit Issued																X

Implementation & Infrastructure	Years 2-5															
	Year 2				Year 3				Year 4				Year 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Implementation																
Collect KPI Data	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Convene Quarterly Meeting, reporting on KPIs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Conduct Best Practices Training for SUD Staff			X				X				X				X	
Annual Report to HFS				X				X				X				X
Infrastructure																
Finalize Construction Document Package	X															
Groundbreaking	X															
Construction	X	X	X													
Final Approval of Space and Fit Out			X	X												
Grand Opening				X												

15. Budget

Use the Excel template below to list the line items of your budget. Working within one single Excel file, fill out sheets for each year that you are requesting funds.

Please check that all totals are correctly calculated, especially if you have added new rows to the spreadsheet. Applicants are responsible for submitting accurate totals. Note: This spreadsheet has been locked, but not password protected.

Some aspects of your budget request may be funded out of state capital dollars and not transformation funds. HFS will make decisions on funding source. Include all expenses for which you seek reimbursement in your budget regardless of funding source.

Please project the number of individuals that will be served in each year of funding.

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

The overall project budget for the West Side Substance Use Disorder Hub is attached to this proposal.

The partnership proposes the following estimate of individuals served, inclusive of primary care, behavioral health care, and direct outreach services through partner members:

- Year 1: 1,050
- Year 2: 2,225
- Year 3: 3,500
- Year 4: 3,950
- Year 5: 4,350
- Year 6: 4,500

The partnership primarily consists of partners that either do not currently bill Medicaid for services or are not able to bill Medicaid for proposed services because they are not an eligible service type. While partners LCHC and New Age Services Corporation do anticipate billing for applicable medical visits and behavioral health or substance use disorder supports, both partners anticipate a high level of uninsurance as many patients struggle with re-enrollment or may not have a social security number. The partnership will primarily utilize Lawndale Christian Health Center as a pass-through funding source for organizations that cannot currently bill Medicaid for proposed services. However, the partnership anticipates working with the state to seek innovative funding strategies and possibly develop new fundable service types, particularly including the Community Support Team model utilized by Thresholds. The partnership hopes that increasing the type and availability of newly billable services, either through Medicaid or the Substance Use Prevention and Recovery Division, will ultimately provide models for sustainability of care far into the future.

16. Sustainability

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

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

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

The West Side SUD Hub is committed to project sustainability that will ultimately ensure the availability of substance use disorder treatments, primary care, and behavioral health services to West Side residents for years to come. Existing financing does exist to support some of the proposed services. These include billable medical services provided by Lawndale Christian Health Center's primary care services and St. Anthony Hospital's Medical Stabilization Unit, Managed Care Organization contracts that include care management support for patients of LCHC, and substance use services provided by LCHC, Thresholds, New Age Services Corporation, and the Salvation Army Freedom Center.

LCHC in particular has been successful at managing revenues to sustain programs offered to patients that are uninsured or underinsured through its 35 years. LCHC's Director of Patient Accounting holds an MBA from Chicago's Booth School of Business and has been successful in managing teams that identify issues related to payments and reimbursement and implement necessary changes across its clinics. LCHC's proposed primary care services will require start up investment as LCHC expands capacity and begins to fill clinical schedules for care. However, LCHC expects to reach full patient capacity within the 5-year time frame, ultimately allowing its primary care to operate independently of Healthcare Transformation Collaborative funding. Similarly, St. Anthony Hospital has significant billing experience and has developed a projection of reimbursable services provided through its proposed LCPC staff person.

LCHC expects its Intensive Outpatient Program (IOP) to continue its relationship with the Illinois Department of Human Services Division of Substance Use Prevention and Recovery (SUPR) to bill for its Intensive Outpatient Program expansion to the West Side SUD Hub. LCHC's IOP is certified as an American Society of Addiction Medicine (ASAM) Level 1 and 2 facility by SUPR and will continue this certification going forward in order to sustainably provide substance use disorder services.

LCHC will also utilize existing contracts with Managed Care Organizations that include payments for care management in support of social determinant of health work on behalf of its patient population. LCHC is a participant in the West Side Health Equity Collaborative as a member of Medical Home Network and will be increasing its care management services in conjunction with this proposal. While these services are not proposed through this application, LCHC anticipates that its growth of care managers will ultimately improve care across the West Side, including for patients at the West Side SUD Hub.

Similarly, LCHC's collaborative partners maintain certification with the state of Illinois to provide sustainable services. New Age Services Corporation is licensed with the IL DHS Division of Alcoholism and Substance Abuse to provide methadone treatment for Opioids and will bill Medicaid for services provided to insured patients through this expansion. However, for a patient population that struggles with re-determination and re-enrollment, additional funding is required both for startup costs and to ensure care for those without insurance. The Salvation Army's Freedom Center is similarly licensed with the Division of Substance Use Prevention and Recovery and will utilize recovery home funding to provide ongoing services, although services proposed within this application are not currently billable through SUPR. Increasing volume of reimbursable services within the Salvation Army's existing facility will simplify economies of scale for the organization and ultimately allow for ongoing service provision for a non-reimbursable service of linking patients to care.

Thresholds offers Community Support Team outreach services that qualify as early intervention services with the State of Illinois. While currently these services have not yet been incorporated into a billable structure and are considered to be pre-treatment, legislation to approve early intervention services has

already been passed through the Early Mental Health and Addictions Treatment Act in 2018. Thresholds is currently participating in the work group to determine how to implement this portion of the mandate and ultimately ensure sustainability for these services over the long term. The Legal Council for Health Justice has been a participant in work surrounding the Early Mental Health and Addictions Treatment Act and will also bill for appropriate services.

The collaborative will work together in pursuing further funding models to ensure ongoing support for Social Determinant of Health partner West Side Heroin and Opioid Task Force and Prevention Partnership. Each partner has significant experience in pursuing private funding and in managing state grant awards, including recent awards associated with the Illinois Department of Human Services, West Side United, We Raise Foundation, and others.

DANNY K. DAVIS
7TH DISTRICT, ILLINOIS



COMMITTEE ON
WAYS AND MEANS

CHAIRMAN:
WORKER AND FAMILY SUPPORT

SUBCOMMITTEE:
TRADE

COMMITTEE ON
OVERSIGHT AND REFORM

SUBCOMMITTEES:
CIVIL RIGHTS AND CIVIL LIBERTIES
GOVERNMENT OPERATIONS

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(773) 533-7530 (fax)

Congress of the United States House of Representatives

November 9, 2021

Mr. Bruce Miller
Chief Executive Officer
Lawndale Christian Health Center
3860 West Ogden Avenue
Chicago, IL 60623

Dear Mr. Miller,

Please accept this communique as a letter of support for the West Side Substance Use Disorder (SUD) Hub in response to the Illinois Department of Healthcare and Family Services' (IL HFS) Fall SFY22 Healthcare Transformation Collaboratives funding opportunity. I am committed to working with you as you continue your service to patients with Substance Use Disorders in the North/South Lawndale, East/West Garfield Park, Austin, and bordering neighborhoods. Lawndale Christian Health Center has consistently demonstrated its commitment to bring accessible, affordable, and quality healthcare to low-income residents in need alongside strong business and financial performance that ensures long-term success.

The proposed West Side SUD Hub will serve as an anchor institution addressing comprehensive needs for those with substance use disorder. The West Side — and particularly the Pulaski corridor — is impacted disproportionately by opioid use and overdose. This SUD Hub will address significant needs from community members, through low barrier access to primary care, behavioral health support, methadone treatment, warm handoffs to higher levels of care, and other social support services.

LCHC demonstrates a strong capacity to provide high quality, evidence-based services to those with Substance Use Disorder (SUD). Its provision of primary care to more than 53,000 annual patients and its experience in offering Medication Assisted Treatment, Behavioral Health services, and care management for those with SUD are vital community assets. I am pleased to recommend an expansion of these services through the West Side Substance Use Disorder Hub Program.

Once again, I strongly support your application for expanding services and hope that the Illinois Department of Healthcare and Family Services will give this application the fullest consideration.

Sincerely,

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

DKD:jmw



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

November 16, 2021

Bruce Miller
Chief Executive Officer
Lawndale Christian Health Center
3860 West Ogden Avenue
Chicago, IL 60623

Dear Mr. Miller,

The Chicago Department of Public Health (CDPH) is pleased to provide this letter of support for the West Side Substance Use Disorder (SUD) Hub in response to the Illinois Department of Healthcare and Family Services' (IL HFS) Fall SFY22 Healthcare Transformation Collaboratives funding opportunity. We are committed to working with Lawndale Christian Health Center (LCHC) as you continue your service to patients with Substance Use Disorders in the North/South Lawndale, East/West Garfield Park, Austin, and bordering neighborhoods. Lawndale Christian Health Center has consistently demonstrated its commitment to bring accessible, affordable and quality healthcare to low-income residents in need alongside strong business and financial performance that ensures long-term success.

The proposed West Side SUD Hub will serve as an anchor institution addressing comprehensive needs for those with substance use disorder. The West Side — and particularly the Pulaski corridor — is impacted disproportionately by opioid use and overdose. This SUD Hub will address significant needs from community members, through low barrier access to primary care, behavioral health support, methadone treatment, warm handoffs to higher levels of care, and other social support services.

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Once again, CDPH supports your application for expanding services and hope that the Illinois Department of Healthcare and Family Services will give this application the fullest consideration.

Sincerely,

Allison Arwady, MD
Commissioner

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

October 4, 2021

Bruce Miller
Chief Executive Officer
Lawndale Christian Health Center
3860 West Ogden Avenue
Chicago, IL 60623

Dear Mr. Miller,

I am pleased to provide this letter of support for the West Side Substance Use Disorder (SUD) Hub in response to the Illinois Department of Healthcare and Family Services' (IL HFS) Fall SFY22 Healthcare Transformation Collaboratives funding opportunity. I am committed to working with you as you continue your service to patients with Substance Use Disorders in the North/South Lawndale, East/West Garfield Park, Austin, and bordering neighborhoods. Lawndale Christian Health Center has consistently demonstrated its commitment to bring accessible, affordable and quality healthcare to low-income residents in need alongside strong business and financial performance that ensures long-term success.

The proposed West Side SUD Hub will serve as an anchor institution addressing comprehensive needs for those with substance use disorder. The West Side — and particularly the Pulaski corridor — is impacted disproportionately by opioid use and overdose. This SUD Hub will address significant needs from community members, through low barrier access to primary care, behavioral health support, methadone treatment, warm handoffs to higher levels of care, and other social support services.

LCHC demonstrates a strong capacity to provide high quality, evidence-based services to those with Substance Use Disorder (SUD). Its provision of primary care to more than 53,000 annual patients and its experience in offering Medication Assisted Treatment, Behavioral Health services, and care management for those with SUD are vital community assets. I am pleased to recommend an expansion of these services through the West Side Substance Use Disorder Hub Program.

Once again, I strongly support your application for expanding services and hope that the Illinois Department of Healthcare and Family Services will give this application the fullest consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "LKF", written over a faint circular watermark of the Illinois state seal.

La Shawn K. Ford
State Representative--Eighth District

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

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218A CAPITOL BUILDING
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COMMITTEES:

PUBLIC HEALTH, CHAIR
COMMERCE & ECONOMIC
DEVELOPMENT
CRIMINAL LAW
ENERGY
GAMING
STATE GOVERNMENT

STATE SENATOR
PATRICIA VAN PELT
5TH LEGISLATIVE DISTRICT OF ILLINOIS

November 9, 2021

Bruce Miller
Chief Executive Officer
Lawndale Christian Health Center
3860 West Ogden Avenue
Chicago, IL 60623

Dear Mr. Miller,

This letter of support is submitted on behalf West Side Substance Use Disorder (SUD) Hub in response to the Illinois Department of Healthcare and Family Services' (IL HFS) Fall SFY22 Healthcare Transformation Collaboratives funding opportunity. Lawndale Christian Health Center demonstrates commitment to bring accessible, affordable and quality healthcare to low-income residents in need alongside strong business and financial performance that ensures long-term success and considered an asset to my district.

The proposed West Side SUD Hub will serve as an anchor institution addressing comprehensive needs for those with substance use disorder. The Chicago's West Side, particularly the Pulaski corridor has experienced a disproportionate impacted due to opioid use and overdose. This SUD Hub will address significant needs from community members, through low barrier access to primary care, behavioral health support, methadone treatment, warm handoffs to higher levels of care, and other social support services.

LCHC demonstrates a strong capacity to provide high quality, evidence-based services to those with Substance Use Disorder (SUD). Its provision of primary care to more than 53,000 annual patients and its experience in offering Medication Assisted Treatment, Behavioral Health services, and care management for those with SUD are vital community assets. I support the expansion of these services through the West Side Substance Use Disorder Hub Program.

Sincerely,

State Senator Patricia Van Pelt

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

5th Legislative District

November 11, 2021

Bruce Miller
Chief Executive Officer
Lawndale Christian Health Center
3860 West Ogden Avenue
Chicago, IL 60623

Dear Mr. Miller,

I am pleased to provide this letter of support for the West Side Substance Use Disorder (SUD) Hub in response to the Illinois Department of Healthcare and Family Services' (IL HFS) Fall SFY22 Healthcare Transformation Collaboratives funding opportunity. I am committed to working with you as you continue your service to patients with Substance Use Disorders in the North/South Lawndale, East/West Garfield Park, Austin, and bordering neighborhoods. Lawndale Christian Health Center has consistently demonstrated its commitment to bring accessible, affordable and quality healthcare to low-income residents in need alongside strong business and financial performance that ensures long-term success.

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Once again, I strongly support your application for expanding services and hope that the Illinois Department of Healthcare and Family Services will give this application the fullest consideration.

Sincerely,



Ed Stellon
Vice President and Executive Director
Heartland Alliance Health