Healthcare Transformation Collaboratives Cover Sheet

1. Collaboration Name: West Suburban Perinatal Collaborative

2. Name of Lead Entity: Pipeline - West Suburban Medical Center, LLC

3. List All Collaboration Members:
PCC Community Wellness Center
Family Guidance Center (FGC)
The Loretto Hospital

4. Proposed Coverage Area:
The West Suburban Perinatal Collaborative will serve Cook County on the West Side of Chicago, primarily in the Austin neighborhood. More specifically, the highest impact is expected in the following zip codes: 60302, 60612, 60623, 60624, 60639, 60644, 60651 and 60707.

5. Area of Focus:
The goals of the West Suburban Perinatal Collaborative (WSPC or Collaborative) include (a) improving maternal, infant and child health and (b) expanding access to the continuum of services to treat SUD in pregnant women while identifying and triaging family members to appropriate care who also experience SUD.

6. Total Budget Requested:
$13,838,931.00

West Suburban Perinatal Collaborative

Prepared by PIPELINE - WEST SUBURBAN MEDICAL CENTER, LLC
for Department of Healthcare and Family Services Healthcare Transformation Collaboratives

Submitted by Barbara Martin Position, Chief Executive Officer

Submitted on 11/18/2021 1:10 PM Central Standard Time

Opportunity Details

Opportunity Information

Public Link
https://il.amplifund.com/Public/Opportunities/Details/25595216-6cc7-40f0-9aa5-0b550dddc17c

Question Submission Information

Question Submission Open Date
10/01/2021 12:00 AM

Question Submission Close Date
10/15/2021 11:59 PM

Question Submission Email Address
HFS.Transformation@illinois.gov

Question Submission Additional Information

1. CONSIDER THE HTC INSTRUCTIONS GUIDE REQUIRED READING FOR HOW TO COMPLETE THE HTC APPLICATION.

Please read the HTC Application Instructions guide thoroughly, from beginning to end, before beginning your application. These instructions clear up many potential sources of confusion and provide instructions that are essential for submitting a complete and viable HTC application.

In this resource, we provide videos and slides for navigating the HTC application in Amplifund and instructions for completing specific sections of the application. (e.g., how to fill out a budget).

We also provide additional information about the content of the application to help you understand what HFS is looking for in an effective application.

The HTC Application Instructions Guide can be found at this address:
https://www2.illinois.gov/hfs/HealthcareTransformation/Documents/HTCApplicationInstructionsGuide.pdf

For a brief checklist to keep your application on track, navigate to https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx and find a link.

2. QUESTIONS ABOUT HTC AND THE SUBSTANCE OF THE APPLICATION ARE DUE BETWEEN OCTOBER 1 AND OCTOBER 15.

Questions seeking clarity on the HTC program and the substance of the application (as opposed to technical questions) should be sent to HFS.Transformation@illinois.gov. Questions are due before 11:59 pm on October 15, 2021. Answers will be published on the FAQ Page of the HTC website (https://www2.illinois.gov/hfs/Pages/htcfaqs.aspx).

HFS will answer questions as soon as possible. Interested parties should regularly check for new questions and answers at the FAQ web address listed above.

For more information about HTC and the application, you may also consult the September 30 informational webinar video and slide presentation, as well as the many resources available to support you in your application. All of these resources are located at the HTC Application Information page (https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx).

3. AMPLIFUND WILL RESPOND WITHIN 2 HOURS TO ALL TECHNICAL SUPPORT QUESTIONS.

If you are having technical difficulties with Amplifund, you may email your question to support@il-amplifund.zendesk.com or call 216-377-5500, though callers to this number will likely be directed to the online system. Amplifund guarantees responses to support requests within two hours of questions submitted during business hours.

You may also consult the Amplifund customer support website at https://il-amplifund.zendesk.com. At this site, you may submit support tickets and access instructional content. Access to this site requires registration of a new account specifically with the Amplifund Zendesk site.

For a general overview of how to submit an application using Amplifund, you may access a tutorial video provided by Amplifund here: https://il-amplifund.zendesk.com/hc/en-us/articles/360053747153-Introduction-to-the-Applicant-Portal

Additional Information

Additional Information URL
https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx

Additional Information URL Description
Please refer to the Application Information page of the Healthcare Transformation Collaboratives website for all information related to the application process.

For information about the program, visit htc.illinois.gov.

Project Description

0. Start Here - Eligibility Screen

HELP AND SUPPORT INFORMATION

If you need help or have a question:

- *For guidance on this form, consult the **HTC Application Instructions resource**.*
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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
- ( ) No

Can any of the entities in your collaboration bill Medicaid?

- (●) Yes
- ( ) No

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.

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
Not finished with this page yet? Click **Save** or **Save & Continue** to fill out the missing information at a later time.

1. Participating Entities

HELP AND SUPPORT INFORMATION

***Note on work process:** We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e. in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.*

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Contact Information for Collaborating Entities

1. What is the name of the lead entity of your collaborative?
West Suburban Medical Center

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

Entity Name	Tax ID # (xx-xxxxxxx)	Primary Contact	Position	Email	Office Phone	Mobile Phone	Secondary Contact	Secondary Contact Position	Secondary Contact Email
West Suburban Medical Center	61-1899386	Barb Martin	CEO	bmartin@westsubmc.com	708-763-2983		Ventsislava Christoff	Chief Quality Officer	vchristoff@westsubmc.com
PCC Community Wellness Center	36-3828320	Toni Bush	President and CEO	tbush@pccwellness.org	708-524-7686		Carla Land	Director of Development	cland@pccwellness.org
Family Guidance Center (FGC)	36-2690274	Maria Bruni, PhD	Senior Vice President	mbruni@fgcinc.org	(224) 659-7030		Ron Vlasaty	Chief Operating Officer	(224) 659-7030
Loretto Hospital	36-2200248	George N. Miller	President and CEO	George.miller@lorettohospital.org	773-854-5000		Tesa Anewishki	VP, Foundation & Development	Tesa.anewishki@lorettohospital.org

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

4. Please upload the most recent IRS Form 990 (including Schedule H, if applicable) for all participants in the collaboration. (Note: These 990s will all have to be compiled into a single PDF file.)
Loretto Hospital FY20- 990-Final

Participating Entities

Glossary of Key Terms - Download Here
Form 1 Glossary of Key Terms.pdf

Note on the centrality of collaborations to HTC:
We believe that to truly transform health, patients' physical health, behavioral health and social needs must be addressed in a coordinated way within their community. Given this, we are looking for collaborations that represent a broad and meaningful spectrum of the healthcare, behavioral health and social determinants of health delivery system at the community-level.

Please answer the following questions regarding the various entities that would comprise your collaborative.
If you are unfamiliar with any key terms on this form, consult the glossary linked below.

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.

PCC Community Wellness Center, Loretto Hospital

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.

Family Guidance Center, Loretto 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.
West Suburban Medical Center

3B. Which MCO networks does this hospital participate in?
☐ YouthCare
☒ Blue Cross Blue Shield Community Health Plan
☒ CountyCare Health Plan (Cook County only)
☒ IlliniCare Health
☒ Meridian Health Plan (Former Youth in Care Only)
☒ Molina Healthcare

3C. Are there any other hospital providers in your collaborative?
◉ Yes
○ No

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

3E. Which MCO networks does this hospital participate in?
☐ YouthCare
☒ Blue Cross Blue Shield Community Health Plan
☒ CountyCare Health Plan (Cook County only)
☐ IlliniCare Health
☒ Meridian Health Plan (Former Youth in Care Only)
☒ Molina Healthcare

3F. Are there any other hospital providers in your collaborative?
○ Yes
◉ No

4. Are there any mental health providers in your collaborative?
◉ Yes
○ No

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

Family Guidance Center, Loretto Hospital

5. Are there any substance use disorder services providers in your collaborative?
◉ Yes
○ No

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

Family Guidance Center, Loretto Hospital

6. Are there any social determinants of health services providers in your collaborative?
◉ Yes
○ No

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

PCC Community Wellness Centers, Loretto Hospital

7. Are there any safety net or critical access hospitals in your collaborative?
◉ Yes
○ No

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

West Suburban Medical Center and Loretto Hospital

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

and managed by minorities?

◉ Yes
○ No

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

PCC Community Wellness Centers

Loretto Hospital

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

West Suburban Medical Center

Loretto Hospital (14-0083)

PCC Wellness Center

FGC

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

☒ Safety Net Hospital Partnerships to Address Health Disparities
☐ Safety Net plus Larger Hospital Partnerships to Increase Specialty Care
☒ Hospital plus Other Provider Partnerships in Distressed Areas to Address Health Disparities (led By Critical Area Hospitals, Safety Net Hospitals or other hospitals in distressed communities)
☐ Critical Access Hospital Partnerships (anchored by Critical Area Hospitals, or with Critical Area Hospitals as significant partners)
☐ Cross-Provider Care Partnerships Led By Minority Providers, Vendors, or Not-For-Profit Organizations
☐ Workforce Development and Diversity Inclusion Collaborations
☐ Other

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

[10A. 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.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
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2. Project Description

HELP AND SUPPORT INFORMATION

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Brief Project Description

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

West Suburban Perinatal Collaborative

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

The goals of the West Suburban Perinatal Collaborative (WSPC or Collaborative) include (a) improving maternal, infant and child health and (b) expanding access to the continuum of services to treat SUD in pregnant women while identifying and triaging family members to appropriate care who also experience SUD. In providing these improvements in care, the collaborative will also address social determinants of health to decrease barriers to maternal and child health; provide community-based services using Community Health Workers (CHW), peer counselors and doulas, and expand the healthcare workforce through training community health workers in specific areas including peer doulas and Mentor Moms.

Detailed Project Description

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

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

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

Provide your narrative here:

The service area of the West Suburban Perinatal Collaborative is West Side Chicago, specifically focusing on the Austin community and the surrounding Chicago communities of Humboldt Park, North Lawndale, East Garfield Park, and West Garfield Park. The primary seven zip codes are 60612, 60623, 60624, 60639, 60644, 60651 and 60707. The service area extends to other Chicago communities and nearby suburbs and includes these additional zip codes: 60104, 60130, 60133, 60148, 60153, 60160, 60301, 60302, 60304, 60305, 60402, 60605, 60608, 60617, 60622, 60625, 60630, 60632, 60634, 60637, 60641, 60645, 60647, 60660, 60707, and 60804.

Illinois has been plagued by an opioid crisis that has taken the lives of many of its citizens. The pandemic caused by COVID-19 has exacerbated the impact of substance use disorder (SUD). The CDC reports data showing the change in rates of opioid related overdose deaths relative to the pandemic and stay-at-home orders. In Cook County, they report that the mean number of weekly overdose deaths during the 99 weeks from January 1, 2018 through October 6, 2020 was 22.6 deaths per week. In the 16 weeks prior to the COVID-19 stay at home order the rate rose to 35.1 deaths per week. During the 11 weeks of the stay-at-home order from March 21, 2020 through May 30, 2020 there was further escalation to 43.4 deaths per week. [i]

Along with the challenges of the opioid epidemic, the Illinois Department of Public Health (IDPH) Maternal Morbidity and Mortality Report [ii] of 2018 identifies maternal mortality being six times higher in non-Hispanic black women in the state of Illinois. In 2019, the Chicago Department of Public Health report, The Maternal Morbidity and Mortality in Chicago [iii], also identified the highest incidence of maternal morbidity and mortality occurred in non-Hispanic black women.

Though maternal mortality is a rare event, the outcome is often preventable. The additional factors leading to maternal and infant morbidity and mortality are also important to address. Many of these can be mitigated by assuring adequate, equitable prenatal care and addressing the social determinants of health that can lead to poorer outcomes. In addition, women who are using substances may be less likely to seek early prenatal care, in part because of concerns about reporting to social services agencies about their substance use that may lead to loss of custody of their children. Through expanding access to evidence-based prenatal programs including those that provide support for early substance use disorder (SUD) treatment combined with supportive CHW home visits, more women can achieve a healthy, term delivery.

Numerous reports outline the wide disparities in outcomes for black women in Chicago. An article in the Austin Weekly News by Sara Conway, June 14, 2019 [iv] cited data that between December 2014 and May 2019, 52 women died during pregnancy or within one year of giving birth. Sixty one percent of these deaths occurred in black women despite the black population in Cook County only being 24% of the total population. Most causes of death included cardiovascular diseases, known to be more prevalent in the black population. Thirty seven percent of the deaths were attributed to violence. Violent deaths include homicide, suicide and drug overdose.

For the newborn, outcomes are greatly affected by the mother's health and substance use disorder. Infants born to mothers misusing opioids can experience neonatal abstinence syndrome (NAS) which leads to prolonged nursery stays resulting from complications such as low birth weight, respiratory problems, seizures and sepsis. Long term neurologic sequelae may occur, but the evidence is not yet available to determine this. From 2011 to 2017, Illinois experienced a 64% increase in infants diagnosed with NAS going from 1.77 per 1000 births to 2.90. [v] Many of these infants require NICU admissions with an average cost of nearly $45,000 versus a cost of $4,800 for infants without NAS.

Women who experience substance use disorder during pregnancy are in one of the highest risk categories for poor maternal and infant outcomes. The fetal effects of alcohol use during pregnancy are well known and are the leading cause of preventable intellectual developmental delays in the U.S. [vi] Use of opioids can lead to fetal demise with maternal overdose or the risk of spontaneous abortion during maternal opioid withdrawal.

West Suburban Medical Center (WSMC), located in Chicago, is designated as a safety net provider. It provides care to very diverse populations, focusing on services important to the communities they serve. Nearly one-third of the patients they serve are covered by Illinois Medicaid including the geriatric population who are dually eligible for Medicaid and Medicare coverage.

West Suburban Medical Center is partnering with PCC Community Wellness Center (PCC), a Federally Qualified Health Center (FQHC) gaining look-alike status from HRSA in 1994 and full funding in 2002. Since that time, PCC has grown to include 14 sites including a seven day per week operation located within West Suburban Medical Center. The Loretto Hospital is also partnering in the WSPC. Though not offering labor and delivery services, their very busy emergency department is often a site of care for pregnant women in the Austin neighborhood and a strong program for improving their care is a priority for Loretto as a strong community partner. Loretto also provides a significant amount of behavioral health care and will participate as part of the continuum of care for women during the perinatal period experiencing SUD or other behavioral health needs. Loretto Hospital is exploring plans to open a Women's Residential Treatment Unit. This is being considered for the future as part of the Collaborative's efforts to create a more complete continuum of care for women with SUD. The collaboration also includes Family Guidance Center (FGC) of Chicago, a behavioral health provider with sites across Chicago that offer federally certified methadone distribution centers for treatment of opioid use disorder.

The collaboration among WSMC, PCC, Loretto Hospital and FGC will focus on new innovative and expanded services to improve the health of pregnant women including those experiencing SUD in their service areas. These services are designed to increase access and decrease health inequities in the peripartum care of women to improve overall birth outcomes and provide access to early intervention and treatment for women experiencing SUD during their pregnancy. This collaboration proposes to work with under-resourced pregnant women to improve prenatal care, identify and treat substance use disorder, address social determinants of health that adversely impact pregnancy outcomes and provide strong prenatal and postpartum care and education to improve infant and maternal mortality and morbidity.

The services provided through this application will include:

1. Enhanced perinatal care in the community by enhancing programs offered through the Birth Center at PCC and WSMC obstetrics services.

2. High risk pregnant women will be supported in their homes and communities through a **Community Health Worker program**, peer support and doula programs (Mentor Moms). CHWs will be equipped with cellular-enabled electronic tablets to provide a mechanism to document care and communicate with the care team while working with peripartum women in the convenience of their home. These visits will provide an opportunity for reinforcing healthy behaviors, parenting techniques and identifying social determinants of health (SDoH) to be addressed through the program.

3. **Co-location of medication assisted therapy** for SUD through a methadone clinic at West Suburban Medical Center where PCC also provides obstetric services for these patients. Numerous PCC practitioners also have the Drug Addiction Treatment Act (DATA) Waiver allowing them to prescribe buprenorphine for SUD in pregnant women, offering a broad range of treatment options tailored to the patient needs and desires.

4. A new **on-site intensive outpatient program (IOP)** at WSMC specifically designed for peripartum women that will provide evidence-based family-centered treatment of co-occurring SUD and behavioral health diagnoses while integrating parenting classes to improve outcomes for infants in growth and development.

5. A **dyad treatment clinic** co-located with the other services to provide ongoing family centered primary care offering long-term support to women with SUD and their infants.

Of note, FGC has secured federal funding to operate a mobile MAT unit that will begin serving their partners in the collaborative within the first three months of this project initiation.

Through these integrated programs patients will receive comprehensive care and demonstrate improved outcomes for both mothers and babies. The care will be coordinated through the leadership of dually board-certified (Family Medicine and Addiction Medicine) physicians from PCC.

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[i] https://www.cdc.gov/mmwr/volumes/70/wr/mm7010a3.htm?s_cid=mm7010a3_x

[ii] https://dph.illinois.gov/sites/default/files/publications/publicationsowhmaternalmorbiditymortalityreport112018.pdf

[iii] https://www.chicago.gov/dam/city/depts/cdph/statistics_and_reports/CDPH-002_MaternalMortality_Databook_r4c_DIGITAL.pdf

[iv] https://www.austinweeklynews.com/2019/06/14/our-challenge-what-numbers-reveal-about-black-maternal-health-in-cook-county/

[v] https://www.dph.illinois.gov/sites/default/files/publications/nas-annual-report-march-2019.pdf

[vi] https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2017/01/19/substance-use-misuse-and-use-disorders-during-and-following-pregnancy-with-an-emphasis-on-opioids

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[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.)

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3. Governance Structure

HELP AND SUPPORT INFORMATION

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Note on the significance of governance structure:

*We recommend you consult the **HFS Guide to Collaborations** for your reference as you develop your governance structure.*

The governance section should reflect serious thought regarding the execution, management, accountability, and inter-reliance of the participating members of your collaboration. It should be clear how the structure and governance will bind the various participating organizations into an interrelated enterprise to accomplish the scope of work and the promised outcomes of the proposal. A well-developed governance process is the engine that will drive the effective implementation of the project. Absent quality governance, great ideas and good intentions often fall short or fail altogether

Structure and Processes

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

The West Suburban Perinatal Collaborative will be governed by an oversight committee comprised of membership from each partner organization. The Committee shall be comprised of each Partner's chief executive officer, who may appoint a proxy with decision-making authority, and one designated program director. As lead organization, West Suburban Medical Center will have 40 percent of the committee membership. Each of the other partners in the collaborative – PCC Community Wellness Centers, Loretto Hospital and Family Guidance Center will each have 20 percent of the committee representation. At a minimum there will be 6 members of the oversight committee, maximum of 10 members. The minimum will be two members from WSMC, and 1 each from the other three members. Members will be required to sign an agreement to adhere to all collaborative policies.

Decisions are expected to be made by consensus but when consensus is not achieved, a vote will be taken from all members present at the meeting and majority will rule. (Could outline the need for a supermajority of votes if not consensus or some mechanism that doesn't allow the other members to consistently outvote WSMC)

The oversight committee will run by Robert's Rules of Order's parliamentary procedure to conduct business efficiently and predictably. A quorum (a representative from all Parties must be present) of the Committee will have the authority and responsibility to:

- amend, alter or repeal the Collaborative's Charter
- approve and enforce policies and procedures
- authorize the voluntary dissolution of the Partnership
- adopt a plan for the distribution of the assets of the Partnership
- ensure the Department's reporting requirements are completed and submitted

The Committee shall oversee and drive the Partnership's business, monitor the progress of stated objectives in the HTC application, ensure milestones and goals are being met. They shall also develop and adhere to policies and manage budgets and resources.

The Committee will appoint a treasurer or contract with a fiscal agent to review and provide guidance on the Partnership's financial matters, assure internal controls, and financial analysis for the Partnership as follows:

- Oversee the Partnership's fiscal agent
- Ensure internal fiscal integrity measures and safeguards are in place, including the monitoring of transformation funds, and for the creation of sustainability strategies
- Ensure the Department funds are being distributed to Partners in a timely manner and for the Partnership's intended purpose
- Perform a monthly review of revenues and expenditures, balance sheet, investments and other matters related to its continued solvency.
- Ensure that adequate policies and procedures are in place for optimal financial governance
- Ensure that an annual audit takes place if necessary or applicable. This may include the selection of an auditor and reviewing draft audit reports before they are signed off.

Sub-Committees

- Sub-committees may be appointed from time to time by the Collaborative for the purpose of performing specific tasks outside the scope of the Oversight Committee, including appointed Ad Hoc committees to perform and complete reporting and other requirements from the Department. Each will consist of a minimum of one representative for each Partner. No such sub-committee shall be delegated the authority of the Oversight Committee.

Virtual Meetings

- Partners may participate in and act at any meeting via a conference video tool or other communications equipment by means of which all persons participating in the meeting can hear each other. Participation in such meeting shall constitute attendance and presence in person at the meeting of the person or persons so participating.

Community Advisory Committee

The Collaborative is committed to ongoing engagement with the communities they serve. The governance structure will include a Community Advisory Committee composed of a diverse group of community stakeholders who can represent the voice of the community. The committee will meet at least semi-annually with the oversight committee.

[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.)

Accountability

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

The West Suburban Perinatal Collaborative Partners have jointly agreed to sign a binding agreement that includes accountability and responsibility for and agreement to those actions listed below. Failure to comply by any Partner after implementing a remediation, will be reported within five (5) business days to HFS and could be grounds for removal from the Collaborative.

1. responding and acting on the Department's requests
2. adhering to any Partnership policies and procedures developed
3. accountability to achieve the Partnership's said milestones and outcomes
4. maintaining respectful and inclusive relationships among Partners
5. acting ethically, prudently, legally and honestly in good-faith regarding the Partnership
6. actively engaging and dedicating employees to represent and participate on behalf of each Partner at each Partnership meeting (committee or otherwise) with decision-making authority

Each entity in the collaborative will be responsible for the funding allocated and distributed to them through the project. It is expected that each entity will follow their accounting policies and procedures for the receipt and expenditure of funds from this project. The governance structure for this application will develop overarching policies and procedures once funding is approved. Entities who are not able to consistently follow policies and procedures will be asked to leave the collaborative and may be replaced by a new entity who is able to fulfill their obligations. At a minimum, the Collaborative will establish policies for:

- Non-discrimination
- Sexual harassment
- Diversity
- Training
- Ethics
- Required reporting and record keeping
- Fund distribution policies and procedures including timeliness of distribution

The entities adherence to these policies and procedures will be monitored through the governance committee or a sub-committee that may be formed of financial and operational subject matter experts. The committee will receive reports no less than quarterly (or more frequently as determined by the agreement with HFS) from participants that provide data to reflect achievement of milestones and appropriate expenditures of funds.

The Collaborative will strive to achieve diversity on the governance committee and assure that the voice of the community is represented, particularly for vulnerable or underrepresented groups.

[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.)

New Legal Entity

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

○ Yes
◉ No

[3A. 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.)

Payments and Administration of Funds

Note: It is likely that transformation funds for proposals will come in the form of utilization-based Directed Payments to a healthcare provider(s) or behavioral health provider(s) in the collaboration. These entities will receive a report earmarking these payments as transformation funds. These funds must then be distributed among the collaborating entities.

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

Upon notice of award, the Collaborative will ensure internal fiscal integrity measures and safeguards to ensure the Department's directed payments are distributed to each Participant and used for their intended purposes as stated in the application. As such, the Governance Committee will develop fund distribution policies and corresponding procedures to be approved by all Parties.

The Collaborative will determine a fiscal agent (either a Partner or third-party) who will oversee the following aspects of the Department funds awarded:

- West Suburban Medical Center, as a designated Medicaid provider, will receive HFS directed payments on behalf of the Collaborative upon approval from the Department
- Ensure directed payments received by the WSMC will be directed to the fiscal agent to distribute the funds according to the Plan's specifications and within a specified time frame
- A monthly reporting methodology will be developed by the Collaborative to ensure the fiscal agent's accountability.

[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.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
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4. Racial Equity

HELP AND SUPPORT INFORMATION

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If you need help or have a question:

- *For guidance on this form, we especially recommend reviewing the recording of the 9/30/21 Informational Webinar (accessed via the HTC **Application Information** page) in which the racial equity section received extended explanation. You may also consult the **HTC Application Instructions resource** and HFS' **Racial Equity Impact Assessment Help Guide** posted on the HTC website.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the **HTC FAQs page**, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question. All emails sent within business hours (7am-5pm) should receive a response within two hours.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's **support website** for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Background on HTC and racial equity:

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

High-Level Narrative

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

Disparities in maternal/child outcomes in the area served by West Suburban Medical Center, show disproportionate impact on non-Hispanic black women. Substance use disorder affects pregnant women regardless of race or ethnicity. The West Suburban Perinatal Collaborative plans to improve outcomes through interventions that address improving perinatal care, treating SUD – not limited to opioid use disorder (the addiction specialists at PCC who are participating are also experts in treating pregnant women using substances such as alcohol and cocaine), and decreasing barriers to care by addressing the social determinants of health.

By improving access to prenatal care, providing programs to support better birth outcomes, utilizing community health workers who support patients where they live, and providing enhanced services to treat SUD, the Collaborative will improve outcomes for mothers and their babies.

[High Level Narrative - 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.)

Racial Equity Impact Assessment Questions

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

The West Suburban Perinatal Collaborative is focusing on pregnant women and improving maternal and infant mortality and morbidity. The program provides innovative services that will improve outcomes for all pregnant women on the West Side of Chicago. The data shows that women of color have the poorest perinatal outcomes.

According to research from the Centers for Disease Control, black women are 3.3 times more likely than white women to die from pregnancy-related complications. [i] Lack of access, poor quality of care, implicit bias, and structural racism contribute to these grim statistics.

Though there are multiple factors causing these disparities, black women's health can be improved through home visits by Community Health Workers/Doulas. Community doulas can provide education, assure pregnant women receive appropriate prenatal care, and offer evidence-based treatment of substance use disorders that will lead to a decrease in maternal/child health disparities.

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[i] https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w

[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.)

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

The partners in the collaboration have been successfully engaging pregnant women through existing programs on the West Side and are active participants in numerous community programs. West Suburban Medical Center along with PCC are part of the Illinois Perinatal Quality Collaboration. PCC also participates in the West Side Heroin and Opioid Task Force headed by Rep. La Shawn Ford.

In developing their Community Health Needs Assessment, West Suburban directly engaged the community through focus groups and surveys that were distributed at numerous community events and placed in lobbies and waiting areas throughout the hospital and clinics. Additionally, PCC completed its tri-annual community needs assessment in October 2021. The analysis reviewed demographic, socioeconomic and population health status data for PCC's service area. The assessment also included electronic surveys from patients and community residents, patient focus groups and subject matter expert interviews.

Importantly, the Collaborative plans to solicit input from the community around this specific project and ensure that the needs of those most adversely affected by health inequities are being addressed. By partnering with the West Side Heroin and Opioid Task Force, community leaders and key stakeholders will be invited to town hall meetings to discuss the components of the program and incorporate the feedback into continuous improvements as the system of care for pregnant women and newborns

matures.

[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.)

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?

Approximately 700 women die annually in the United States from pregnancy-related complications.[i] According to the Illinois Department of Public Health (IDPH) Maternal Morbidity and Mortality Report[ii] of 2018, maternal mortality is six times higher in non-Hispanic black women in the state of Illinois. In 2019, the Chicago Department of Public Health report, The Maternal Morbidity and Mortality in Chicago[iii] also identified the highest incidence of maternal morbidity and mortality occurred in non-Hispanic black women. Though maternal mortality is a rare event, the outcome is often preventable.

The additional factors leading to maternal and infant morbidity and mortality are also important to address.

Many of these can be mitigated by assuring adequate, equitable prenatal care. Women who are using substances may be less likely to seek early prenatal care, in part because of concerns about reporting to social services agencies about substance use which can lead to loss of custody of their children. Through prenatal support for early SUD treatment combined with supportive home visits, more women can achieve a healthy, term delivery.

Numerous reports outline the wide disparities in outcomes for black women in Chicago. An article in the Austin Weekly News by Sara Conway, June 14, 2019[iv] cited data that between December 2014 and May 2019, 52 women died during pregnancy or within one year of giving birth. Sixty-one percent of these deaths occurred in black women despite the population in Cook County only being 24% of the total population. Most causes of death included cardiovascular diseases, known to be more prevalent in the black population. Significant racial disparities also exist in pulmonary embolisms among pregnant and post-partum women. Thirty-seven percent of the deaths were attributed to violence. This includes homicide, suicide and drug overdose.

For the newborn, outcomes are greatly affected by the mother's substance use disorder. These infants can experience neonatal abstinence syndrome which leads to prolonged nursery stays at high cost in both financial resources and the ability for the mother to bond with her baby. From 2011 to 2017, Illinois experienced a 64% increase in infants with NAS.[v] These infants experience low birth weight, respiratory difficulty, and increased infection rates that result in NICU (neonatal intensive care) admissions with an average cost of nearly $45,000 vs. a cost of $4,800 for well babies.

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[i] **CDC. Pregnancy-related deaths. Atlanta, GA: US Department of Health and Human Services, CDC; 2019.** https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm

[ii] https://dph.illinois.gov/sites/default/files/publications/publicationsowhmaternalmorbiditymortalityreport112018.pdf

[iii] https://www.chicago.gov/dam/city/depts/cdph/statistics_and_reports/CDPH-002_MaternalMortality_Databook_r4c_DIGITAL.pdf

[iv] https://www.austinweeklynews.com/2019/06/14/our-challenge-what-numbers-reveal-about-black-maternal-health-in-cook-county/

[v] https://www.dph.illinois.gov/sites/default/files/publications/nas-annual-report-march-2019.pdf

[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.)

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

The racial inequities experienced by women of color around maternal/child health have many causes. Among these are the following: availability of services in the communities where racially diverse populations live; stigma associated with SUD and behavioral health treatment; and fear of involvement with DCFS that may result in losing custody of a child. Since the pandemic began, the area targeted by the West Suburban Perinatal Collaborative has had an increase in referrals to SUD treatment for pregnant women. While in the summer of 2019, the treatment program at PCC had a census of three women, today, the census is 21 and growing rapidly. Since SUD is a chronic condition, it requires ongoing treatment.

To address the root causes, the proposal is bringing services to underserved communities, working to destigmatize treatment for substance misuse, and working toward primary prevention through family-centered care to women of child-bearing age.

In addition, factors that contribute to health inequities include lack of access to health care information and resources, transportation barriers, and poor health literacy. The Collaborative intends to minimize these barriers using patient navigators, who are health professionals such as nurses, social workers, and lay persons trained to help patients navigate the complexities of the healthcare system. For example, patient navigators can assist patients with managing follow-up appointments, medications, transportation needs, and coordination of care. They can play an integral role in addressing language and cultural barriers by improving patient/provider communication and access to care. The use of patient navigators is another important and evidence-based strategy that can help mitigate the effects of healthcare disparities.

[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.)

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

The proposal seeks to create a comprehensive, innovative care model for high-risk pregnant women and to address longstanding racial disparities in maternal health. It will use evidence-based treatment guidelines and will strive to decrease stigma associated with substance use disorder that not only includes opioid use but also alcohol, cocaine and other substances that negatively impact the mother's and baby's health. The goal is to get pregnant women into early prenatal care that includes treatment for substance use disorder, provide in-home support and education to improve pregnancy outcomes and provide parenting skills to improve the outcomes for newborns.

[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.)

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?

It is important to recognize that substance use disorder is not more prevalent in minority populations and the program does not mean to imply that women of color are using substances at a greater rate than white women. The program wishes to address overall maternal outcomes and support all vulnerable women who deliver at West Suburban while making services available for the underserved areas that provide a continuum of care during pregnancy, during delivery and for mom and baby for the first

three years of the child's life.

[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.)

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?

Treating SUD in pregnant women is only part of the complex process to reduce racial disparities in maternal/infant morbidity and mortality. Access to early prenatal care, appropriate planning to space pregnancies, and assuring good prenatal health in the communities where people live will help to decrease the inequity in the current outcomes.

Pregnant at-risk women, particularly those diagnosed with SUD, will benefit from this program. Because it is in an area of Cook County that has wide maternal/infant outcome disparities, providing this treatment in an equitable, respectful environment to minority populations will help decrease poor outcomes and narrow the disparity gap.

In future years, as the program matures, there is an opportunity to provide education for other parts of the state to adopt a similar program that co-locates services and provides a coordinated system of care. Through a project ECHO model, education can be provided to other health systems and healthcare providers.

Other services to build out the continuum of care can also be added in the future such as a crisis response unit that provides vertical beds for patients who present to the emergency department following an overdose, recovery care for orthopedic/chronic pain patients who may become dependent on opioids, and residential treatment services for women with SUD.

[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.)

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

The proposal being submitted by the West Suburban Perinatal Collaborative is supported by a budget that will allow the array of services to be delivered regardless of a patient's ability to pay. This will make it accessible to all. The budget includes the appropriate staff who will assist with data collection and reporting on the important measures the collaborative has committed to achieving.

[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.)

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

The success of the program will be demonstrating improved birth outcomes for pregnant women and their babies. This will be demonstrated by:

- Decreasing the number of premature/low birth weight deliveries at WSMC
- Decreasing the number of babies diagnosed and treated for NAS
- Fewer mothers losing custody of their children due to substance use disorder
- Women beginning treatment for SUD earlier in their pregnancy and remaining in treatment post-partum
- Overall improvements in birth and maternal/child health outcomes
- Infants will receive timely newborn care including recommended vaccinations.

The impacts will be documented in WSMC's and PCC's electronic health records systems. Staff within each organization will evaluate the achievement of stated metrics. For example, PCC has a Performance Improvement Department that regularly evaluates programs and services while ensuring adherence to quality standards. PCC's PI team performs quarterly assessments of service utilization, service quality, and patient health status and outcomes.

[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.)

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5. Community Input

HELP AND SUPPORT INFORMATION

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Service Area of the Proposed Intervention

1. Identify your service area in general terms (e.g., "West Chicago", "East St. Louis Metro Area", "Southeastern Illinois").
   Cook County on the West Side of Chicago, primarily in the Austin neighborhood

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

Select counties:
Cook

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

60104, 60130, 60133, 60148, 60153, 60160, 60301, 60302, 60304, 60305, 60402, 60605, 60608, 60612, 60617, 60622, 60623, 60624, 60625, 60630, 60632, 60634, 60637, 60639, 60641, 60644, 60645, 60647, 60651, 60660, 60707, 60804

The West Suburban Perinatal Collaborative will serve Cook County on the West Side of Chicago, primarily in the Austin neighborhood. More specifically, the highest impact is expected in the following zip codes: 60302, 60612, 60623, 60624, 60639, 60644, 60651 and 60707. The zip codes include Austin and parts of the surrounding Chicago communities of Humboldt Park, North Lawndale, East Garfield Park, and West Garfield Park. The service area extends further to other Chicago communities and nearby suburbs and includes these additional zip codes: 60104, 60153, 60160, 60302, 60304, 60402, 60634, 60641, 60647, and 60804.

Partners in the collaboration have been successfully engaging pregnant women through existing programs on the West Side and are active participants in numerous community programs. West Suburban Medical Center along with PCC are part of the Illinois Perinatal Quality Collaboration. PCC participates in the West Side Heroin and Opioid Task Force headed by Representative La Shawn Ford as well as West Side United's Maternal-Child Health Subcommittee. Loretto Hospital does not have an obstetrics inpatient unit but does provide care to women who are pregnant or post partum through their emergency department.

In developing their Community Health Needs Assessment, West Suburban directly engaged the community through focus groups and surveys that were distributed at numerous community events and placed in lobbies and waiting areas throughout the hospital and clinics.

Additionally, PCC completed its tri-annual community needs assessment in October 2021. The analysis reviewed demographic, socioeconomic and population health status data for PCC's service area. The assessment also included electronic surveys from patients and community residents, patient focus groups and subject matter expert interviews. Of the 539 total survey responses received, 79 responses came from 60644 (i.e., Austin). Other zip codes in the WSPC Collaborative's service area were also reflected in the survey responses.

Importantly, the Collaborative plans to solicit input from the community around this specific project. By partnering with PCC and Loretto Hospital, community leaders and key stakeholders will be invited to town hall meetings to discuss the components of the program and incorporate the feedback into continuous improvements as the system of care for pregnant women and newborns matures. The membership of the West Side Heroin and Opioid Task Force includes numerous West Side and Chicago organizations including community-based and faith-based organizations and will act as a springboard for arranging community meetings to provide information and receive input into the planned services of the West Suburban Perinatal Collaborative.

Understanding the importance of diversity, for assistance in planning and conducting community engagement meetings, the collaborative plans to engage a BEP certified vendor. It is anticipated that with successful funding of the project, a vendor will be identified, and a contract secured.

The partners in the collaborative also have close relationships with their local legislators. Representative La Shawn Ford and Lee Rusch, from the West Side Heroin and Opioid Task Force, have both provided letters of support (attached to this application). Representative Camille Y. Lilly has also provided a letter of support.

Community Input

Note on the importance of community input:

For collaborations to meet the real-world needs of the community members they intend to serve, it's imperative that projects be designed with community member input. We are looking for projects that engaged community members in the design of the intervention being proposed. Methods of community participatory research are encouraged.

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

West Suburban Medical Center and Loretto Hospital are participants in the Illinois Hospital Association and one of the members of the Partnership for Healthy Chicago that participated in the Healthy Chicago 2.0 Community Health Assessment, 2016 – 2020. The report outlines the extensive process they underwent to engage the community to outline the priority health issues in the area.

The hospitals have also embarked on their own community health needs assessments and engaged individual members of the community as well as elected officials to outline the

collaborative's proposal. Additionally, PCC obtained community input regarding general health needs during its tri-annual community needs assessment.

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

Input from Elected Officials

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

- (●) Yes
- ( ) No

1A. If you consulted Illinois federal or state legislators, please select all legislators whom you consulted.
(Hold CTRL+click on a PC or command+click on a Mac to select multiple legislators).

Select legislators:

Ford, L. - Ill. Representative - 8th State Representative District, Lightford, K. - Ill. Senator - 4th State Senate District, Lilly, C. - Ill. Representative - 78th State Representative District

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

Alderman Emma Mitts, Ward 37

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

Letters of Support West Sub

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6. Data Support

HELP AND SUPPORT INFORMATION

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Note on the importance of data in proposal design:

It is imperative that applicants use data to design the proposed work. HFS is seeking applications that are "data-first." This means that applicants used data to determine health needs and designed and targeted the proposed work to meet those needs.

Examples of relevant data include, but are not limited to, data from the **community data reports** produced by UIC, data analysis of healthcare utilization data, qualitative and quantitative surveys, literary reviews, etc.

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

Data compiled for this proposal was obtained from numerous sources. They include:

- Transformation Data and Community Needs Reports
- West Suburban Medical Center Community Health Needs Assessment (CHNA) completed in 20
- Illinois Department of Public Health Data:
  - Maternal Mortality Report
  - Neonatal Abstinence Syndrome Annual Report, March 2019
- CDPH Data Report
  - Maternal Morbidity and Mortality in Chicago, 2019
- West Suburban Medical Center
  - Volume data from the EMR on obstetric care
- PCC
  - Volume data on OB and SUD treatment across the system provided through EHR reports
- Research Studies:
  - "The Cost of Having a Baby in the US", Childbirth Connection, Catalyst for Payment Reform, Center for Healthcare Quality and Payment Reform, January 2013.
  - Neonatal Abstinence Syndrome Incidence and Health Care Costs in the United States, 2016. JAMA Pediatrics.

The data was collected through different methodologies. The data from IDPH, CDPH and the Transformation Data and Community Needs Reports relied on publicly collected and available data through the respective health departments and data compiled by University of Illinois Chicago for the latter report.

Data from WSMC, and PCC were obtained from electronic health records through the quality department.

The data was analyzed to understand the scope of the disparities in maternal and infant morbidity and mortality on the West Side of Chicago. It was also used to assess the impact of SUD in pregnant women and their babies.

WSMC identified an increase in the number of deliveries to mothers who had a diagnosis of SUD from 2018 through the first 9 months of 2021. In 2018, 6 deliveries occurred to mothers diagnosed with SUD. In 2019 there were 5 deliveries. During 2020, the number increased to 9 and in the first 9 months of 2021, 19 deliveries for mothers diagnosed with opioid use disorder were recorded. Pregnant Women overall with SUD increased from 2 in 2018 to 23 in 2020. The number of deliveries of infants with Neonatal Abstinence Syndrome (NAS) were 10 in 2019, 7 in 2020, and 11 YTD 2021. Additionally, 40 babies with a primary diagnosis of NAS were treated outside of the intermediate care nursery between 2019-2021.

The total number of C-sections performed at WSMC were: [2019-354, 2020-311, 2021 YTD – 247]. The rate of C-sections at WSMC is approximately 30%. The Illinois Perinatal Quality Collaborative is targeting a reduction to 24.7%, which equates to a reduction of 50 cases per year.

Enrollment in the PCC prenatal SUD program has shown a significant increase in the first four months of 2021. The chart below shows enrollment for the past 19 months. From January 1, 2021 through April 6, 2021, PCC has enrolled 10 women. The data shows that for the entire 12-month period January 1, 2020 through December 31, 2020, 11 women were newly enrolled. This trend is expected to continue meaning the program will likely triple during calendar year 2021. This demonstrates the ongoing need to increase access to evidence-based programs for pregnant women with SUD.

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11 women were newly enrolled. This trend is expected to continue meaning the program will likely triple during calendar year 2021. This demonstrates the ongoing need to increase access to evidence-based programs for pregnant women with SUD.

2. Attach the results of the data analyses used to design the project and any other relevant documentation. (Note: if you wish to include multiple files, you must combine them into a single document.)

CHNA17_WestChicago_Combined

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7. Health Equity and Outcomes

HELP AND SUPPORT INFORMATION

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

The Illinois Department of Public Health reports on disparities in maternal and infant morbidity and mortality. Data shows that women of color have the poorest perinatal outcomes. There is a nearly three-fold increase in maternal mortality in non-Hispanic black women over white or Hispanic women in Cook County. The highest incidence of maternal morbidity and mortality occurred in non-Hispanic black women.

There are various causes for the health disparities in maternal and infant morbidity and mortality. The Chicago Department of Public Health's Maternal Morbidity & Mortality in Chicago report indicates that chronic diseases, such as hypertension, obesity, and diabetes, can increase the likelihood of a woman experiencing negative outcomes during pregnancy. There is also significant correlation between adverse health outcomes and economic hardship (worse conditions in areas such as housing, income, unemployment, and education level). For women residing in zip codes (such as 60644) with high economic hardship, the rate of severe maternal morbidity was substantially higher than the rate for women residing in zip codes of low or medium economic hardship. The report further states that women residing in communities with high economic hardship have the most severe maternal morbidity rates (91.5 per 10,000 deliveries).

Maternal Child Health is one of the Pillars of Improvement for the Department of Health and Family Services. The West Suburban Perinatal Collaborative chose to address this pillar due to the apparent need and the collaborative partners' strength in providing health care services to this patient population. Through HFS funding, the Collaborative is confident that it can greatly expand high quality health care for women and their infants to significantly improve health equity.

The CDPH report concluded that strategies that only focus on healthcare-related factor will be insufficient to adequately improve maternal and child health. Health equity is impacted by the social determinants of health. Thus, the West Suburban Perinatal Collaborative will work alongside community-based partners to address social determinants of health during prenatal, delivery, and postpartum care, utilizing race/ethnicity medical records and quality data to provide patient-centered care and improve birth equity.

Furthermore, the Collaborative will address social determinants of health by integrating PCC Community Wellness Center's Perinatal Education Program and expanding it to provide enhanced care for perinatal patients.

[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.)

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?

In 2021, the Illinois Perinatal Quality Collaborative (ILPQC) launched the statewide obstetric quality improvement initiative, Birth Equity (BE). This is an important statewide quality improvement initiative selected by the Illinois Department of Public Health (IDPH) Statewide Quality Council (SQC) and Perinatal Advisory Committee to engage hospital teams to implement strategies to address maternal health disparities and promote birth equity.

The West Suburban Perinatal Collaborative will actively participate in the Birth Equity Initiative to address maternal disparities and promote birth equity.

The Collaborative will review maternal health quality data, stratified by race, ethnicity, and Medicaid status to reveal health disparities, address social determinants of health, and identify opportunities for improved care delivery.

A key component of the Collaborative's approach is the implementation of universal social determinants of health screening prenatally and upon admission.

A Community Doula program will be implemented to address these social determinants of health with the goal of improving health equity and birth outcomes. Community doulas will be employed to provide ongoing support and appropriate linkages to community-based resources and services. Use of doulas is well documented in lowering Cesarean rates. Typically, these doulas are former patients and community members, and they will be integrated into the health care team to improve trust and overall engagement between patients and health care providers.

Patients will have the ability to have one-on-one education follow up and advocacy with community doulas who have additional training in perinatal education and will serve as the liaison between pregnant patients and their providers.

The current midwifery model utilized at The Birth Center at PCC has demonstrated successful positive impacts on patients who chose this option, such as lower rates of preterm births, lower incidence of c-sections, and overall breastfeeding initiation rates of 80%, meeting the CDC guidelines.

Strategies for the birth center include use of doulas, increased labor support, ongoing patient education, and staff training. Staff and provider training is essential in understanding and addressing health disparities and implicit bias. Training will be provided to clinical staff to promote awareness around implicit bias and to increase cultural sensitivity and competency. Education for providers and staff will include training on the importance of listening to patients, offering opportunities for discussion and feedback, and providing respectful and person-centered care.

A trauma-informed approach to care is a necessary component of effective health care delivery and is essential in addressing health disparities and the adverse experiences of at-risk pregnant women and individuals with substance use disorders, who often have a history of trauma.

Addressing trauma requires strategies such as staff education and training, prevention and early identification, and effective trauma-specific assessment and treatment. Community doulas will be trained on trauma-related health conditions, the impact of trauma on maternal child health, and coping with secondary trauma.

Prior to discharge, patients will be surveyed on their care experience using the Patient Reported Experience Measure (PREM) tool to ensure that care provided is patient-centered, effective, efficient, and equitable. Aggregated data will be used to identify areas of concern and implement quality improvement initiatives.

Ongoing quality monitoring and improvement protocols will be conducted through participation with the Illinois Perinatal Quality Collaborative utilizing data-driven, evidence-based practices to improve birth outcomes.

Goals include:

- 70% of births within the West Suburban Perinatal Collaborative will be at or below the Healthy People goal of 24.7% Cesarean delivery rate among nulliparous, term, singleton, vertex (NTSV) births by December 31, 2022
    - Every pregnant patient will be screened for OUD/SUD with a validated screening tool
    - Patients with SUD will be assessed for Medication-Assisted Treatment (MAT) readiness and provided referrals to Recovery Treatment Programs
    - An OUD Clinical Care Checklist will be completed, which includes providing Naloxone (Narcan) counseling and prescription
    - Staff/provider training initiatives will be implemented to reduce stigma and bias across the clinical team
    - Mothers will be empowered through education and support to use non-pharmacologic care for their newborns exposed to opioids
    - 80% of mothers receiving post-partum care will be screened for anxiety/stress and will be referred to support groups and breastfeeding support when indicated

System-wide clinical protocols will be implemented to improve outcomes for opioid-exposed newborns using Illinois Perinatal Quality Initiative (ILPQC) guidelines.

[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.)

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

By making the program accessible to all pregnant women seeking care through members of the West Suburban Perinatal Collaborative regardless of insurance status, equal access can be achieved. In addition, by providing support where patients live, social determinants of health such as transportation challenges are no longer significant barriers for receiving care. The mission of the Collaborative is to improve pregnancy outcomes and patient satisfaction by addressing intransigent problems that lead to greater health care disparities.

Community doulas will provide postpartum support to ease adjustment to the care of new babies, offering basic parenting and breastfeeding guidance through home visits and liaison with the medical team.

Providing SUD treatment specifically for pregnant women with substance use disorders, overall neonatal outcomes can be improved and prolonged NICU stays avoided, which will give babies a healthier start in life and improve the overall health and wellbeing of mothers.

[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.)

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8. Access to Care

HELP AND SUPPORT INFORMATION

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

While the Affordable Care Act (ACA) and Medicaid expansion have expanded health coverage to many Illinois citizens, significant barriers still exist that limit access to care. The proposed West Suburban Perinatal Collaborative care model is designed to increase access to preventive and primary care for vulnerable pregnant women, decrease barriers to care and address social determinants of health that negatively impact health outcomes and increase costs.

West Suburban Medical Center, Loretto Hospital and PCC Community Wellness Center are health care providers located on Chicago's West Side--an area profoundly affected by the opioid epidemic, structural racism and economic deprivation.

Communities of color are disproportionately impacted by the opioid crisis. In addition, due to factors such as job loss, social isolation, and anxiety, substance use has increased dramatically during the COVID-19 pandemic (CDC, June 2020).

This initiative will improve access to quality care by reducing barriers and providing integrated, evidence-based treatment options. Women will be enrolled in programs designed to improve overall birth outcomes leading to a healthier beginning for the region's youngest citizens. An important differentiator of this program is the co-location of substance use disorder treatment programs, family medicine and primary care. The PCC Chemical Dependency Clinic is located within West Suburban Medical Center's comprehensive primary care setting which offers a wide range of outpatient services, thereby removing another pivotal barrier: the stigma associated with addiction treatment. PCC offers a holistic treatment model for pregnant women with an opioid use disorder by providing integrated prenatal care, behavioral health services and substance use disorder treatment within the primary care setting. The proposed collaborative model would expand access and enhance quality of care through the innovative initiatives described in this proposal.

The Collaborative will also include the addition of a methadone dispensing clinic run by FGC on site at WSMC. This co-location of all services for pregnant and post-partum women will decrease additional barriers to treatment that may exist.

[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.)

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?

1. Expand Programs from the Birth Center at PCC in the Community

The collaborative seeks to expand access to programs for pregnant women that lead to better pregnancy outcomes. The Birth Center at PCC has incorporated home visiting, among other programs, that has improved health outcomes. The Collaborative will extend some of the birth center's successful programs and services to other community residents. These programs will integrate the home visiting concept through community health workers, trained as doulas who meet women where they live. This will decrease barriers of transportation to and from clinic sites. Since the community health workers are hired from the community, they are more likely to eliminate the cultural and ethnic barriers often encountered by women in minority groups or in underserved populations.

2. Establish an IOP within WSMC

A new intensive outpatient program will fill a critical gap in the continuum of care for pregnant women with substance and opioid use disorders. The IOP is designed to facilitate relapse management, establish psychosocial support mechanisms and enhance coping strategies. Women whose illness severity requires monitoring, motivational support, and clinical management several days per week, but who want and need to be home evenings, nights and weekends, will finally have access to this level of care. The IOP will address social determinants of health and barriers to treatment. Included in the IOP will be access to transportation to and from medical appointments with a licensed, outsourced transportation service. Another significant barrier to health care access is lack of childcare, which will be addressed by providing convenient drop-off childcare at a center in close proximity to the hospital, preferably contracting with a licensed BEP vendor.

3. Establish a Mother/Baby Post-partum Dyad Clinic

The proposed mother/baby dyad clinic would be one of the first of its kind in the state of Illinois. Located within WSMC, the clinic would include family physicians, pediatricians and social workers who will provide family-centered medical care, psychosocial support and early intervention services. The family physician is well-positioned to identify at-risk mother-child dyads, and proactively initiate interventions such as scheduled well-child assessments, routine postnatal checks and referrals for behavioral health services. In addition, the clinic would expand resources for pregnant and parenting women by offering evidence-based parenting education and training such as the Incredible Years program as well as trauma-informed support groups.

4. Co-locate an Outpatient Methadone Treatment Program (OMT)

As part of a collaboration with Family Guidance Centers, Inc. (FGC), the proposed collaborative aims to reduce barriers to treatment access by establishing an OMT in close proximity to West Suburban Medical Center. Methadone is the recommended medication for opioid use disorder during pregnancy. The medication has been well tested and proven to be safe for pregnant women and their unborn children. The National Institutes of Health has stated "the safety and efficacy of OMT has been unequivocally established," adding that "methadone maintenance coupled with relevant social, medical and psychological services has the highest probability of being the most effective of all available treatments for opioid addiction." The goal is to provide a seamless transition for patients experiencing an opioid-related ED visit or hospitalization to specialty substance use disorder treatment that improves their prospects for recovery. FGC would require minimal square footage space to operate the methadone program. At a minimum, 800-1000 sq. ft. could be utilized for this function. FGC will acquire all the necessary federal and state government licenses and approvals.

Additional components to the collaborative model to increase access and address barriers to quality care include the following:

- Following the first year of implementation, expand access for co-occurring substance use and behavioral health conditions that affect other patient populations and

service lines, such as orthopedics modeled after the IOP program at Weiss Memorial Hospital (WMH)
- Expand patient access to buprenorphine treatment by creating a network of providers who complete the MAT DATA Waiver training program and can effectively care for patients who are affected by opioid use disorder
- Provide peer support staff who are certified and trained at the state or national level to leverage their lived experience and training to help patients access substance use disorder treatment and sustain recovery
- Provide a longitudinal CME clinical learning series focused on medication assisted treatment, resources for recovery, SDoH, and effective use of community partnerships to improve evidence-based practices and decrease the stigma for pregnant and parenting patients affected by substance use disorders
- Broaden substance use disorder treatment beyond opioids to address the new stimulant epidemic, as well as alcohol, marijuana and nicotine
- Partner with home care agencies to provide ongoing follow-up and conduct home visits and wellness checks for pre- and post-partum women and their children
- Adopt innovative cost-effective treatment modalities such as contingency management, a proven evidence-based treatment for SUD
- Leverage the ASAM Criteria for specified guidance and objective evidence-based consensus of medical necessity criteria for special populations

Reference: The ASAM Criteria Third Edition, The Change Companies, 2013. Page 318

[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.)

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

The activities proposed by the Collaborative will demonstrate an impact on access to care and improvement in birth outcomes, including increasing treatment for SUD in peripartum women through co-location of MAT services, expanding prenatal programs, adding an IOP to the continuum of care and utilizing community health workers to extend care into the community where people live and work.

[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.)

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9. Social Determinants of Health

HELP AND SUPPORT INFORMATION

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Note on the significance of social determinants of health:

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

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

Maternal/child health can be negatively impacted by the social determinants of health that uniquely affect them. According to a systematic review article by Wang, E. et al in Obstetrics and Gynecology[i] the social determinants most likely to affect maternal mortality were identified as minority race or ethnicity, public or no health insurance, and low educational attainment. The Center for Disease Control's Social Vulnerability Index uses data that encompasses a multitude of factors to determine measure of vulnerability by census tract.[ii] Community-defined barriers often increase social vulnerability and decrease access to quality health care.

Improving outcomes for at-risk pregnant women requires a model that effectively addresses social determinants of health as part of the health care delivery system. The West Suburban Perinatal Collaborative strives to improve pregnancy outcomes and patient satisfaction by alleviating community barriers, psychosocial stressors, and health disparities.

Social determinants of health that frequently contribute to poor health outcomes in under-resourced communities will be addressed through a community-based model of support and intervention. These include a lack of clear and trustworthy health information, unemployment, lack of preventive screening, unstable or unsafe housing, lack of transportation, and food insecurity. Food insecurity among pregnant women in low-income families has been linked to increased gestational weight gain and poor neonatal outcomes.[iii]

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[i] https://journals.lww.com/greenjournal/Fulltext/2020/04000/Social_Determinants_of_Pregnancy_Related_Mortality.19.aspx?context=LatestArticles&casa_token=HONLS7uM7REAAAAA:5cUgIYrM0N_HHoU4BOhsu6-VpvPg13ix1pMfgx016OVYU68InO5layau0pc6oJW3hsMvuY0gkDWKE5gAIodAP2AI

[ii] https://data.cdc.gov/browse?tags=social+vulnerability+index

[iii] J Am Diet Assoc. 2010 May;110(5):690-1. doi: 10.1016/j.jada.2010.02.001.PMID: 20430129

[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.)

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 West Suburban Perinatal Collaborative will address social determinants of health by integrating PCC Community Wellness Center's Perinatal Education Program and expanding it to provide enhanced care for perinatal patients. Many of PCC's perinatal patients have higher risks for adverse health outcomes and/or higher needs for individualized support. The Collaborative will employ community doulas, who are former patients and members of the community. These community doulas will collaborate with the Director of Perinatal Education Programs to offer individualized care for first-time pregnant women and those with risk factors. Home visits and intensive online/phone contacts will be provided in addition to routine PCC outpatient health services.

Within this model, the role of Community Health Workers (CHWs) will be expanded to include tasks typically performed by Doulas. Doulas, who represent a growing group of paraprofessionals and who provide social support during childbirth, have been associated with positive health outcomes.[i] These community doulas will address social determinants of health by providing ongoing education and support to pregnant women, particularly those with substance use disorders, and connecting them with appropriate resources and services. Each patient will be offered online classes focused on healthy pregnancy and childbirth, nutrition, pregnancy discomfort, and warning signs.

The model of training former patients in the community to be community health workers/doulas also addresses job insecurity, an often-overlooked social determinant of health that can impede access to quality health care. This program was utilized under the Strong Start program that was implemented at PCC and continues to support training community participants as doulas, many who subsequently gained employment as community or independent doulas. PCC's nurse-midwifery model was part of a larger federal study under Strong Start that showed improvement in health outcomes for individuals on Medicaid by utilizing both Community Health Workers/mentor doulas and birth center care. https://www.birthcenters.org/page/strong-start-report

In addition to offering support during labor and birth, the community doulas will assist mothers with the transition to parenthood in the initial postpartum period. Postpartum components include ongoing lactation support, telemedicine/phone calls, and postpartum peer-facilitated support groups.

Primary outcomes include lower preterm and cesarean birth rates, higher breastfeeding rates, improved patient satisfaction, along with an overall reduction in the cost of care.

To effectively address social determinants of health facing pregnant women with opioid use disorders and their infants, the proposed model is a collaborative approach with an array of community partners and evidence-based treatment modalities. This initiative will integrate a combination of MAT, counseling, behavioral therapies, and access to

a range of supportive services, such as housing and employment services. These are services that evidence has shown effectively address social determinants of health. By integrating these approaches, the Collaborative will enable pregnant women and mothers, including those with substance use disorders, to achieve a more stable life, and in turn, help improve outcomes for the child.

Effective partnerships and collaboration with community-based organizations (CB0s) will be key to the success of this initiative. Examples include:

- Partner with local shelters with supports for pregnant or battered women to provide stable housing during the prenatal period as well as post-partum for the mother and infant to improve outcomes. Establish a strong collaboration with the Department of Children and Family Services (DCFS) to provide needed services and interventions for women and children when indicated, including during the pre-natal period
- Partner with WIC programs, SNAP assistance and food banks to address food insecurity and offer nutrition education for eligible low-income pregnant women
- Work with HUD and temporary shelters to provide housing and wrap-around services for pregnant women struggling with unsafe or unstable housing
- Leverage community doulas to work with the Illinois Low Income Home Energy Assistance Program (LIHEAP) to assist eligible low-income patients to pay for winter energy services
- Increase access to affordable healthy food options through partnerships with the PCC Austin Farm and VeggieRx program to promote healthy lifestyles, address SDOH components of diabetic management, and help build an equitable culture of health within the community
- Establish Medical/Legal partnerships (MLP) to address housing insecurity by offering patients legal services to improve access to safe housing such as shelters, housing subsidies, foreclosure prevention, and utility access
- Provide employment support through collaboration with vocational service organizations such as Impact Behavioral Health Partners which has a record of success in helping patients improve their job, income, and housing stability over time
- Provide new mothers family-centered support, coaching, job, and housing assistance through New Moms (newmoms.org)
- Provide access to educational, play-based bilingual Head Start and Preschool programs through the Children's Center of Cicero-Berwyn and other licensed and accredited child care providers

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[i] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1825592/

[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.)

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

Each patient will be offered online healthy pregnancy childbirth education classes, nutrition classes, and discomfort and pregnancy warnings class. Patients are also offered perinatal behavioral health sessions and will be assigned a community doula to reinforce teachings and provide labor support and peer education.

Impact of this program include:

- Classes help participants with problem solving
- Better birth outcomes
- Address comfort issues/stress reduction
- Improved nutrition and infant feeding/breastfeeding
- Improved oral health care
- Enhanced birth preparation and recovery
- Broader access to contraception

Utilizing community doulas to proactively address social determinants of health by providing ongoing support, education, and wrap-around services represents a dramatic and innovative upgrade in the access to preventive, primary, and specialty care for this high-needs population. Linking the expertise of an integrated health care system with on-the-ground community-based interventions will increase patient engagement, satisfaction, and trust as well as improve outcomes and decrease the cost of care.

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10. Care Integration and Coordination

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

Through the partnership among West Suburban Medical Center, Loretto Hospital, PCC and FGC, the program being created will result in improved care for pregnant women, including those who are experiencing substance use disorders (SUD). The entities will work together to provide a seamless continuum of care that includes prenatal, post-natal, SUD treatment, behavioral health treatment and social supports to address SDoH and provide care management.

The program assures care integration and coordination through leadership from the family medicine physicians at PCC. The team from PCC includes family medicine physicians who care for pregnant women and deliver at West Suburban Medical Center. They are supported by three family physicians who are boarded in addiction medicine and continue to expand the dually boarded family medicine/addiction medicine workforce who provide high risk obstetric care via the American Board of Preventive Medicine's Addiction Medicine Practice Pathway with two additional physicians per year pursuing board certification in addiction medicine. The addiction medicine specialists perform consults at WSMC on the inpatient units, including labor and delivery, in the emergency department, and they care for patients in the outpatient setting at the PCC Walk-In Wellness Center at WSMC that is open 7 days per week with extended hours. PCC Community Wellness Center operates on a hub and spoke model for addiction medicine care with all sites offering evidence-based treatment for SUD; and over 60 of their clinicians currently having a buprenorphine waiver.

Having a strong clinical team combined with co-location of services at West Suburban Medical Center and in close proximity to the campus for pregnant women with SUD gives women a single point of care where they can receive primary and prenatal care through the PCC site located on the WSMC campus; evidence-based SUD treatment through PCC physicians who have their buprenorphine waiver and methadone treatment at the co-located FCG methadone treatment clinic; labor and delivery at WSMC and postpartum care, healthcare for their child and family; and services to continue SUD and BH treatment through the new IOP that will be located at WSMC. Loretto Hospital also has strong behavioral health inpatient and outpatient programs, including a dedicated inpatient detox unit. However, they do not have a labor and delivery unit. This collaboration offers them support for pregnant women who present to their emergency department for both obstetric services as well as SUD treatment options. Loretto is also able to provide needed behavioral health services to mothers following delivery and as a support during the post-partum period.

PCC providers have access to WSMC's EHR, which communicates with PCC's EHR to enhance interoperability. PCC is already able to share their record with WSMC for women who will deliver there. Because the care is being provided through family medicine physicians, care for the entire family can be optimally received at a single location.

[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.)

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

- (●) Yes
- ( ) No

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

Care Coordinator Patient Volumes and Cost Per Case (FY 2021)				
PCC Community Wellness Center				
Care Coordinator Staff FTEs	Case Load (Patients)	Care Coordinator Salary Cost	Case Load Per Care Coordinator	Care Coordinator Salary Cost Per Case
15.9	**1,440**	**$ 967,250**	**90.6**	**$ 672**

[2A - 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.)

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

- ( ) Yes
- (●) No

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

- (●) Yes
- ( ) No

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

The Collaborative members are looking forward to engaging with the Illinois Medicaid MCOs to develop value-based payment models that consider shared savings for decreasing the total cost of care for pregnant women and for women experiencing SUD.

[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.)

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11. Minority Participation

HELP AND SUPPORT INFORMATION

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

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

Resource to help you search for/identify BEP-certified vendors in Illinois:
If you are seeking BEP-certified entities to partner/collaborate with, you may consult our resource guide linked below on How to Look Up BEP-Certified Vendors in the State of Illinois.

Download resource:

How to Look Up BEP-Certified Vendors in the State of Illinois.pdf

List entities here:

The following BEP vendors are currently contracted with members of the collaborative and it is anticipated these same vendors will provide services to support the collaborative as a whole.

1. Goldstar Communications
2. Milhouse Construction
3. Nia Architects
4. Level-1 Global Solutions
5. KFA
6. CIMPAR SC
7. EBM Inc
8. Hygieneering Inc
9. Tetra Medical Supply Corp
10. Monterrey Security Consultants, Inc.

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

1. Goldstar Communications (Marketing, PR, and Communications)
2. Milhouse Construction (Construction)
3. Nia Architects (Architecture)
4. Level-1 Global Solutions (Interoperable Technology Infrastructure Design, Implementation and Management)
5. KFA (Information Technology Consulting and Services)
6. CIMPAR SC – small physician group practice
7. EBM Inc – Cleaning Services
8. Hygieneering Inc – environmental services
9. Tetra Medical Supply Corp – Medical Supply Company
10. Monterrey Security Consultants, Inc. – Security Services

[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.)

Note for those wishing to apply for BEP certification:

We recognize that some individuals encountering this application may wish to gain BEP certification. Follow this link to the state's Business Enterprise Program webpage to begin the application process.

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.
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12. Jobs

HELP AND SUPPORT INFORMATION

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Existing Employees

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

WSMC and PCC existing employees are listed by job on the attached file below.

Through the implementation of the West Suburban Perinatal Collaborative, it is anticipated that these and additional jobs in the Chicago west side area, specifically the Austin community, will be sustained into the future.

[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.)

WSMC_PCC_EmployeeData

New Employment Opportunities

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

29

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

The West Suburban Perinatal Collaborative will create job opportunities for people living in the underserved communities. These new jobs will be created from expansion of current services as well as the initiation of new programs. It is estimated that the program will ultimately hire six Community Health Workers (CHW)/peer doulas to provide home visits for vulnerable pregnant women. Two CHWs will be hired per year for the first three years of the program.

The SUD treatment programs will offer opportunities for hiring additional Peer Recovery Specialists who have lived experience and the ability to relate to patients who are in treatment. The program has the advantage of also providing the opportunity for women who have received treatment to become Peer Recovery Specialists themselves, thus offering job opportunities that help to address the social determinants that are barriers for healthy families.

The new Intensive Outpatient Program that will open at West Suburban Medical Center, the FGC Co-located Methadone Clinic, Mobile Clinic and PCC Dyad Clinic will require new staffing to be hired over the next three years. The following tables shows the total number of FTEs expected to be employed through this project. This will include a total of 28.7 FTEs:

Position	Hiring Entity	Total Budgeted FTE
Perinatal Educator Director/IBCLC	PCC	0.40
Community Health Doula Manager	PCC	0.50
Community Health Doula	PCC	4.00
Family Medicine/Addiction MD	PCC	1.00
Dyad Clinic Nurse	PCC	1.00
Dyad Clinic Medical Assistant	PCC	1.00
Peer Support Coach/Doula	PCC	1.00
OB Clinical Care Coordinator	PCC	1.00
OB Behavioral Health Consult	PCC	1.00
Co-Project Director	PCC	0.10
Co-Project Director	PCC	0.10
Pediatric Service Chief	PCC	0.10
Community Health Worker	PCC	6.00
	FGC Methadone Clinic	0.10

LPN	FGC Methadone Clinic	1.00
SUD Counselor	FGC Methadone Clinic	1.00
Recovery Support Specialist	FGC Methadone Clinic	1.00
Project Director	FCG Mobile Clinic	0.10
1 FTE LPN	FCG Mobile Clinic	1.00
1 FTE Recovery Support Specialist	FCG Mobile Clinic	1.00
Collaborative Program Coordinator	WSMC	0.50
Data Manager	WSMC	0.20
ED Case Coordinator	WSMC	0.50
Inpatient OB Social Worker	WSMC Inpatient	1.00
Lactation Consultant	WSMC Inpatient	1.00
Medical Director	WSMC IOP	0.10
Therapists with Substance use license (CADC)	WSMC IOP	1.00
Outpatient Coordinator	WSMC IOP	0.50
Case Manager	WSMC IOP	1.00
Rec Therapy	WSMC IOP	0.50
	Total:	**28.70**

The Birth Center at PCC program trains peer doulas to work with and help support mothers during pregnancy. Several doulas trained under this program in the past have gone on to start their own doula businesses within their communities. It is anticipated that these new economic engines will have a positive impact on job opportunities for the communities.

[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.)

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

Workforce Training

A relationship between PCC and the Rush University Addiction Fellowship already exists. West Suburban currently functions as a teaching site. The new program of care will create a valuable educational opportunity to train the future healthcare workforce to provide evidence-based, culturally sensitive care to pregnant women with SUD. Advanced practice nurses, physician assistants, medical residents and fellows can attend rotations through the program to prepare for a career in the family centered approach to care for patients with substance use disorder, particularly pregnant women.

Through PCC, the Collaborative will employ a model of training former patients in the community to be Community Doulas. Currently, former PCC patients are trained as perinatal educators/doulas by the Director of Perinatal Education Programs through Midwest Maternal Child Institute (https://www.mmcinst.com/). The Community Perinatal Educators/Mentor Moms have ongoing education and supervision with the Director of Perinatal Education Programs. This program was utilized under the Strong Start program that was implemented at PCC and continues to support training community participants as doulas, many of whom volunteer with Chicago Volunteer Doulas and several have gained employment as community doulas or independent doulas.

[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.)

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13. Quality Metrics

HELP AND SUPPORT INFORMATION

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Alignment with HFS Quality Pillars

In order to complete this section, you will need to reference the HFS Quality Strategy document linked below.

HFS Quality Strategy:
https://www.illinois.gov/hfs/SiteCollectionDocuments/IL20212024ComprehensiveMedicalProgramsQualityStrategyD1.pdf

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

The Comprehensive Medical Programs Quality Strategy outlined by Governor Pritzker and HFS Director Eagleson includes 5 Pillars of Improvement. Through the West Suburban Perinatal Collaborative, four of these will be addressed:

- Maternal and Child Health
- Adult Behavioral Health
- Equity
- Community Based Services and Supports

By creating an innovative program that increases access to preventive and primary care for pregnant women and provides evidence-based care for substance use disorder, the program will demonstrate improvements in maternal morbidity and mortality and decrease the incidence of Neonatal Abstinence Syndrome. The program is also designed to improve outcomes for infants and children demonstrated through improved immunization rates and healthcare for infants.

Goals and objectives for each of these quality pillars has been identified by HFS in addition to pay-for-performance measures that will improve by implementation of the program outlined in this application. This collaborative will address:

Better Care

1. Timeliness of prenatal and postpartum care
2. Childhood immunization status
3. Well child visits in the first 30 months of life
4. Pharmacotherapy for Opioid Use Disorder (OUD).

Equity

1. Adult access to preventive/ambulatory health services

These will be achieved through the following elements of the program:

To meet timeliness of prenatal and postpartum care, the West Suburban Perinatal Collaborative will track the number of women who attend 4 or more prenatal visits.

Access to preventive and primary care for pregnant women will be expanded. Because co-location of substance use treatment and primary care improves access to care, pregnant women who are experiencing SUD will be more closely monitored and find it easier to receive services.

Staff at the Family Guidance Centers methadone clinic have frequent contact with the patients they serve. This results in recognition of early signs of pregnancy for their female population. Women can receive pregnancy tests earlier and it provides an opportunity to do primary prevention for NAS.

PCC employs family medicine physicians who are board certified in addiction medicine. This uniquely qualifies them to provide care for pregnant women, their babies and other members of the family. Pregnant women with SUD can also receive their services from the same practitioner who cares for their family. The coordination of care will help assure better follow-up for both mother and baby and allow for preventive care, sick care and immunizations to occur with more regularity.

The co-occurrence of substance use disorder and behavioral health issues is high. With this transformation program, an Intensive Outpatient Program (IOP) will be developed at West Suburban Medical Center to support both conditions.

Some of the complications of pregnancy that occur with use of substances include premature labor and maternal mortality. With evidence-based medication assisted treatment for opioid use, both adverse outcomes can be decreased

1. Women who stay in prenatal care – 4 or more prenatal visits
2. Women who remain on MAT at month 1, 3 and 12 post-partum
3. Women who report stable housing during pregnancy– based on monthly questionnaire administered during prenatal visits.
4. Decrease in premature delivery among women with SUD/overall.
5. Improvement in childhood immunization rate.

---

[i] https://www.sciencedirect.com/science/article/pii/S0740547218306330 Elsevier; Journal of Substance Abuse Treatment, Volume 102, July 2019, Pages 53-59 A statewide quality improvement (QI) initiative for better health outcomes and family stability among pregnant women with opioid use disorder (OUD) and their infants

[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.)

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

2A. Maternal and Child Health?

◉ Yes
○ No

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

1. Women who stay in prenatal care – 4 or more prenatal visits
2. Women who report stable housing during pregnancy– based on monthly questionnaire administered during prenatal visits.
3. Decrease in premature delivery among women with SUD/overall.
4. Improvement in childhood immunization rate.
5. Decrease in the number of infants experiencing NAS (neonatal abstinence syndrome)
6. Improvement in SUD treatment for pregnant women who receive treatment earlier in their pregnancy and remain on treatment postpartum.
7. Decrease in low birthweight (less than 2,500 grams).
8. Increase in early entry to prenatal care (during the first trimester).

[Maternal and Child Heath - 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.)

2B. Adult Behavioral Health?

◉ Yes
○ No

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

1. Women who remain on MAT at month 1, 3 and 12 post-partum

[Adult Behavioral Health - 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.)

2C. Child Behavioral Health?

○ Yes
◉ No

[Child Behavioral Health - 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.)

2D. Equity?

◉ Yes
○ No

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

1. Adult access to preventive/ambulatory health services

[Equity - 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.)

2E. Community-Based Services and Supports?

◉ Yes
○ No

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

The collaborative will address social determinants of health and demonstrate improvements through a decrease in pregnant and postpartum women who report barriers to these social determinants:

Food Insecurity – by working with the local WIC programs, food pantries, PCC Austin Farm and VeggieRx program

Housing Insecurity and IPV – by working with HUD and local temporary shelter providers, and PCC's Medical/Legal partnerships (MLP), to address housing insecurity by offering patients legal services to improve access to safe housing such as shelters, housing subsidies, foreclosure prevention, and utility access

Utilities – by training CHWs to work with Illinois Low Income Home Energy Assistance Program (LIHEAP) to assist eligible low-income patients to pay for winter energy services

[Community-Based Services and Supports - 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.)

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

- (●) Yes
- ( ) No

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

1. Decrease in the number of infants experiencing NAS (neonatal abstinence syndrome)
2. Improvement in SUD treatment for pregnant women who receive treatment earlier in their pregnancy and remain on treatment postpartum
3. Decrease in low birthweight (less than 2,500 grams).
4. Increase in early entry to prenatal care (during the first trimester).

The data for tracking and demonstrating improvement is available through data analysis of the PCC and WSMC electronic health records. Infants with NAS are routinely transferred to the Rush University Hospital neonatal unit. Using 2019 – 2021 as a baseline, the collaborative will show a decrease in transfers.

Women receiving SUD treatment will also have data captured that reflects the point in pregnancy when SUD was diagnosed, and treatment initiated. In addition to the decrease in NAS experienced by their infants, continued treatment at months 3, 6, 9 and 12 will be monitored to demonstrate continued treatment postpartum.

PCC currently tracks low birthweight and early entry to prenatal care. Using 2020 data, the collaborative will show a decrease in births less than 2,500 grams and an increase in patients entering care during the first trimester.

[3A - 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.)

Note: Once metrics are agreed upon in the negotiated funding agreement, HFS will proceed to establish a baseline for the service community, a tracking process, and negotiated improvement targets.

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14. Milestones

HELP AND SUPPORT INFORMATION

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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.

West Suburban Perinatal Collaborative Milestones						
Pillar	**Milestone**	**Year 1**				
		Month 1	**Month 3**	**Month 6**	**Month 9**	**Month 12**
Perinatal Education Program Expansion						
	Train additional training staff					X
	Expand class offering sessions and sites					X
IOP (Intensive Outpatient Program)						
	Construction/Renovation Complete			X		
	Pregnancy/Postpartum program developed			X		
	Staff hired and trained			X		
	Operations initiated				X	
Co-located Methadone Clinic						
	Office space identified	X				
	Federal application for new site complete		X			
	Anticipated federal approval			X		
	Staff hired				X	
	Operations initiated					X
Community Health Worker/Doula Program						
	Initial cohort (two) CHWs hired	X				
	Training/Certification complete		X			

	CHWs deployed into communities					X
Peer Recovery Specialist Expansion						
	New peer recovery specialist hired		X			
	Peer recovery specialist oriented and begins providing services			X		

[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.)

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15. Budget

HELP AND SUPPORT INFORMATION

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If you need help or have a question:

- *For guidance on this form, consult the **HTC Application Instructions resource**. HFS has also prepared **technical video instructions** on how to fill out and submit a budget.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the **HTC FAQs page**, which will be updated continuously between October 1 and October 15.*
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1. Annual Budgets across the Proposal

In order to fill out budgets correctly, please view these technical video instructions for completing a 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

NOTE: Your budget should demonstrate a clear ramp down of reliance on Transformation funding and a ramp up of reimbursements for services and other funding sources that show sustainability over time.

HTC Annual Budgets Template

When completed, please upload your spreadsheet here.

[Budget - Optional] Please upload here any additional documentation or narrative you would like to provide around your budget. Include any documentation regarding budget items in the Construction category (drawings and estimates, formal bids, etc.) (Note: if you wish to include multiple files, you must combine them into a single document.)

2. Number of Individuals Served

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

Year 1 Individuals Served
2500

Year 2 Individuals Served
2600

Year 3 Individuals Served
2700

Year 4 Individuals Served
2800

Year 5 Individuals Served
2900

Year 6 Individuals Served
3000

3. Alternative Payment Methodologies

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

The collaborative is interested in exploring a value-based payment arrangement with Illinois Medicaid MCOs around total cost of care reduction and shared savings for obstetrics as well as BH/SUD services.

[Alternative Payment Methodologies - 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.)

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16. Sustainability

HELP AND SUPPORT INFORMATION

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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.

Provide your narrative here:

The funding request for the West Suburban Perinatal Collaborative includes start-up costs for new and expanded programs. Many of these services are already reimbursable through the Illinois Medicaid program or fundable through grant programs from federal agencies such as SAMHSA or the NIH National Institute on Drug Abuse.

The main benefits derived from the program result from the co-location of services. After the initial start-up, ongoing operational costs will be lower and likely sustained through Medicaid and commercial health insurance payments for services. The program will leverage evidence-based guidance such as the ASAM criteria to comply with federal parity act which specifies that publicly available criteria be used for medical necessity determination by commercial managed care entities and state Medicaid programs. The Collaborative is also interested in exploring alternative payment models that are based on total cost of care or capitated arrangements in caring for this population.

Additional sustainability for the program is likely through grant support funded by litigation settlements against opioid manufacturers. Other potential funding for the program will come from improving the outcomes for infants and decreasing the incidence of Neonatal Abstinence Syndrome (NAS). Incidence of NAS at WSMC was 10 patients in 2019, 7 in 2020, and 11 in 2021. Per published research in 2016 (Neonatal Abstinence Syndrome Incidence and Health Care Costs in the United States, 2016 JAMA Pediatrics), the cost of caring for an infant with NAS is approximately $22,500 higher than normal newborns. Reducing the volume of NAS cases at WSMC by 5 in year one, up to 9 in year 5 results in an expense reduction of $787,000. This savings will decrease the overall Medicaid payment cost to the state as the program matures. Additionally, the collaborative plans to include an initiative to reduce the rate of C-sections at WSMC from 30% (2021) to 25% (per the Illinois Perinatal Quality Collaborative goal[1]). This will result in a 5-year savings of $1.1M dollars based on a Medicaid payment differential of $4,500 per C-section versus normal vaginal birth[2]. Total cost savings from NAS reduction and C-section reduction is projected to be approximately $2M.

The participants in the program are committed to providing ongoing funding for permanent staff starting in Year 4. They are also interested in working with the Illinois Managed Care Organizations to develop value-based payment arrangements and to enter into total cost of care contracting for maternal care for patients of the collaborative.

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[1] "70% of participating hospitals will be at or below the Healthy People goal of 24.7% cesarean delivery rate among NTSV births by December 31, 2022". Illinois Perinatal Quality Collaborative, c/o Northwestern University Feinberg School of Medicine, Institute for Public Health and Medicine, Center for Healthcare Studies, Chicago, IL

[2] "The Cost of Having a Baby in the US", Childbirth Connection, Catalyst for Payment Reform, Center for Healthcare Quality and Payment Reform, January 2013.

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Camille Y. Lilly
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Democrat • 78 District

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November 11, 2021

Toni Bush
President and CEO
PCC Community Wellness Center
14 Lake Street
Oak Park, IL 60302

Dear Ms. Bush,

On behalf of the 78h District, it is my pleasure to support this collaboration between West Suburban Medical Center, PCC Community Wellness Center, and Family Guidance Center for its grant application to the Illinois Department of Healthcare and Family Services for the Illinois Hospital Transformation Program. This grant will support innovative programming to improve health outcomes for women and children in the Austin community. Programming will focus on overall maternal child health, with a special emphasis on substance use disorder treatment in the perinatal period.

I am well aware that the West Side of Chicago is in great need of resources for maternal-child health care. The Chicago Department of Public Health reports that from 2011-2016, the pregnancy-associated mortality rate for non-Hispanic Black women (98.8 per 100,000 births) was almost six times higher than that of non-Hispanic White women (17.0 per 100,000 births) and twice the rate of Hispanic women (34.3 per 100,000 births). Furthermore, the West Side has experienced a significant increase in opioid overdoses since the COVID-19 pandemic began. As an elected official, it is important to provide pregnant women with the necessary services to reduce preterm births and low birth weight and decrease the harmful effects of substance use disorder on both mother and baby. Residents of the West Side of Chicago will benefit from these enhanced services to improve pregnancy outcomes, including access to community health workers, peer doulas, and peer coaches.

On behalf of families in need, I am pleased to support this programming. Each of the organizations in the collaborative brings strengths that will facilitate the delivery of quality, comprehensive care to underserved communities--specifically in Chicago, Oak Park, and communities surrounding the 78th district.

Sincerely,

Camille Y. Lilly

Camille Y. Lilly
Illinois State Representative
78th District

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ROOM 329 CAPITOL BUILDING
SPRINGFIELD, IL 62706
217/782-8505
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COMMITTEES:

ASSIGNMENTS
CHAIRPERSON
EDUCATION
EXECUTIVE
HIGHER EDUCATION
LABOR

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

November 1, 2021

Toni Bush
President and CEO PCC Community Wellness Center
14 Lake Street
Oak Park, IL 60302

Dear Ms. Bush,

On behalf of the Illinois 4th Senate District, it is my pleasure to support this collaboration between West Suburban Medical Center, PCC Community Wellness Center, and Family Guidance Center for its grant application to the Illinois Department of Healthcare and Family Services for the Illinois Hospital Transformation Program. This grant will support innovative programming to improve health outcomes for women and children in the Austin community. Programming will focus on overall maternal child health, with a special emphasis on substance use disorder treatment in the perinatal period.

Having experienced a significant increase in opioid overdoses since the COVID-19 pandemic began and a great need for maternal/child healthcare, the westside needs this resource. This project will treat pregnant women with evidence-based practices to reduce rates of preterm births and low birthweight and decrease the harmful effects of substance use disorder on both mother and baby. Residents of the westside will benefit from enhanced services, such as community health workers, peer doulas, and peer coaches, to improve pregnancy outcomes.

On behalf of my constituents, I am pleased to support this progressive programming. Each of the organizations in the collaborative bring strengths that will facilitate the delivery of high quality, comprehensive care to the underserved communities in the Illinois 4th Senate District. Please feel free to contact my office with any additional questions.

Sincerely,

Kimberly A. Lightford

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

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La Shawn K. Ford
State Representative
8th District

November 1, 2021

Toni Bush
President and CEO
PCC Community Wellness Center
14 Lake Street
Oak Park, IL 60302

Dear Ms. Bush,

On behalf of the 8th District, it is my pleasure to support this collaboration between West Suburban Medical Center, PCC Community Wellness Center, and Family Guidance Center for its grant application to the Illinois Department of Healthcare and Family Services for the Illinois Hospital Transformation Program. This grant will support innovative programming to improve health outcomes for women and children in the Austin community. Programming will focus on overall maternal child health, with a special emphasis on substance use disorder treatment in the perinatal period.

I am well aware that the West Side of Chicago is in great need of resources for maternal child health care. Furthermore, the West Side has experienced a significant increase in opioid overdoses since the COVID-19 pandemic began. As State Representative, I greatly appreciate that this project will treat pregnant women with evidence-based practices to reduce rates of preterm births and low birthweight and decrease the harmful effects of substance use disorder on both mother and baby. Residents of the West Side will benefit from enhanced services, such as community health workers, peer doulas, and peer coaches, to improve pregnancy outcomes.

On behalf of my constituents, I am pleased to support this progressive programming. Each of the organizations in the collaborative bring strengths that will facilitate the delivery of high quality, comprehensive care to the underserved communities in the 8th District. Thank you for your time and consideration on this matter.

Sincerely,

La Shawn K. Ford
State Representative--Eighth District

EMMA M. MITTS
ALDERMAN, 37TH WARD

4924 WEST CHICAGO AVENUE
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PHONE: 773-379-0960
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E-MAIL: emitts@cityofchicago.org

CITY OF CHICAGO
CITY COUNCIL

COUNCIL CHAMBER
CITY HALL ROOM 300
121 NORTH LASALLE STREET
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COMMITTEE MEMBERSHIPS
LICENSE & CONSUMER PROTECTION (CHAIRMAN)
AVIATION
BUDGET & GOVERNMENT OPERATIONS
COMMITTEES ON COMMITTEES AND RULES
ECONOMIC, CAPITAL AND TECHNOLOGY DEVELOPMENT
FINANCE
PUBLIC SAFETY
WORKFORCE DEVELOPMENT AND AUDIT

November 1, 2021

Toni Bush
President and CEO
PCC Community Wellness Center
14 Lake Street
Oak Park, IL 60302

Dear Ms. Bush,

On behalf of the 37th Ward, it is my pleasure to support this collaboration between West Suburban Medical Center, PCC Community Wellness Center, and Family Guidance Center for its grant application to the Illinois Department of Healthcare and Family Services for the Illinois Hospital Transformation Program. This grant will support innovative programming to improve health outcomes for women and children in the Austin community. Programming will focus on overall maternal child health, with a special emphasis on substance use disorder treatment in the perinatal period.

I am well aware that the West Side of Chicago is in great need of resources for maternal child health care. Furthermore, the West Side has experienced a significant increase in opioid overdoses since the COVID-19 pandemic began. As Congressman, I greatly appreciate that this project will treat pregnant women with evidence-based practices to reduce rates of preterm births and low birth weight and decrease the harmful effects of substance use disorder on both mother and baby. Residents of the West Side will benefit from enhanced services, such as community health workers, peer doulas, and peer coaches, to improve pregnancy outcomes.

On behalf of my constituents, I am pleased to support this progressive programming. Each of the organizations in the collaborative bring strengths that will facilitate the delivery of high quality, comprehensive care to the underserved communities in the 37th Ward.

Sincerely,

Emma Mitts
Alderman 37th Ward

WESTSIDE HEROIN/OPIOID TASK FORCE

MANAGEMENT TEAM

State Representative
La Shawn K. Ford, IL-8
Convener

Lee Rusch
Prevention Partnership, Inc.
Director

Luther Syas
Prevention Partnership, Inc.
Outreach Director

Coordinating Agency
Prevention Partnership,
Inc. Albert L. Orsello
Executive Director

November 1, 2021

Toni Bush
President and CEO
PCC Community Wellness Center
14 Lake Street
Oak Park, IL 60302

Dear Ms. Bush,

The West Side Heroin and Opioid Task Force is pleased to offer this letter of support to the West Suburban Perinatal Collaborative (West Suburban Medical Center, PCC Community Wellness Center, and Family Guidance Center) for its grant application to the Illinois Department of Healthcare and Family Services for the Illinois Hospital Transformation Program. This grant will support innovative programming to improve health outcomes for women and children in the Austin community. Programming will focus on overall maternal child health, with an emphasis on substance use disorder treatment in the perinatal period.

Increased access to substance use treatment is greatly needed as the West Side of Chicago has experienced a marked increase in opioid overdoses since the COVID pandemic began. In 2020, Cook County recorded nearly 2,000 opioid-related deaths. The Austin community in particular has the highest recorded rates of opioid overdose fatalities for African Americans. The Collaborative's proposal will contribute to a decrease in maternal deaths related to opioid use disorders and reduce perinatal harm.

The West Side Heroin and Opioid Task Force fully commits its support for this critical program that will offer targeted and comprehensive treatment for pregnant and parenting patients affected by opioid use disorders, improve the health of mothers, provide primary prevention of neonatal abstinence syndrome, and improve birth outcomes for infants born on the West Side of Chicago.

Sincerely,

Lee Rusch

Lee Rusch
Director