

Healthcare Transformation Collaborative of Chicago's Far South Side Communities (CCFSS)

Response: June 2022

EXECUTIVE SUMMARY

On behalf of the stakeholders and community leaders of the **Healthcare Transformation Collaborative of Chicago's Far South Side Communities (CCFSS)**, we are excited to present our Healthcare Transformation Collaborative proposal for funding consideration as part of the Illinois Transformation Collaborative Program (HTCP).

The **CCFSS** is made up of neighborhood health centers, care providers and nonprofits with impeccable long-standing history of successful healthcare services and programs aimed to impact our city's most underserved residents. Community planning, restorative justice and healthcare equity initiatives are anchored by the new Roseland Community Hospital (RCH), operating on the very far southeast side of Chicago. Our **CCFSS's** strategic design is that all identified partners share a working role directly interfacing amongst collaborative partners on the frontlines. Leveraging each other's professional expertise to devise a robust network of referrals and working protocols to enhance the overall dissemination collective healthcare paradigms with comprehensive programming.

Lead Entity: Roseland Community Hospital

Key Initiatives:

- 1) Community Behavioral Health Sustainable Healing Program
- 2) Community Obstetric Improvement Plan

Total Funding Request: \$40,000,000.00

Funding Request by Program:

- 1) Community Behavioral Health Sustainable Healing Program = \$27,500,000.
- 2) Community Obstetric Improvement Plan = \$12,500,000.00

Goals:

- 1) Community Behavioral Health Sustainable Healing Program
 1. Increased percent of outpatient follow-up visits after inpatient care (7-day and 30-day follow-up);
 2. Reduced number of visits to emergency departments for behavioral health services that result in hospitalization after inpatient treatment;
 3. Reduced mental health symptoms from admission to discharge;
 4. Increased productive engagement following admission (employment, job training, school enrollment, etc.)

- 2) Community Obstetric Improvement Plan
 1. Increased access and utilization of prenatal care visits;
 2. Increased access and utilization of postpartum visits;
 3. Increase in well-child visits within 30 days;
 4. Increased in identified pregnancy-related complications receiving treatment without ED visit;
 5. Improve utilization of RCH for labor and delivery
 6. Improve patient satisfaction with services and amenities at RCH.

Collaborators and Key Responsibilities

The **CCFSS** is empowered by the commitment and support of community leadership, stakeholders, political officials, religious organizations, local schools boards, the residents of the far South Side neighborhoods and the following service organizations and healthcare partnering provider entities;

- 1) The Gateway Foundation
- 2) Beloved Community Family Wellness Center
- 3) TCA Health
- 4) Chicago Family Health Center
- 5) Women's Health Foundation
- 6) Maryville Academy

Capital Improvements:

- 1) Construction funds from this Transformational project will expand RCH's current Behavioral Health Unit (BHU) by adding nineteen (19) beds to its existing twenty-four (24) bed BHU, for a total of forty-three (43) BHU beds.
- 2) The RCH Obstetrics unit will upgrade patient rooms so that every patient suite will have a private bathroom and shower and space to visit with family.
- 3) Dedicated areas and units of the hospital will be rehabbed to ensure proper space, capacity with enhanced technology and improved amenities for the increased levels of patients and quality care in both BHU and Obstetrics departments
- 4) The Sustainable-Healing Program will transform two stand-alone residential buildings on the hospital campus into two gender-specific, 7-bed "healing centers" where individuals can receive intensive inpatient behavioral, mental and substance abuse treatment.

ABOUT ROSELAND COMMUNITY HOSPITAL (Lead Entity)

Roseland Community Hospital (RCH) is an acute service, 162-bed hospital located at 45 W. 111th Street Chicago, IL 60628. RCH opened in 1924 with a mission to provide care to residents of the Roseland neighborhood and surrounding communities. Since that time, RCH has maintained this deliberate focus despite a myriad of social, economic, and political changes that dramatically affected the surrounding neighborhoods. The hospital is accredited by the Accreditation Commission for Health Care (formerly Healthcare Facilities Accreditation Program), recognized by the Centers for Medicare and Medicaid Services as a model hospital,

promoting health and improving quality of life, and accredited by The Joint Commission, the nation's oldest and largest standards-setting and accrediting body in health care. RCH is a recipient of the American Association of Respiratory Care's Quality Respiratory Care Recognition Award and won the National Hospital Charitable Service Award for programs that have demonstrated excellence in community impact, innovation, collaboration, leading practices, and transferability. For its patients, who are primarily African-American, RCH provides the following services: Anesthesia, Cardiology, Emergency Medicine, Family Medicine, Gastroenterology, General Surgery, Hematology, Infectious Disease, Internal Medicine, Neurology, Nephrology, Obstetrics/Gynecology, Pain Management, Pathology, Pediatrics /Neonatology, Pulmonology, Radiology, and Urology. In addition to RCH's medical services, the hospital also provides Case Management, Education: (Workshops & Seminars), Laboratory, Medical Stabilization, Pastoral Care, Pharmacy, Physical Therapy, Social Services, and Telemetry. RCH will phase its State Opioid Response (SOR) Hospital Screening and Warm Handoff Program through all departments, initiating with its Emergency Services Department, which serves over 21,000 patients annually.

In 2011, the State of Illinois established the 100-acre Roseland Community Medical District, which provides for the creation, maintenance, and expansion of healthcare and related facilities to study, diagnose and treat human ailments and injuries. With over five hundred (500) employees, RCH is its largest employer and is designated as a Level II Nursery by the Illinois Department of Public Health. RCH's Perinatal Services Department offers 24-hour neonatology and obstetrics coverage to prenatal, labor, and postpartum mothers and newborns. RCH also operates a Behavioral Health Unit committed to the mental health and well-being of individuals and their families living in the Greater Chicagoland area and throughout the State of Illinois. The BHU provides a continuum of care anchored by a 26-bed inpatient facility. Staffed with a team of psychiatrists, registered nurses, social workers, therapists and mental health counselors, RCH's Behavioral Health Unit is dedicated to providing services in a compassionate and sensitive manner, focused on the individual needs of patients and their families.

Additionally, Roseland Community Hospital is the first responder for the Port of Chicago at Calumet Harbor, and for the newly created Pullman National Park, both of which are located just east of the hospital.

SERVICE AREA

The hospital's immediate service area is the South Side of Chicago, which is in Cook County and includes the communities of Auburn Gresham, Avalon Park, Beverly, Burnside, Chatham, Greater Grand Crossing, Morgan Park, Pullman, Riverdale, Roseland, Washington Heights, and West Pullman.

RCH's service area spans six (6) zip codes and twelve (12) community areas within the City of Chicago. Of the 300,000 individuals that reside in RCH's service area, 86% identify as non-Hispanic African American/Black, 8% identify as non-Hispanic white, and 4% identify as Latino. This is somewhat different from the racial distribution in greater South Chicago where 51.6% of the 1,026,829 persons identify as black, 30.9% identify as Latino and 28.4% identify as white.

The CDC has assigned South Chicago a social vulnerability index of 87.6, the highest social vulnerability index in the Chicagoland area. 33% of households in Roseland make \$25,000 or less per year. 26% do not have access to the internet. Only 24% of the Roseland population has obtained their high school diploma or GED. Roseland's current unemployment rate is 20.3%.

COMMUNITY ASSESSMENT

Over the last four years, members of our **CCFSS** have been holding strategic planning sessions, supported through community needs assessment surveys and town hall gatherings. Data has been thoroughly compiled and now is the time to bring about systems change by generating true community wealth in an area in desperate need of transformation impact to galvanize this area of Chicago as a center of excellence within the healthcare ecosystem of Illinois. To accomplish this huge task successfully, our collaborative identified a variety of key, carefully vetted partners to play leading roles in the direct implementation, and expansion of two major medical units. The **CCFSS** Behavioral Health and Obstetric partner transformation and RCH improvement plan.

SOCIAL DETERMINANTS OF HEALTH

This collaboration will also address other post-discharge issues that may relate to safe housing, employment, available food, and other barriers that cause patients to forego follow-up care and not continue their treatment. Through the sharing of resources and staff during the inpatient process, we seek to facilitate as many outpatient and community service connections as possible, expanding the geographic footprint of healthcare services on the far south side.

FOCUS AREA 1: Behavioral Health partner transformation

Underserved and underreported communities located on the Far South Side of Chicago require a high-level plan of action to address the ever-increasing need to serve an individual's medical and psychiatric conditions. There are less than a handful of Chicago-area hospitals and medical centers that currently provide dual treatment addressing both conditions. This collaborative intends to increase the amount of BHU beds onsite at RCH for this population of individuals with conditions that have gone to long, undiagnosed, and untreated. For this to be successful, it will require properly funded BHU frontline workers hired as full-time staff by **CCFSS** partners.

FOCUS AREA 1: TRANSFORMATION ACTIVITIES

The design of the proposed collaboration ensures we maximize each partner's years of expertise in this behavioral health space. Anticipated results will be the increase in patient volume that realizes an improved customer service referral system. A key component is a seamless transition of the continuum of care between all partners. The newly expansive BHU in transformational collaboration with outpatient and community service providers, intend to provide earlier, and more comprehensive, continuum of care. Frontline clinical staff will identify ongoing support required to address a patient's needs and prepare a "warm hand off". Through assessments and communication, a properly aligned outpatient care plan will significantly reduce the perceived social determinants of health that create obstacles to successful transitions, outpatient engagement and sustainable healing. RCH looks forward to facilitating

more robust education and orientation to help patients, their families, and their support systems. Understanding where to find help, how to find covered help and why outpatient follow-up is crucial for sustained healing.

FOCUS AREA 1: NEED

South Chicago is in desperate need for more mental health professional services as the shortages that exist in that area are pervasive. Those that have studied this shortage recommend programming that incentivizes clinic-community linkages, promotes collaborative care models, and builds capacity. RCH believes this proposal will achieve the goals of the Illinois Healthcare Transformation Program and requests **\$27,500,000** from the Illinois Department of Healthcare and Family Services for this collaboration to operationalize the plan for its service area.

FOCUS AREA 2: Obstetrics partner transformation

The second area of transformational impact our proposal seeks to make is within Obstetric services for pregnant and post-partum mothers and their high-risk pregnancies. The University of Chicago in their February 2021 Transformational Data & Community Needs Report for Chicago's South Side listed childbirth as the most frequent driver of the hospital utilization. Despite having excellent physicians on staff, patients prefer to travel outside of their communities to deliver their children in more modernized and updated labor and delivery departments. Currently, RCH's labor and delivery department lacks the amenities that expecting and new mothers seek when choosing a hospital. By not having suite-style post-delivery recovery rooms and other amenities that patients seek, RCH is not able to serve the critical number of families, the majority of which are not connected to the local supports, resources and programming they need to live and thrive after they leave the hospital.

FOCUS AREA 2: TRANSFORMATION ACTIVITIES

From that reality our **CCFSS** will invest in new staff to serve as full-time clinicians, bilingual navigators, counselors, nurses, and other frontline roles in support of these services. **CCFSS** finds itself in a unique position as being one of a very few collaboratives containing a Chicago-based hospital that has the ability to treat pregnant and postpartum mothers that suffer from psychiatric conditions. Additionally, the healthcare desert on the south side of Chicago is about to become even larger as Advocate South Suburban Hospital just announced that they will no longer provide labor and delivery services. This will significantly impact our community residents as there will be even fewer options too to deliver their children and conduct follow up assessments close to their home. Studies have shown that due to the time and cost of ongoing travel many of these new mothers will choose to not undergo proper follow up checkups for themselves or their newborn high-risk infants.

FOCUS AREA 2: NEED

Specific goals of the **CCFSS** are to address ongoing issues with our population amongst the obstetrics care desert will be the development of the following programs consistent with other sought-after labor and delivery departments. These include midwifery programs to increase delivery options, lactation support, transportation assistance to help patients see their

providers, celebratory catered meals to help new mothers recover from delivery, and other services that will treat expecting and new mothers in **CCFSS** service area as well as (or better than) the expecting and new mothers in other areas of Chicago.

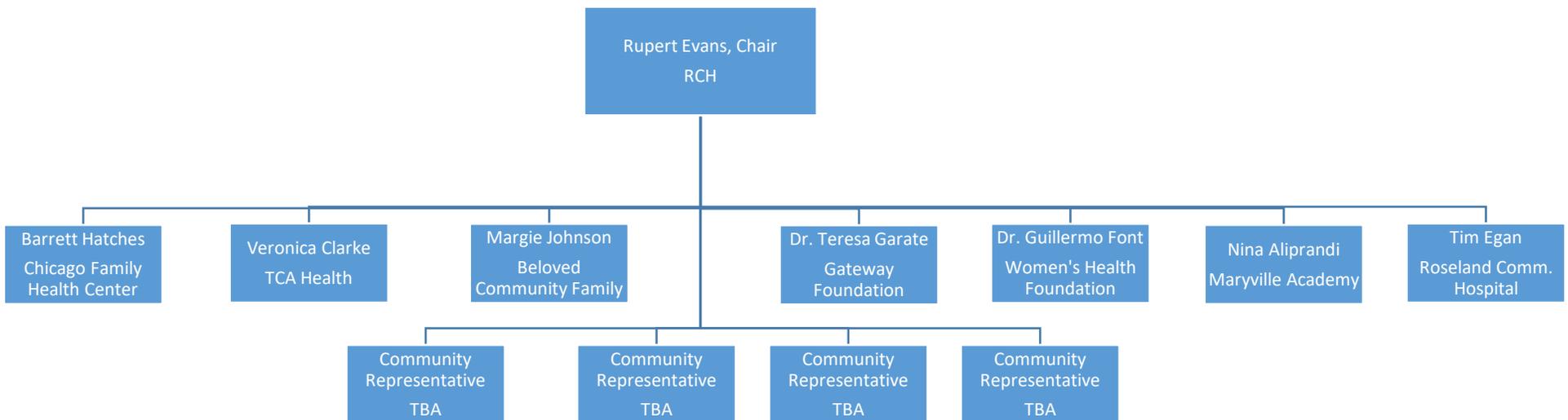
To facilitate this transformation for pregnant and post-partum mothers and their high-risk infants our **CCFSS** is **requesting \$12,500,000 in funds** from the Illinois Department of Healthcare and Family Services for this collaboration.

GOVERNANCE

The **CCFSS** will be governed by a steering committee comprised of members of the collaborative and community representatives. The Committee will be chaired by Roseland Community Hospital and supported by a finance and compliance committees.

The project managers will report on a regular basis to the committee on the progress of the collaborative and seek direction on important topics and strategic direction.

The Steering Committee will develop all policies, monitor progress, analyze all performance data and ensure all required reporting.



SUSTAINABILITY

Throughout the five-year funding cycle of the grant award and to ensure long-term sustainability, RCH will seek to develop alternative payment methodologies for Medicaid services. The goal is for the proposed increased services to be sustainable without continued subsidization by transformation funds.

We thank you for your time and consideration of our proposal submittal.

Behavioral Health Program Summary

Transformational Programmatic Applications

Pregnant & In-Crisis Program

This initiative will meet the unique needs of women with depression, anxiety, and other mental health problems during pregnancy and at other stages of life. Women's hormones, reproductive cycle changes, and life experiences can influence their vulnerability to emotional disturbances, as well as impact decisions about medications, psychotherapy, and other forms of treatment.

Our interdisciplinary professional team, including maternal-fetal medicine (high-risk pregnancy) specialists, psychiatrists, clinical therapist, social workers, and nurses, is dedicated to delivering the highest level of care for both the mother and her baby.

LGBTQIA Harmony Program

The program is a mental health initiative to afford the LGBTQIA community the same full rights and privileges as other citizens in the treatment of mental health services. The proposal mandates that all organizations receive federal, state, and local funds to provide health care provider that are culturally competent in the unique needs of the SOGI community. Furthermore, the program suggests the definition of family be broadened to include same-sex partners and children adopted to same-sex couples the same rights and privileges with insurance and third-party payor coverage as the traditionally defined family structure. In addition to recognizing the family structure, insurance companies honor parity coverage for all people, not just heterosexuals. The program will promote patient treatment as a right to all citizens of the United States. All organizations that bill or receive funding from Medicare, Medicaid, Waiver Programs and managed public health insurance must submit evidence of cultural competence training. Furthermore, all forms, signage, and programs offered to the heterosexual community be afforded the same privilege to same-sex couples or individuals identifying as members of the LGBTQIA population.

The program must be paired with the community health care network and other external stakeholders. Such an approach will require a partnership with the local community leaders and participation from LGBTQIA organizational leadership in creating high-quality mental health outcomes.

This proposal modifies federal program guidelines and improves outcomes by establishing non-gender-specific practices and protocols that consist of proof of mandatory cultural competence training for staff and providers on health disparities, terminology, implicit bias awareness, and perspective-taking for LGBTQIA clients.

LOCATION

The program is allocating twelve beds to be located on the North Wing of the Hospital's Psychiatry Unit including a nurses station and a common dayroom area. The number of staff for each shift is determined by the census, acuity, and staff competencies.

STAFFING MODEL

1. **Psychiatrist** - Leader of the team, he/she coordinates patient treatment and have the ultimate responsibility for their care. They work closely with other team members. The Psychiatrist and/or PMHNP Meet with the patients individually on the units.
2. **General Medicine and/or FNP** (Family Nurse Practitioner)
3. **Behavioral Health Registered Nurse** - Responsible for the nursing care which includes assessing ongoing physical and emotional needs, initiating and providing major input to the treatment plan, dispensing medications, providing direct care milieu management and leading education groups.
4. **Licensed Clinical Social Worker or LSW** - Facilitates group therapy and provides individual and family therapy. Meets with patient and family to understand issues at home and provides ongoing support. He/she will also be instrumental in facilitating the transition from the hospital.
5. **Mental Health Associate** - Facilitates specific patient groups and provide support for the patients in 1:1 session. He/she will provide milieu management.
6. **Expressive Therapy** - Provides alternate means of expression, via dance, art, music, and recreational activities
7. **Intake** - Obtains facilities insurance verification, verifies, eligibility and determines scope of applicable benefits.
8. **Mental Health Technician** - Participates in rehabilitation and treatment programs: Helps patients with their personal hygiene, takes and records measures of patient's general physical condition.
9. **Interns and Externs for Social Worker and Expressive Therapies** (not counted in staffing).
10. **Unit Secretary/Scheduler** - A scheduler will serve as the coordinator for schedules and appointments, often between doctors and patients.
11. **PMHNP- (Psychiatric Mental Health Nurse Practitioner)** Comprehensive psychiatric evaluation, daily assessment, staffing and psychiatric clearance for discharge
12. **FNP (Family Nurse Practitioner)** - For history & physical and medical clearance

STAFFING SCHEDULE

Psychiatrist -1 Onsite daily & .25 weekend and On Call (Fri-Monday @ 8am)

General Practice Physician - Onsite daily

Dayshift (12 hrs.)

to provide full coverage

Nightshift (12 hrs.)

RN-3

RN 3

LPN-1

LPN 1

MHT -1 (Tech. /No degree) MHT 1
MHA-2 MHA-1
Sitter-1 0.5 weekends & relief Sitter-1

(8HR. SHIFTS)

CLINICAL THERPIST - 1FTE MIDDAY SHIFT @ 1.5 FTE
SOCIAL WORKER - 1FTE WEEKENDS @ .5 FLEX TIME
PMHNP-1FTE (Psychiatric Mental Health Nurse Practitioner)
FNP - 1 0.25 (Family Nurse Practitioner)

FACTS SUPPORTING THIS INITIATIVE

Some surprising facts reveal that The Diagnostic Statistic Manual on Mental Disorders (DSM) classified homosexuality as a disorder early as 1952. That classification was in effect until the 1972 Stonewall Demonstration, and it was not until a convention of psychiatrists in 1973 the term homosexuality was removed as a psychiatric disorder. Moreover, the World Health Organization (WHO) did not remove homosexuality from its ICD classification until ICD-10 in 1992. (Ahmed, 2022) In 2016, the Pulse nightclub shooting in Orlando shocked the nation— with a single gunman killing 49 people and wounding 53 others at the gay nightclub. The Pulse attack remains the most extreme assault on the gay community in American history. However, it was far from being an isolated case. When the National Coalition of Anti-Violence Programs (NCAVP) released its 2016 annual report, the data showed that it was the deadliest year for the LGBTQ community since NCAVP began record-keeping anti-LGBTQIA hate crimes in 1996. However, 2017 proved even worse, with anti-LGBTQIA hate crimes rising 86% from 2016. LGBTQ people of color—particularly transgender people—are disproportionately affected by these hate crimes. According to the Human Rights Campaign (HRC), at least 15 transgender women, all of whom were black, were killed in 2019. (Ahmed, 2022) If more vital legislation is not proposed and passed, violent hate crimes like these cited will only continue toward the LGBTQ mental health statistics revealed that 40% of LGBTQIA youth have considered suicide in the previous year.

Two-thirds of LGBTQIA youth respondents report there is someone trying to change their gender identity or sexual orientation.

As we can see from these LGBTQIA discrimination statistics, while massive efforts have been made for social and legal acceptance, discrimination doesn't stop, particularly against LGBTQIA youth.

LGBTQIA teens aged 13–17 struggle the most due to the pressure directed at their identity.

In 2019, 36% of people aged 18–34 were “very” or “somewhat” uncomfortable learning a family member is LGBTQIA.

According to transphobia statistics from the 2020 National Transgender Discrimination Survey, 50% of students that identified as transgender before graduating high school had been verbally attacked. Moreover, around 25% had been physically attacked, and 13% had been sexually assaulted the increase is due to misinformation and ignorance.

Healthcare professionals must work towards improvements in outcomes and quality of care by developing universal tools for inclusive data collection. The delivery of more tailored services and the creation of dedicated space will foster open communication about the personal information that may be crucial to providing high-quality care. The staff that will provide services begin by including questions about sexual orientation and gender identity to help transform current health practices here at Roseland hospital

The efficacy of this program is to facilitate de-stigmatization and decrease discrimination in mental health services to the LGBTQIA community by fostering access to relevant health services.

Community Obstetric Improvement Plan

Transformational Programmatic Applications

The main goal of the program is to increase access and utilization of prenatal care visits. Staff will establish a set of high-quality clinical maternity services and it will be administered as a partnership between the collaborating entities to include FQHC's, Roseland Community Hospital and associated providers.

A feature of the program is to align the work of the hospital's OB high-risk clinic and the case managers/health navigators who currently track all high-risk pregnancies serviced by the Women's Health and Development Foundation (WHF).

The program will create new health navigators located in each of the collaborating FQHC and will be tasked with identifying patients without a scheduled plan for prenatal care. Once identified the patients will be assigned to a case manager who will coordinate care ensuring patients participate in routine checkups, participate in prenatal care seminars, and engage in a dialogue leading to a more educated pregnancy, delivery, and post-partum support.

The case managers in coordination with the health navigators will be responsible to developing educational seminars, prenatal support classes, lactation seminars, and identify other referral resources for a holistic support for each expecting mother and immediate family.

Location

The seminars, classes and support groups will be hosted at Roseland Community Hospital and collaborating FQHC with dates and times offering the most options for expecting mothers.

Staffing Model

1. **Maternal Fetal Medicine Physician** will coordinate care for high-risk pregnancies. Hospital based.
2. **OB/GYNE Physician** will coordinate care for expecting mothers. Identify pregnancy clinical complications. FQHC and Hospital based
3. **Case Managers** will follow the mom and align with established care plans. Identify outside environmental factors hindering an effective prenatal care plan. FQHC based.
4. **Health Navigators** will outreach with community organizations to promote the Community Obstetric Plan, support families and expecting moms. Hospital based.

Staffing Schedule

Physicians will realign office hours to add evening and weekend availability for office visits and consults. Physicians will be available 24/7 for ED consultations in high-risk and emergency situations.

Case Managers and health navigators will overlap schedules to afford patients as much access during regular hours, evenings, and weekends.

Collaborators and Key Responsibilities

The **CCFSS** is aware of the challenges on the Far South Side of Chicago and the lack of access to prenatal care and obstetrics programs. The commitment of the providers in the CCFSS is unrivalled and is demonstrated in the continued work in one of the most challenged communities in the State of Illinois.

1. Women's Health and Development Foundation (WHF). High risk-pregnancies
2. Chicago Family Health Center. OB/GYNE services, case management, and prenatal care support.
3. Beloved Community Family Wellness Center. OB, case management, and prenatal care support.
4. TCA Health. OB/GYNE services, case management, and prenatal care support.

Capital Improvements

Capital request is earmarked for improvements of the OB unit at Roseland Community Hospital. Currently the unit lacks private showers, has not been esthetically upgraded in decades and some room lack reliable HVAC. The goal is to upgrade / enhance technology, upgrade patient rooms so that every patient suite will have a private bathroom and shower, space to visit with family and create a welcoming and healthy environment for moms and babies.

DATA

Perinatal health care access on Chicago's South Side has historically been shaped by hospital closures. At the beginning of 2019, Chicago had 19 hospitals with obstetric units, with six located on the South Side. During 2019-2020, several obstetric units on the South Side faced temporary and permanent closures, due to economic resources and COVID-19. These closures left only three birthing hospitals on the South Side, compared to the six each on the North and West sides of Chicago. The lack of health care resources in some communities could contribute to poor maternal and infant outcomes. One study in Chicago found that Black-majority communities with a history of redlining had higher preterm birth rates than Black-majority communities that were not historically redlined.

While RCH physicians and ED visits show a willingness on the part of expecting mothers to contact RCH and collaborating physicians, few deliver in the hospital citing antiquated facilities.

Internal CRM surveys support the narrative that mom prefer to deliver close to home but in a modernized facility.

Deliveries at RCH by year

- Total # Deliveries
 - 2019-129
 - 2020-238
 - 2021-167

- Total # Triage OB Patients
 - 2019-591
 - 2020-833
 - 2021-601
 -

- Total Maternal Transfers to Stroger Hospital
 - 2019-19
 - 2020-30
 - 2021-20