



**Congressional-directed project funding
Proposal to Congressman Raja Krishnamoorthi
Representing the 8th District of Illinois
April 19, 2021**

Requesting Organization Info

- Name of requesting organization or entity: Access Community Health Network (ACCESS)
- Type of entity:
 - 501(c)(3) nonprofit organization
- Address of organization: 600 W. Fulton, Suite 200, Chicago, IL 60661
- Website: www.achn.net

Your Point of Contact for This Request

- Name: Thea Kachoris-Flores
- Title: Director, Planning and Development
- Phone number: 773-490-9493
- Email address: thea.kachorisflores@achn.net

Project Info

1. **Project name:** ACCESS Medication Assisted Recovery Program
2. **Purpose of project:**

The mission of ACCESS is to partner with patients at all points of care, providing high quality, patient-centered health services accessible to all in their own communities. Our vision is to partner with patients and communities to improve total health and create health equity. Incorporated in 1991 and one of the largest federally qualified health centers in the country, ACCESS provides community-based integrated primary and behavioral health care to 175,000 patients annually across 35 sites in the Chicago region. One of those sites is located in the 8th District of Illinois. Services are available to all patients, regardless of their ability to pay. The majority of ACCESS patients self-identify as Latinx or African-American and 90 percent have incomes below 200 percent of the federal poverty level.

Our highly coordinated service delivery model encompasses: a) routine screenings for substance use, depression, HIV, food insecurity, domestic violence, and dental services; b) primary care with a comprehensive, multidisciplinary care team; c) integrated, onsite care for high risk conditions including mental health disorders, infectious diseases such as HIV and Hepatitis C, maternal-fetal medicine for high risk pregnancies; and d) strong community referral partnerships to ensure the provision of diagnostic, inpatient, social, and supportive services for our patients. Additionally, our supportive services are embedded into a patient's care plan and include benefits assistance, care coordination for high-risk patients, and case management along with strategies such as transportation to overcome social barriers to care.

ACCESS has been providing Medicated Assisted Recovery (MAR) services in communities of high need since 2004 and in DuPage County since 2019 to meet the needs of low-income, vulnerable individuals with opioid addiction and dependency. One of the service sites is located within the 8th Congressional District of Illinois at the ACCESS West Chicago Family Health Center. We provide on-site, outpatient treatment services using a trauma-informed model of care that encompasses primary care, behavioral health and recovery support. Our model includes:

- Destigmatized environment in a medical home setting.
- Cultural and linguistic competency: hiring staff that are from the community and with lived experience.
- Access to all individuals regardless of ability to pay.
- Integrated risk reduction and education to prevent overdose.

Opioid use denial and stigma is prevalent in DuPage County. ACCESS will leverage this federal request to build and enhance our program and strengthen collaborations and partnerships in the community with peer recovery staff and supports to ensure patients are accessing critical opioid treatment services. ACCESS has a strong history working with partners to reach beyond the walls of our health center and engage those that are disconnected from the health system and facing barriers to care.

The enhanced services and program funded through this request will serve DuPage County and includes:

- Collaboration with partner organizations such as the DuPage County Health Department, DuPage County Jail system, local hospitals, and schools to connect individuals needing treatment and care.
- On-site peer navigation at partner organizations to support and ensure individuals are connected to treatment during transitions, e.g., release from jail, discharge from the Emergency Department or inpatient hospitalizations.
- Outreach and education in the community to address stigma and denial, and ensure individuals are aware of available resources in the community.
- Linkage to non-medical support services such as transportation, housing, food, and employment services to ensure social determinants of health needs are met and that individuals have no barriers to care.
- Peer assistance and outreach to those who have missed treatment or are lost to care.

3. **Postal address of project (or general location if not applicable):** 245 S Gary Ave, Bloomingdale, IL 60108 (DuPage County)

4. **Requested funding amount for FY22:** \$140,000

5. **Subcommittee:** Labor-Health

6. **Agency:** Department of Health and Human Services, Substance Abuse and Mental Health Services Administration,

7. **Account:** Health Surveillance and Program Support

8. **How would this project benefit the public and why would it be a good use of taxpayer dollars?**

Opioid overdose and mortality rates have grown at an alarming pace in DuPage County over the last decade. The number of deaths attributed to opiate overdoses in DuPage County was called a public health epidemic in 2013 by the DuPage County Coroner. In 2016, the number of deaths in DuPage due to fentanyl overdose increased by 100 percent from 2015, and deaths due to a combination of heroin

and fentanyl increased 370%.¹ There were 275 opioid-related deaths in DuPage County in 2019² (most recent data available). Given the COVID-19 pandemic, we know that this number has grown in the last year with increasing numbers of people facing mental health crises. According to the Centers for Disease Control and Prevention (CDC), preliminary data for the one-year period ending in September 2020 indicate that more than 87,000 Americans died from a drug overdose, an increase of nearly 27 percent over the one-year period ending in the previous September. The data also indicate that the reported number of drug overdose deaths in Illinois increased by nearly one-third, from 2,687 to 3,511, over that same time frame.³

This project is a good use of taxpayer dollars because it will help ensure that individuals needing resources are connected with treatment and care to reduce the opioid-related deaths in DuPage County.

9. Why should this request be considered a priority for the people of Illinois or Illinois' 8th District?

Prior to COVID-19, a group of key stakeholders in the county formed the DuPage HOPE Taskforce to address DuPage County's opioid issues. Through their work, they identified gaps in opioid-related services in the county which included underdeveloped referral processes and networks, gaps in the care continuum to link people to services, and community fear and misinformation. The latter is a complex and significant barrier in the community that this proposal seeks to help mitigate. While ACCESS and other treatment providers have capacity in the County to treat individuals with opioid dependency, there is denial that the problem exists so too few people seek and engage in services. Critical resources are needed to address this barrier and improve engagement and linkage to treatment.

10. Please attach here any documentation that demonstrates local support for this project:

11. Please provide a breakdown here of how this funding would be used (salaries, construction, etc.):

ACCESS respectfully requests \$140,000 in federal funding to support one-time costs to establish community linkages and build the peer recovery support model in DuPage County. The requested funding will be used to partner with hospitals, schools, the health department, and other community-based organizations to reach and engage individuals needing substance use treatment into care. Costs include:

- PERSONNEL COSTS (salary and fringe): \$75,600 for outreach staff and a peer navigator. The outreach staff will engage with local partners to ensure we are meeting individuals where they are at in the community. The peer navigator will work with individuals to link them with MAR services, connect them with needed resources (such as transportation or food) to address any barriers to treatment, and re-engage patients who are lost to care. ACCESS will aim to hire someone with lived experience.
- TRAINING on trauma informed care and training for community health workers and peer navigators: \$7,000
- PATIENT EDUCATION MATERIALS: \$16,000 to educate community members about available resources in the community and to destigmatize asking for and receiving assistance. Materials include palm cards with a phone number for individuals to call if they need help, and the design and posting on social media.

¹ Impact DuPage: <https://www.impactdupage.org/indicators/index/view?indicatorId=4733&localeId=668>.

² Illinois Department of Public Health Opioid Data Dashboard: <https://idph.illinois.gov/OpioidDataDashboard/>.

³Centers for Disease Control and Prevention: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

- TRANSPORTATION assistance to ensure patients are able to attend treatment appointments. Costs are calculated based on 30 patients each coming for treatment once a month for a total of \$14,400.
- CELL PHONE REIMBURSEMENT: \$900 for staff that need to work in the field and connect with patients and community members.
- Indirect costs: ACCESS has a federally approved indirect cost rate of 22.94%.

12. **Is this a new or ongoing project?** The project funded by this request is new.
13. **What is the timeline of completion for this project and will this project require additional federal funding in future fiscal years?** This is a 12-month project. It does not require additional federal funding in future years. These are one-time federal costs to get the program going and establish community linkages and peer support.
14. **If the Appropriations Committee is not able to provide the full amount of funding requested, can this project start in a limited capacity?** Yes, we could limit the capacity but would not have the same reach across the County.
15. **Is this project currently authorized in law? Where? If not applicable, please write "N/A".**
N/A
16. **If this project has been included in a presidential budget request, please indicate that here and detail how much and in what fiscal year:**
N/A
17. **If this project has received any funding in the past, from either a public or private source, please detail that here:**
This project has not received funding in the past as it is an enhancement to our existing programming. The existing program has received funding in the past to start our treatment services in Bloomingdale through the Bloomingdale Mental Health Board.
18. **If you are proposing report language to accompany this CPF request, please write that language here and indicate if similar language has ever been included in a previous year:**
N/A
19. **If this project requires a non-federal cost-share, please indicate that here and explain how you can demonstrate that the non-federal share will be met:**
This project does not require a non-federal cost-share.
20. **Does any derogatory information, as well as any potentially mitigating information, exist that would render the entity potentially unsuitable for receiving community project funding? Please explain if applicable.**
No.
21. **If submitting multiple requests, please rank this request in terms of priority:**
N/A
22. **Please list all Members of the House and Senate who are receiving this request:**

Raja Krishnamoorthi, Illinois 8th District
Sean Casten, Illinois 6th District

ACCESS is grateful to Congressman Krishnamoorthi for consideration of this request and would be pleased to provide any further information or answer any questions.