

Minutes of the Meeting of the Cook County Health (CCH) Board of Directors held on Friday, February 28, 2025 at the hour of 9:00 A.M., at 1950 West Polk Street, Room 5301, in Chicago, Illinois.

## **I. Attendance/Call to Order**

Chair Taylor called the meeting to order.

Present: Chair Lyndon Taylor, Vice Chair Commissioner Bill Lowry and Directors Jay Bhatt, DO, MPH, MPA; Maya Green, MD, MPH, FACHE; Joseph M. Harrington; Sage J. Kim, PhD; Robert G. Reiter, Jr.; and Sam A Robinson, III, PhD (8)

Remotely

Present: Directors Raul Garza and Mia Webster Cross, MSN, RN (2)

Absent: Director Tanya R. Sorrell, PhD, PMHNP-BC (1)

Director Reiter, seconded by Director Harrington, moved to allow Directors Garza and Webster Cross to remotely participate as voting members in this meeting. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Fidel Abrego, MD – Chair of Obstetrics and Gynecology

Mopelola Akintorin, MD – Chair of Pediatrics

Rami Doukky, MD - Chair, Division of Cardiology

Aaron Galeener – Chief Administrative Officer, Health Plan Services

Andrea Gibson – Chief Strategy Officer

Steven Kreiser – Press Ganey

Jeff McCutchan – General Counsel

Erik Mikaitis, MD –Chief Executive Officer

Thomas Nutter, MD – Chief Behavioral Health Officer

Alisha Patel – Assistant General Counsel

Deborah Santana – Secretary to the Board

Raji Thomas – Chief Quality Officer

Christina Urbino - Business Service Line Director

The next regular meeting of the Board is scheduled to be held on Friday, March 28, 2025 at 9:00 A.M.

Chair Taylor indicated that he would be taking his report out of order, to recognize the recent passing of the Honorable Jerry Butler, former CCH Board Vice Chair and longtime member of the Cook County Board of Commissioners.

Commissioner Butler was an inaugural member of the CCH Board since its creation in 2008 and served as Vice Chair from 2014 until his retirement in 2018. He was a dedicated public servant and staunch champion for the residents of Cook County, and had a particular focus on addressing health care equity. His contributions to CCH and Cook County are immeasurable; he will truly be missed and will always be remembered.

Vice Chair Lowry, Director Reiter and Chief Executive Officer Dr. Erik Mikaitis provided comments in recognition of the life and service of Commissioner Butler, and the CCH Board of Directors extended its sympathy and condolences to the family of Commissioner Butler.

## **II. Employee Recognition** (details included in Attachment #2)

Dr. Mikaitis recognized a number of employees for their outstanding work.

### **III. Public Speaker Testimony**

There was no public speaker testimony provided.

### **IV. Board and Committee Reports**

#### **A. Board of Directors Meeting Minutes, January 24, 2025**

Chair Taylor inquired whether any corrections or revisions to the minutes were needed.

Director Harrington, seconded by Director Bhatt, moved to approve Item IV(A) the Minutes of the Board of Directors Meeting of January 24, 2025. THE MOTION CARRIED UNANIMOUSLY.

#### **B. Audit and Compliance Committee Meeting, January 31, 2025**

i. Meeting Minutes, which include the following action items:

- Receive and file the CountyCare Compliance Program FY2024 Annual Report and Cook County Health (Provider) Compliance Program FY2024 Annual Report

Director Harrington provided an overview of the Meeting Minutes.

Director Reiter, seconded by Director Harrington, moved to approve Item IV(B) the Minutes of the Meeting of the Audit and Compliance Committee of January 31, 2025, containing the following action items: receiving and filing the CountyCare Compliance Program FY2024 Annual Report and Cook County Health Provider Compliance Program FY2024 Annual Report. THE MOTION CARRIED UNANIMOUSLY.

#### **C. Managed Care Committee Meeting, January 31, 2025**

i. Meeting Minutes

Vice Chair Lowry provided an overview of the Meeting Minutes.

Director Harrington, seconded by Director Reiter, moved to approve Item IV(C) the Minutes of the Meeting of the Managed Care Committee of January 31, 2025. THE MOTION CARRIED UNANIMOUSLY.

#### **D. Quality and Patient Safety Committee Meeting, February 21, 2025**

i. Meeting Minutes, which include the following action items:

- Approval of proposed Stroger Hospital Department/Division Chair Initial Appointments and Reappointments
- Approval of proposed Stroger Hospital and Provident Hospital Medical Staff Appointments/Reappointments/Changes

Director Bhatt provided an overview of the Meeting Minutes.

Vice Chair Lowry, seconded by Director Garza, moved to approve Item IV(D) the Minutes of the Meeting of the Quality and Patient Safety Committee of February 21, 2025, containing the following action items: approval of five (5) Stroger Hospital Division Chair Initial Appointments, and approval of the proposed Stroger Hospital and Provident Hospital medical staff appointments/reappointments and changes. THE MOTION CARRIED UNANIMOUSLY.

#### **IV. Board and Committee Reports (continued)**

##### **E. Finance Committee Meeting, February 7, 2025**

- i. Meeting Minutes, which include the following action items:
  - Approval of Contracts and Procurement Items
  - Approval of three (3) proposed Resolutions authorizing signatory changes CCH bank accounts held at Chase Bank for the Oak Forest Health Center Depository Account; John H. Stroger, Jr. Hospital of Cook County checking and/or savings accounts; and Provident Hospital of Cook County checking and/or savings accounts
  - Receive and file Grant Award-Related Items

Director Reiter provided an overview of the Meeting Minutes. He noted that request number 10 under the Contracts and Procurement Items is pending review by Contract Compliance.

Director Harrington, seconded by Director Reiter, moved to approve Item IV(E) the Minutes of the Finance Committee Meeting of February 7, 2025, which include conditional approval of the Contracts and Procurement Items, pending review by Contract Compliance; approval of three (3) proposed Resolutions, as amended, authorizing signatory changes for CCH bank accounts held at Chase Bank for the Oak Forest Health Center Depository Account, Stroger Hospital checking and/or savings accounts, and Provident Hospital checking and/or savings accounts; and receiving and filing of the Grant Award-Related Items. THE MOTION CARRIED.

Director Robinson voted PRESENT on request number 2 under the Contracts and Procurement Items contained within the Minutes.

Director Green voted PRESENT on request numbers 3 and 10 under the Contracts and Procurement Items contained within the Minutes.

#### **V. Action Items**

##### **A. Contracts and Procurement Items**

There were no Contracts and Procurement Items presented directly for the Board's consideration.

##### **B. Proposed Real Estate-Related Matter: Request to amend the lease agreement between Westside Health Authority and the County of Cook, to add 1,170 rentable square feet to the existing 13,790 rentable square feet in the building located at 4800 W. Chicago Avenue, in Chicago, Illinois, commonly known as the Austin Wellness Center. (Attachment #1)**

Craig Williams, Chief Administrative Officer, provided an overview of the request being presented for the Board's consideration.

Director Reiter, seconded by Director Harrington, moved to approve the request to amend the lease agreement between Westside Health Authority and the County of Cook, to add 1,170 rentable square feet to the existing 13,790 rentable square feet in the building located at 4800 W. Chicago Avenue, in Chicago, Illinois, commonly known as the Austin Wellness Center. THE MOTION CARRIED UNANIMOUSLY.

##### **C. Any items listed under Sections IV, V and IX**

**VI. Report from Chair of the Board**

This item was taken out of order and addressed at the beginning of the meeting.

**VII. Report from Chief Executive Officer (Attachment #2)**

Dr. Mikaitis provided an introduction to the reports and presenters listed below. Also included for the Board's information were the Divisional Executive Summaries (included in Attachment #2).

**Update on ARPA Obligations (Attachment #3)**

- A. High Reliability Organization (HRO) Report** (Attachment #4) – Raji Thomas and Steven Kreiser, Press Ganey
- B. Update on Strategic Planning:**
  - Introduction - Andrea Gibson, Chief Strategy Officer
  - Managed Care Scan (Attachment #5) – Aaron Galeener, Chief Administrative Officer, Health Plan Services
  - Behavioral Health Strategy (Attachment #6) – Dr. Thomas Nutter, Chief Behavioral Health Officer
  - Service Line Update
    - Cardiology (Attachment #7)– Dr. Rami Doukky, Chair, Division of Cardiology
    - Maternal Child (Attachment #8) – Dr. Fidel Abrego, Chair of Obstetrics and Gynecology; Dr. Mopelola Akintorin, Chair of Pediatrics; and Christina Urbino, Business Service Line Director

**VIII. Informational Report**

The following informational report was received but not reviewed at the meeting.

- A. Quarterly Report from the Cook County Department of Public Health** (Attachment #9)

**IX. Closed Meeting Items**

- A. Claims and Litigation**
- B. Discussion of Personnel Matters**
- C. Update on Labor Negotiations**

The Board did not recess into a closed meeting.

**X. Adjourn**

As the agenda was exhausted, Chair Taylor declared THE MEETING ADJOURNED.

Respectfully submitted,  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Lyndon Taylor, Chair

Attest:

[illegible]

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
February 28, 2025

ATTACHMENT #1



**Leadership**

Toni Preckwinkle  
President  
Cook County Board of Commissioners  
Erik Mikaitis, MD, MBA  
Chief Executive Officer  
Cook County Health

**Board of Directors**

Lyndon A. Taylor  
Chair of the Board  
Commissioner Bill Lowry • 3rd District  
Vice-Chair of the Board  
Jay Bhatt, DQ, MPH, MPA  
Raul Garza  
Maya Green, MD, MPH, FACHE

Joseph M. Harrington  
Sage J. Kim, PhD  
Robert G. Reiter, Jr.  
Sam A. Robinson, III, PhD  
Tanya R. Sorrell, PhD, PMHNP-BC  
Mia Webster Cross, MSN, RN

To: Cook County Health Board of Directors

From: Craig Williams, Chief Administrative Officer for Operations and Development

Date: February 20, 2025

Memo: 4800 West Chicago Avenue

Cook County Health is requesting approval to amend the existing lease agreement between Westside Health Authority, an Illinois not-for-profit corporation, (Landlord) and the County of Cook, a body corporate and politic, of the State of Illinois (Tenant). The existing lease is approximately 13,790 rentable square feet in the building, located at 4800 W. Chicago Avenue, Chicago, IL. 60651, commonly known as the Austin Wellness Center.

As CCH's historical fiscal intermediary for research, Hektoen Institute, LLC, an Illinois not-for-profit, has rented 1,170 rentable square feet in the Austin Wellness Center to provide grant funded staff involved in CCH HIV services at Austin. As of March 1, 2025, the grant funding related to this service is transferred over to CCH. In order to ensure no disruption of HIV services under the grant, CCH needs to absorb this real estate footprint. In anticipation of the grant transfer, Hektoen provided a 90 day lease termination effective for February 28, 2025.

Tenant: Cook County, for use by CCH

Landlord: Westside Health Authority

Building: 4800 W. Chicago Avenue, Chicago, IL. 60651

Existing Premises: 13,790 (First floor: 11,976 rsf and Second floor: 1,814 rsf)

Additional rsf: 1,170

Total Rentable rsf: 14,960

Lease Term: 4/23/2025 - 7/22/2029 (4 years & 3months)

Rent Commencement date: April 23, 2025

Lease Expiration: July 22, 2029


Initial Base Rent: \$24.59/rsf

Estimated CAM & Taxes: 52.97% Pro-rata share

**APPROVED**

**FEB 28 2025**

BY BOARD OF  
DIRECTORS OF THE COOK COUNTY  
HEALTH AND HOSPITALS SYSTEM



Lease Year	Annual Base Rent @ 1.5% Escalation	Estimated CAM & Property Taxes @ 3% Escalation	Total Estimated Annualized Rent
4/23/24 to 7/22/25	\$7,192.58	\$3,728.90	\$10,921.48
7/23/25 to 7/22/26	\$29,201.85	\$15,363.15	\$44,565.00
7/23/26 to 7/22/27	\$29,639.88	\$15,824.02	\$45,463.90
7/23/27 to 7/22/28	\$30,084.48	\$16,298.74	\$46,347.22
7/23/28 to 7/22/29	\$30,535.75	\$16,787.67	\$47,323.42
<b>Total Fiscal Impact</b>	<b>\$126,654.54</b>	<b>\$68,002.48</b>	<b>\$194,621.02</b>

**Tenant Improvement**

**Allowance:** Landlord will completely resurface the parking lot, including seal coating and striping. A new HVAC unit will be installed, and the space will be painted; all at Landlord's expense.

**Utilities:** Paid by Tenant, as provided in the original lease.

**Funding:** Annual Operating Budget Account String:  
41215.4893.10700.550133

**Parking:** Forty-nine (49) non-dedicated parking stalls available, as provided in the original lease.



Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
February 28, 2025

ATTACHMENT #2

# CEO Report

Dr. Erik Mikaitis, Chief Executive Officer  
February 28, 2025



COOK COUNTY  
**HEALTH**

# New Hires and Promotions



COOK COUNTY  
**HEALTH**

# Congratulations

## New Leadership Hires

Lisa Yeh, Chair of the Division of Child and Adolescents, Psychiatry

Josune Iglesias, Residency Director, Internal Medicine Primary Care Program

Kevin Hickey, Director of Quality Improvement, Quality Assurance

Gillian Feldmeth, Senior Manager of Policy & Innovation, Health Plan Services

Daniel Byars, Senior Manager of Complex Care Coordination, Community Care<sup>\*</sup>

Jaime Martinez , Manager of Operations-Bilingual, North Riverside

Meg Kral, Occupational Therapy Manager, Provident

Karen Lewis, Quality Data Manager, Quality Assurance

Rocio Vargas-Garcia, Ambulatory Clinic Manager –DPH

Candace Nicks, Manager – Community Immunization Program, DPH

*\*Re-Hire*

# Congratulations

## Promotions

Raji Thomas, Chief Quality Officer, Quality Assurance

Alexandra Normington, Chief Communications & Marketing Officer, Administration

Sharon Welbel, Chair of the Division of Infectious Disease

Thomas Gast, Chair of the Division of Interventional Radiology

Justin Gandia, Chair of the Division of Gynecology, Obstetrics and Gynecology

Mariko Limpar, Medical Director of Employee Health Services

Nancy Quesada, Director of Pulmonary Care, Administration

Nigist Taddese, Physician Advisor, Medical Administration

Raymond Narh, Physician Advisor, Medical Administration

Karla Anderson, Director of Psychology Student Training, Psychiatry Administration

# Congratulations

## Promotions

Giries Sweis, Director of Health Psychology Services, Psychiatry-Ambulatory

Ashante Wells-Baines, Director of Administrative Operations, Medical Administration

Kelly Lynn Metoyer, Senior Project Manager, OB/Gyn Administration

# Recognition & Announcements



COOK COUNTY  
**HEALTH**

# American Heart Month Press Conference

In recognition of **American Heart Month**, Cook County Health leaders, elected officials and a patient came together to recognize improvements in access to advanced cardiac care and celebrate heart health at a press conference on February 11.

Cook County Health has invested approximately \$6M in the cardiology service line over the last several years to provide new technologies to patients that help patients, including the TAVR procedure and MitraClip™, which help patients with structural heart disease, and the Impella® Device, which provides advanced life support.

These investments have increased access to cutting-edge cardiac care for our communities and saved lives.





# Evidence-Based Practice & Research Conference



The Cook County Health nursing team hosted the Nursing Innovation & Research Center's inaugural **Evidence-Based Practice & Research Conference** on January 28, 2025.

More than 100 nurse leaders from CCH and other health systems around the region attended to share best practices and collaborate on advancements in clinical care.



Cook County Health has been named in Becker's Healthcare "64 hospitals and health systems with great simulation and education programs" list. **Congratulations to the SIM lab team!**

Becker's recognized programs that empower students and healthcare professionals to hone their skills in realistic, safe settings designed to mirror real-world scenarios.



# CHEF/ACHE Regent Professional Achievement Awards



Congratulations to **Dr. Krzysztof Pierko**, Associate Chair, Department of Medicine, **Jacquelyn Whitten, DNP**, Chief Nursing Officer, Stroger Hospital, **James McCracken**, Director of Emergency & Trauma Nursing, and **Kathy Minogue**, Director of Maternal/Child Health, for being selected for a CHEF Innovations Award!

The CHEF Innovations Award recognizes the accomplishments of a healthcare team which has inspired leadership, change and advancement in the Chicago area healthcare community.

This is a testament to the incredible work and dedication of our teams, showcasing our commitment to innovation and excellence in healthcare. An award reception was held at the 49th CHEF Annual Meeting on February 26 in Chicago.



Congratulations to **Andrea Gibson**, Cook County Health's Chief Strategy Officer, for being recognized by Becker's Healthcare on their "Chief Strategy Officers to Know" list!

The list included visionary leaders who help brand, market and expand their organizations, developing strategies that propel progress.



Congratulations to **Dr. Ayobami Olafimihan**, General Medicine Physician, for being recognized with a 2025 ASCO GI Symposium Merit Award by Conquer Cancer!

The list of awardees included 35 oncologists recognized for their contributions and advancements in cancer research and care.



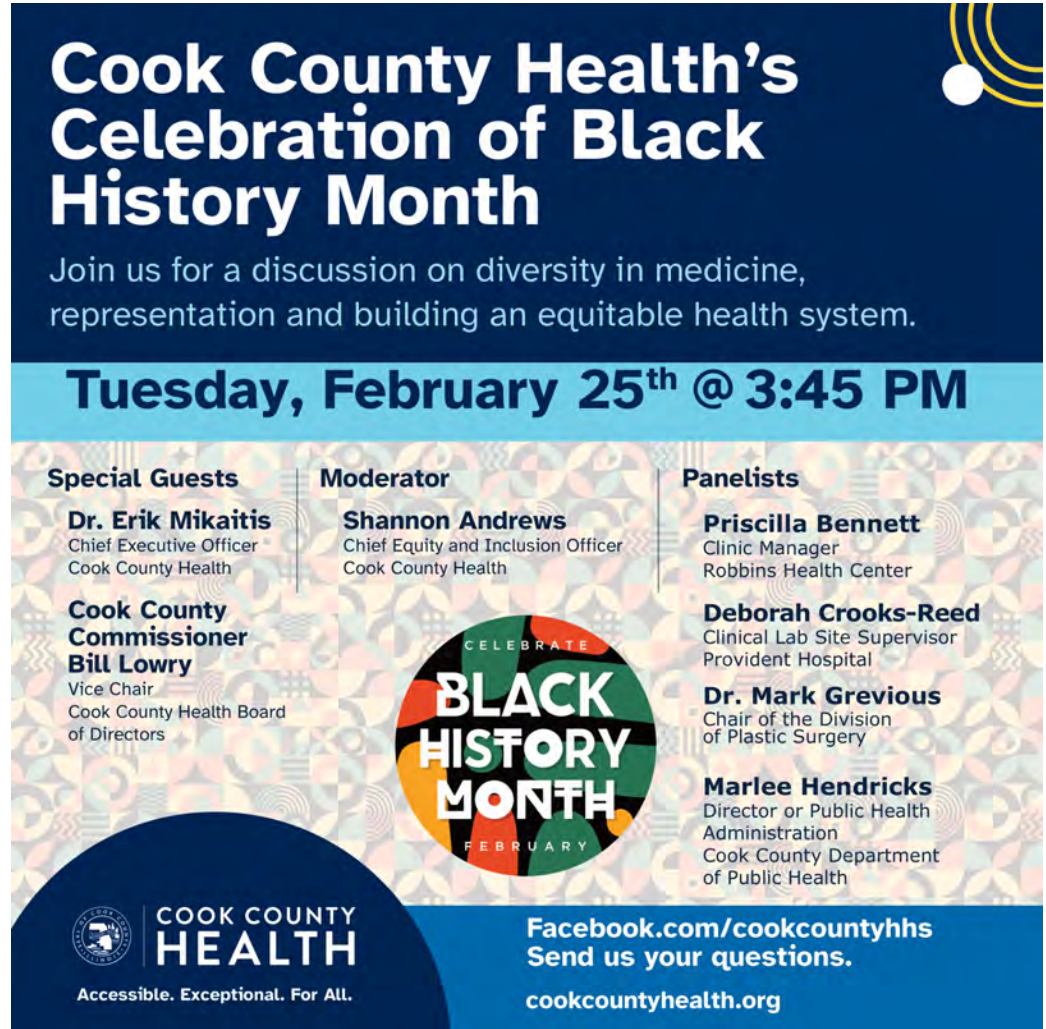


# Black History Month Panel

In honor of **Black History Month**, Cook County Health held a Facebook Live on diversity in medicine, representation and building an equitable health system.

Thank you to the panelists for a successful and insightful event!

CCH staff past and present were featured on our social media pages throughout the month in celebration of the contributions of African Americans in health care.




**Cook County Health's Celebration of Black History Month**

Join us for a discussion on diversity in medicine, representation and building an equitable health system.

**Tuesday, February 25<sup>th</sup> @ 3:45 PM**

Special Guests	Moderator	Panelists
<b>Dr. Erik Mikaitis</b> Chief Executive Officer Cook County Health	<b>Shannon Andrews</b> Chief Equity and Inclusion Officer Cook County Health	<b>Priscilla Bennett</b> Clinic Manager Robbins Health Center
<b>Cook County Commissioner Bill Lowry</b> Vice Chair Cook County Health Board of Directors		<b>Deborah Crooks-Reed</b> Clinical Lab Site Supervisor Provident Hospital
		<b>Dr. Mark Grevious</b> Chair of the Division of Plastic Surgery
		<b>Marlee Hendricks</b> Director of Public Health Administration Cook County Department of Public Health

**CELEBRATE BLACK HISTORY MONTH FEBRUARY**

 **COOK COUNTY HEALTH**  
Accessible. Exceptional. For All.

**Facebook.com/cookcountyhhs**  
Send us your questions.  
[cookcountyhealth.org](https://www.cookcountyhealth.org)

# Free COVID-19 and Flu Vaccination Clinics

In response to the increased number of flu hospitalizations in Illinois, Cook County Department of Public Health has extended its Saturday free vaccine clinics through the end of March.

- \* 3/1/25 @ Blue Island Health Center
- \* 3/8/25 @ Cottage Grove Health Center
- \* 3/15/25 @ Robbins Health Center
- \* 3/22/25 @ Arlington Heights Health Center



**COOK COUNTY**  
Public Health

**BUILDING  
HEALTHIER  
COMMUNITIES**

**SATURDAYS  
8AM-4PM**

**OCTOBER 19, 2024—  
MARCH 22, 2025**

ARLINGTON HEIGHTS  
BLUE ISLAND  
COTTAGE GROVE  
NORTH RIVERSIDE  
ROBBINS

**FREE COVID & FLU  
VACCINATIONS**

WALK-INS WELCOME • NO APPOINTMENT NEEDED • FREE TO  
EVERYONE REGARDLESS OF INSURANCE • AGES 6 MONTHS & OLDER

COOK COUNTY  
HEALTH

**CountyCare**  
A MEDICAID HEALTH PLAN

**HealthChoice  
Illinois**  
Illinois Department of  
Healthcare and Family Services

01/30/25

# **Special Recognition: Provident Hospital Team**



# ARPA Report



COOK COUNTY  
**HEALTH**

# ARPA Progress to Date

## CCH ARPA Expenses and Budgets



■ Total Expenses to date

▨ Remaining Expenditures

### Updated Guidelines:

- The County corporate fund will cover FY2025 personnel

### Next Steps:

- Rollover budgets being finalized
- Cash flow estimates, accelerating expenditures
- Monitor monthly expenditures against the goal
- Develop an updated sustainability plan post-ARPA

**Thank you!**



**COOK COUNTY  
HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## AMBULATORY SERVICES

**Lead Executive:** Craig Williams, Chief Administrative Officer, Operations and Development  
**Reporting Period:** January 2025  
**Report Date:** February 18, 2025

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

- Care coordinators are driving outreach initiatives in each clinic to address patient care gaps, including A1c testing for diabetes, high blood pressure management, and screenings for pap smears, breast cancer, colon cancer, and PSA (prostate-specific antigen). They are also targeting patients at medium to high risk for poor health outcomes based on social determinants of health and chronic conditions. By working closely with the medical team, they aim to enhance patient access and overall care.
- The Quality team introduced a new self-management goal workflow, outlining staff roles and responsibilities, a tip tool for the new analytics report, and a timeline for implementation across all primary care sites. They are also collaborating with clinic dyad leadership to ensure the successful rollout and compliance with the new self-management workflow.
- ACHN leadership continues to provide quarterly reports on compliance with Joint Commission findings to the Environment of Care (EOC) and HQUIPS Committees. Additionally, the Environment of Care Team has created weekly report outs from managers related to non-compliant findings during in-house rounding.



#### Health Equity, Community Health & Integration

- In January 2025, the Patient Support Center handled 60,100 patient calls with an average response time under 60 seconds, and 5,300 nurse triage calls. This was a 18% increase in calls from last month after the Central Triage Unit expanded to add Sengstacke nurse calls.
- The Patient Support Center reduced the average post-hospital primary care wait time from over 30 days to under 15 days by scheduling across two shifts, maximizing schedule utilization, and increasing efforts to connect more patients with community primary care sites.
- Cook County Health continues its vaccination efforts for both the community and our patients. In January, the total number of individuals vaccinated for COVID-19 was 1,465 including 2 staff members, 551 non-CCH patients, and 912 CCH patients.
- All ACHN clinics are equipped to screen, test, and vaccinate community members. Additionally, the CORE Center administered 10 MPox vaccinations this month.



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## AMBULATORY SERVICES

- The New Arrival Clinic at Belmont Health Center has served 33,377 unique patients to date. The clinic remains open, with financial counselors available to assist with insurance eligibility screenings. The Care Coordination Team continues to call and remind patients about upcoming appointments and next steps for establishing primary care. Additionally, a new Birthday Screening initiative has been launched, offering all Cook County residents a free breast and prostate cancer screening during their birthday month.
- The Cook County Health (CCH) operations team is collaborating with the marketing and communications team to raise awareness of Express Care across CCH. This includes new social media posts, paid search ads, and postcards added to medications sent from the Mail Order Pharmacy. CCH operations and HIS are also working to activate a phone number as an option to connect with a virtual immediate care provider. Additionally, presentations were made at advisory board meetings for Sengstacke, Blue Island, and Cottage Grove to promote awareness of Virtual Immediate Care.
- During the month of January, CORE focused on Employee Engagement through a series of trainings: De-Escalation Strategies, Key Issues for Transgender Patients & Staff, Overview of Case Management & Social Services, Engaging Behavioral Health Clients, and Communication Self-Assessment & Trauma-Informed Communication Practice.
- CORE hosted a 2-day Winter-Palooza event for patients at CORE. Patients across all four HIV sites were invited to attend. Eighty patients enjoyed light refreshments and received cold-weather items, books, toys for children, personal hygiene kits, and backpacks with essential items & educational materials
- In January, a total of 33 patients were re-engaged in ambulatory care after being lost to care for more than 12 months. The retention in care rate was 74%, with an undetectable viral load rate of 89%. Additionally, 184 individuals in the community received a rapid HIV test through targeted screening, and 5 newly diagnosed clients were successfully linked to care. As of January 31, 2025, we serviced 5,479 Persons living with HIV of which 97% received antiretroviral medications and 89% are virally suppressed.
- Three oncology patient navigators completed the American Cancer Society navigation training program, passed the proctored exam, and became certified.



### Patient Experience

- ACHN's overall "Likelihood to Recommend" score dropped to 68.30% this month, which is still above the goal of 67.13%, but represents a 1.61% decrease from the previous month.

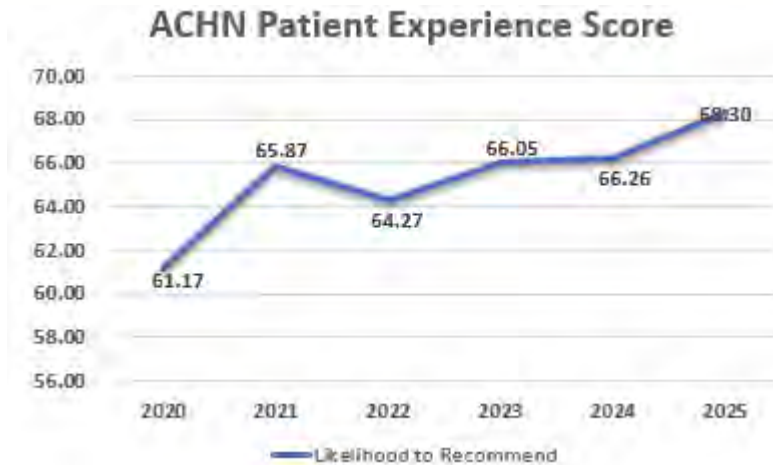


**COOK COUNTY**  
**HEALTH**



# DIVISIONAL EXECUTIVE SUMMARY

## AMBULATORY SERVICES



- The overall Press Ganey top-box percentage for Specialty decreased by 1.93%. However, there was a positive outcome with a 22% increase in the sample size, along with improvements in "Courtesy of Registration Staff" and "Concerns for Questions/Worries" related to care providers.
- Primary Care experienced a 3.38% decrease in their overall "Likelihood to Recommend" score, which is now at 66.85%. While several sites saw a drop in show rates this month, the overall show rate still increased by 4% compared to last month's average, reaching 72.25%.



### Growth Innovation & Transformation

- Phase II of the Behavioral Health Oracle module has been completed, covering all substance abuse counselors, recovery coaches, and psychological testing, including neuropsychology. The go-live date for this group is scheduled for February. This software will help ensure compliance with state and federal regulations for Medicaid, Medicare, and insurance requirements, allowing CCH to capture more revenue.
- The Cancer Center Service Line team partnered with Cook County Health Sponsored Research Office to begin oncology clinical trials grant transition from Hektoen to Cook County Health.



### Optimization, Systemization & Performance Improvement

- External referrals for psychiatry have reopened, and existing referrals have been triaged. A new workflow was developed to improve access and streamline the referral process.
- The Oncology clinics implemented the Vecna Palm Vein check-in kiosk process to streamline patient check-ins and improve workflows for registration clerks.



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## AMBULATORY SERVICES

- The Cancer Center service line team collaborated with the Revenue Cycle and Patient Access teams to review the current registration and scheduling processes and identify opportunities for streamlining.



### Workforce: Talent and Teams

ACHN has 242 vacant positions: 8 Administrative Support Staff, 28 Clinicians/Physicians, 14 Management Positions, and 192 Clinical Support Staff. Of the 242, currently 157 roles are in recruitment (12 posted, 12 pending, 40 validations in progress, 29 interviews underway, 34 decision-to-hire packets under review, 25 offers accepted, and 5 on hold).

### Human Resources Recruitment

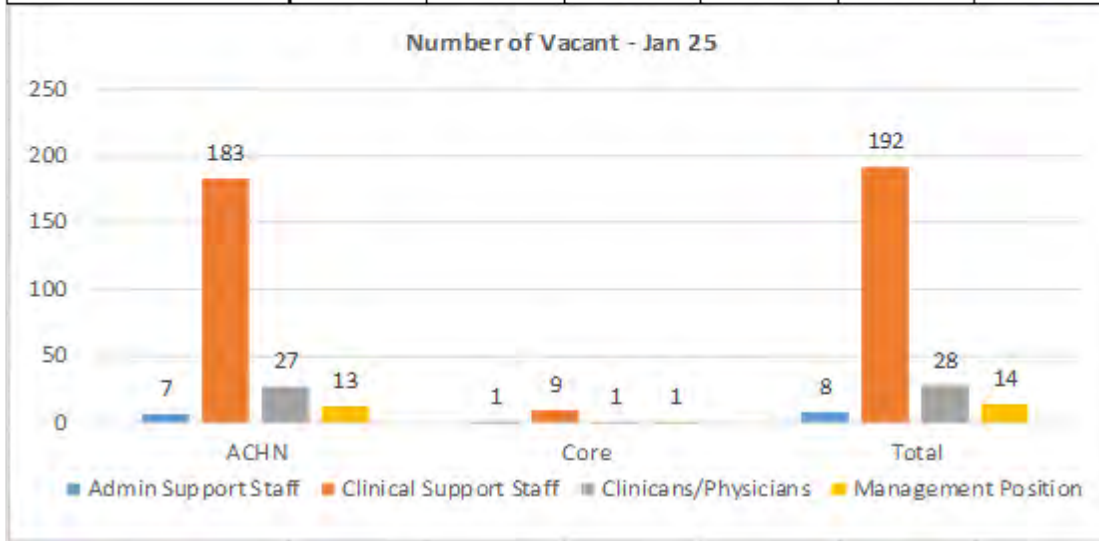


COOK COUNTY  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## AMBULATORY SERVICES

Vacant PID's by Role	Dec-24			Jan-25		
Job title	ACHN	Core	Total	ACHN	Core	Total
Admin Support Staff	7	1	8	7	1	8
Clinical Support Staff	172	10	182	183	9	192
Clinicians/Physicians	30	1	31	27	1	28
Management Position	13	1	14	13	1	14
Total	222	13	235	230	12	242



### Fiscal Resilience

- As of January 2025, ACHN is meeting expenditure expectations, having used 21% of the budgeted spending projections year-to-date.
- Primary Care: ACHN is below budgeted volumes for January by 1,980 visits and 12.1% below budget year-to-date totaling 35,586 visits in FY2025.
- Specialty Care: ACHN is above budgeted volumes for January by 1,525 visits and 5% below budgeted volumes year-to-date totaling 59,143 visits in FY2025.
- The team is focused on improving show rates. To address this, the action plan includes utilizing telehealth visits when appropriate, in collaboration with the medical lead. In addition, the team is reviewing scheduling utilization with department chairs to enhance access, standardize session times, and expand schedules.
- We have three non-personnel contracts valued at \$500,000 or more. One of these contracts has expired, but amendments are in progress and there are no service gaps.



**COOK COUNTY**  
**HEALTH**



# DIVISIONAL EXECUTIVE SUMMARY

## AMBULATORY SERVICES

### Budget

4893 - Ambulatory & Community Health Network of Cook						
<b>Grand Total</b>	<b>207,499,811</b>	<b>24,812,698</b>	<b>18,398,968</b>	<b>43,211,666</b>	<b>164,288,146</b>	<b>21%</b>

### Procurement

Non Agency Contracts				
Contract Number	Contract Name	Agreement Amount	Expiration	Notes
H17-25-064	Medspeed	\$3,843,844.06	5/31/2025	RFP in the evaluation phase.
H18-25-037	Alivio	\$1,262,145.09	11/30/2024	RFP-Contract awarded.
H20-25-033	Chicago Lighthouse	\$6,220,000.00	2/28/2025	Amendment in progress.



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

**Lead Executive:** Kiran Joshi, MD, MPH, Interim Chief Operating Officer  
**Reporting Period:** January, 2025  
**Report Date:** February 3, 2025

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

- The Cook County Department of Public Health (CCDPH) Nursing and Community Health Promoter (CHP) teams, in collaboration with CountyCare and the Ambulatory and Community Health Network (ACHN) clinics, distributed free Flu and COVID vaccines. In January, the nursing team administered 159 flu vaccines and 215 COVID vaccines.
- Respiratory illness levels remain high in Illinois and the Chicago area, driven by an increase in flu cases. As a result, emergency department visits and hospital admissions for flu cases also remain high. In response, the free vaccination clinics have been extended through March 22<sup>nd</sup>. For more information, visit the [CCDPH website](#).



#### Health Equity, Community Health & Integration

- CCDPH continues to uphold the Cook County Health (CCH) value of proudly caring for all people, regardless of their immigration status. An environmental scan is in progress to catalog all organizations in Suburban Cook County that serve immigrants and refugees. In addition, staff are equipped with “Know Your Rights” cards to distribute while in the field.
- CCDPH participated in community town halls with the Cook County Department of Environment and Sustainability (DES) to introduce the latest draft of the Cook County Environmental Justice Policy and secure feedback. To learn more information, visit the [Environmental Justice Policy website](#).
- CCDPH responded to an uptick of Norovirus cases in Suburban Cook County. The CCDPH Senior Medical Officer provided expert insights during an interview with WBBM Radio, highlighting key symptoms and prevention strategies. More information can be found in the [CBS Interview](#).



#### Patient Experience



COOK COUNTY  
HEALTH



Cook County  
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BUILDING  
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COMMUNITIES

# DIVISIONAL EXECUTIVE SUMMARY

## COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

- The H5N1 Avian Flu outbreak continues; however, the human risk of contracting it remains low. As of January, there have been 67 human cases in the U.S. and 1 confirmed death in Louisiana. For more information, visit the [CCDPH website](#).

### Human Resources Recruitment

As of February 3, 2025, CCDPH has – 14 vacant positions currently in the recruitment process - 1 Request to Hire (RTH) is awaiting budget approval or to be posted/reposted. The remaining positions are being actively recruited (see table below).

#### FY25 metrics Snapshot, as of February 3, 2025

RTHs Submitted MTD	Current posted	Validation in Progress	Interviews in Progress	DTH Review Underway	Offer Accepted	RTH awaiting budget approval
14	4	4	3	1	1	1

### Budget

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4895 - DPH Total	24,102,557	2,495,386	726,032	3,221,418	20,881,139	13%

2/3/2025



**COOK COUNTY**  
**HEALTH**



Cook County  
Public Health



# DIVISIONAL EXECUTIVE SUMMARY

## COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

### Procurement

The following vendors or subgrantee \$500K or more are all active contracts.

Contract #	Vendor or Subgrantee Name	Expires On
H21-25-129	AgeOptions	5/31/25
H22-25-154	Flowers Communications Group	5/31/25
H21-25-138	Housing Helpers/Proviso Partners for Health	5/31/25
H21-25-140	Illinois Board of Trustees/UIC School of Public Health	5/31/25
H21-25-182	United Way of Metropolitan Chicago	5/31/25



**COOK COUNTY**  
**HEALTH**



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# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

**Lead Executive:** Manny Estrada, Chief Operating Officer, Cermak Health Services  
**Reporting Period:** January 2025  
**Report Date:** February 21, 2025

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

Cermak Health Services hosted a meeting/visit with Senator Robert Peters and Representative Kevin Olickal. Service line directors were able to answer questions related to our service. The visit concluded with a brief tour of the Cermak Building.

The Illinois Supreme Court Administrative Office of the Illinois Courts (AOIC) released the result of their September 2024 two-week biennial detention site review at the JTDC facility. Their findings indicate that JTDC meets or exceeds all 36 applicable AOIC Juvenile Detention Standards which highlighted Medical and Mental Health Services as one of the three areas that exceed AOIC standards.



#### Health Equity, Community Health & Integration

Cermak's Patient Care Services poster abstract "Ectoparasites. The Challenges and Successes in a Correctional Setting" was accepted by 2025 Ruth K. Palmer Research Symposium. Associate Director Kina Montgomery and Nurse Coordinator, Ligi Vayalil will be presenting their findings next month.



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES



### Growth Innovation & Transformation

Members of the Cermak and JTDC Patient Care Services Team attended the professional governance seminar at Stroger. The training was an all-day event which help strengthen the teams understanding of professional governance as we continue in the attempt to implement a professional governance council in our journey towards pathway to excellence in a correctional setting.

Cermak launched their Pathway to Excellence icebreaker. The icebreaker was an informational session for nurses to understand professional shared governance, a fundamental component of Pathway to Excellence, and an avenue to empowering frontline nurses with decision making autonomy. We will continue to have pop up sessions with other departments as this journey is a dynamic partnership. A huge thank you to our Pathway lead, Kim Villareal along with our committee members Nurse Sellers and Nurse Shiny.



### Optimization, Systemization & Performance Improvement

Cermak Patient Care Services met and discussed RFP presentations on AIs. Evaluations for the RFP will be completed finalized this week and submitted through Bonfire. AI technology has multiple capabilities that can make a positive impact in the world of correctional healthcare.



### Workforce: Talent and Teams

Cermak Health Services Med/Surg is pleased to welcome a Physician Assistant and recent graduate of Midwestern University, who had previously rotated with Cermak as a PA student. Additionally, Cermak Health Services Pharmacy onboarded a Staff Pharmacist.

Micael Bednarz, MD, Chief Psychiatrist, was formally introduced to Cook County Sheriff Department of Corrections Executive Leadership. Dr Bednarz shared his short term and long goal strategic plans of maintaining and improving the quantity and quality of mental health services for the patients at Cook County Jail.

Cermak Health Services Pharmacy reported four pharmacists have accepted positions at Cermak Pharmacy. Their starting dates are in February; one (1) will start February 10 and three (3) will start February 24.

Cermak employees continue with the “Lunchtime Jump Session”. The session includes jumping rope, hula hooping, and water weights and is conducted two times a week. The program was established to motivate staff from all departments to get moving, get healthy and de-stress.



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES



### Fiscal Resilience

Cermak Health Services continues to meet with the State of Illinois Department of Healthcare and Family Services (HFS) to discuss the next steps regarding the implementation of the newly approved 1115 Waiver. Five milestones were identified for the successful implementation of the waiver, which will allow Cermak to bill for patients receiving key services 90 days prior to discharge from the Cook County Jail. This program will allow Cermak and Juvenile Detention patients to have improved transitions of care into the community and Cermak is excited to continue these discussions with HFS.



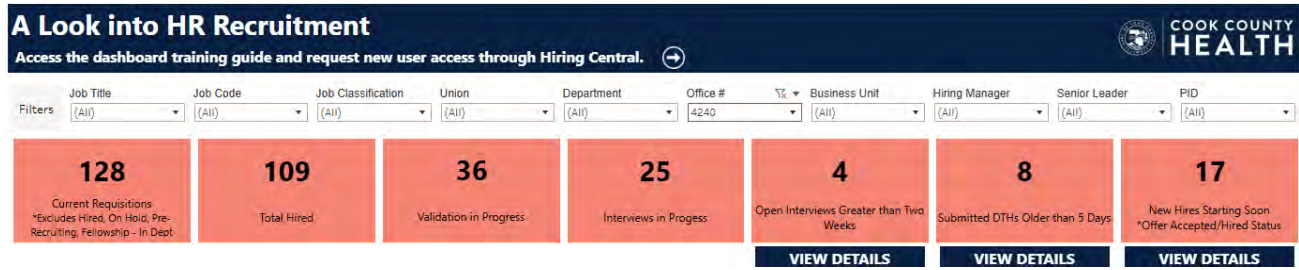
COOK COUNTY  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

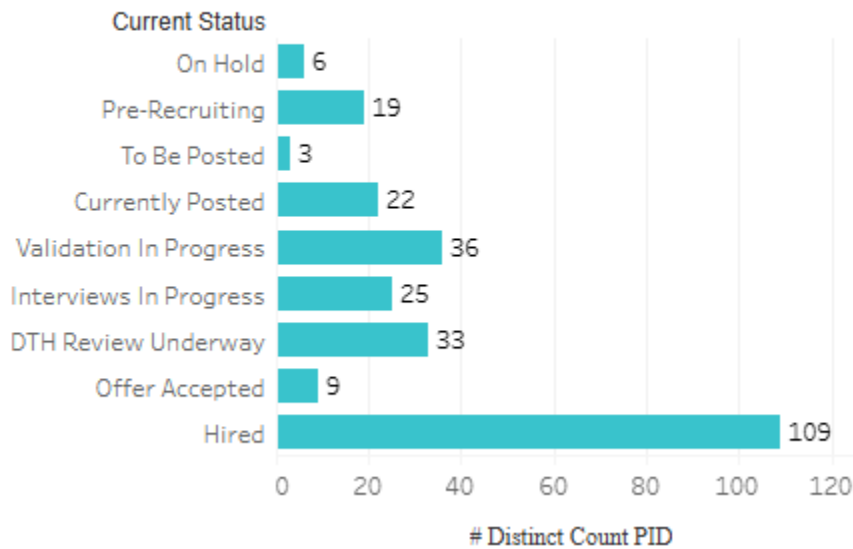
## CERMAK HEALTH SERVICES

### Human Resources Recruitment

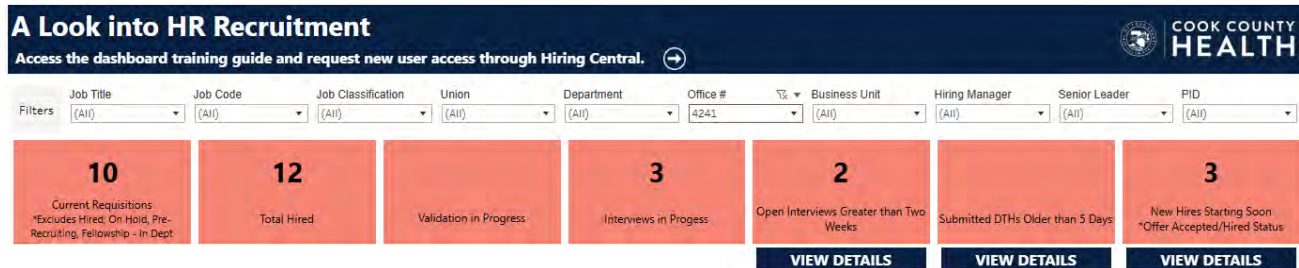
Cermak Health Services



#### What Stage are my Current Requisitions?



Juvenile Temporary Detention Center



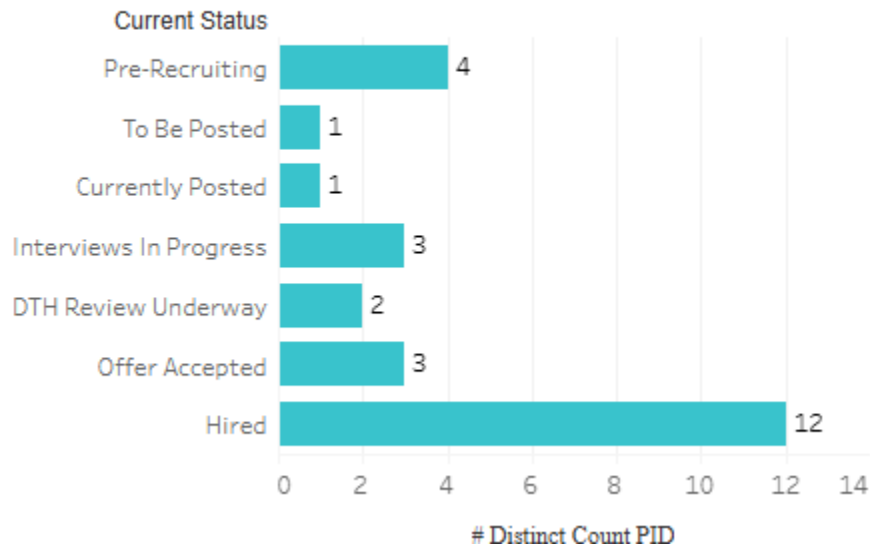
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HEALTH



# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

### What Stage are my Current Requisitions?



COOK COUNTY  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

### Budget

Overall, across all accounts, Cermak and JTDC are on track with budgeted expectation through the end of January 2025.

Office / Program / Account	FY24 Budget	Expense	Obligations (BPA's/PO's)	Funds Available	% Expended
<b>4240 - Cermak Health Services of Cook County</b>					
10155 - Administration (41195.4240.10155) Total	15,796,167	595,906	(32,025)	15,232,287	4%
13500 - Environmental Services (41195.4240.13500) Total	3,146,365	393,755	26,569	2,726,041	13%
13945 - Finance (41195.4240.13945) Total	257,253	32,198	-	225,055	13%
14915 - Human Resources (41195.4240.14915) Total	121,293	9,338	-	111,955	8%
15050 - Information Technology (41195.4240.15050) Total	284,240	36,119	-	248,121	13%
15435 - Laboratory Services (41195.4240.15435) Total	655,207	76,196	25,528	553,483	16%
15805 - Material Management (41195.4240.15805) Total	412,533	33,496	3,884	375,153	9%
15895 - Medical Administration (41195.4240.15895) Total	11,354,537	1,214,609	65,394	10,074,534	11%
17015 - Oral Health (41195.4240.17015) Total	2,554,714	309,765	20,825	2,224,125	13%
17170 - Patient Care Services (41195.4240.17170) Total	45,909,842	4,286,326	1,386,933	40,236,582	12%
17395 - PCS - Emergency Services (41195.4240.17395) Total	-	0	-	(0)	No Budget
17610 - Pharmacy (41195.4240.17610) Total	12,076,105	362,812	1,012,337	10,700,956	11%
18445 - Quality Assurance (41195.4240.18445) Total	1,100,620	118,767	-	981,853	11%
18485 - Radiology (41195.4240.18485) Total	965,483	90,296	-	875,187	9%
29235 - 240 General Store Inventory (IV) (41195.4240.29235) Total	-	123,932	-	(123,932)	No Budget
16005 - Health Information Management (HIM) (41195.4240.16005) Total	476,149	60,028	-	416,121	13%
16125 - Mental Health Services (41195.4240.16125) Total	18,281,060	1,476,960	53,000	16,751,100	8%
29165 - General Store Inventory (IV) (41195.4240.29165) Total	1,028,882	33,341	23,438	972,103	6%
<b>Grand Total</b>	<b>114,420,451</b>	<b>9,253,844</b>	<b>2,585,883</b>	<b>102,580,723</b>	<b>10%</b>



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

Office / Program / Account ▼	FY24 Budget ▼	Expense ▼	Obligations (BPA's/PO's) ▼	Funds Available ▼	% Expended ▼
4241 - Health Services - JTDC					
10155 - Administration (41197.4241.10155) Total	1,344,185	67,590	100	1,276,494	5%
16015 - Medical Services Administration (41197.4241.16015) Total	820,796	95,162	-	725,633	12%
17015 - Oral Health (41197.4241.17015) Total	366,805	42,892	-	323,912	12%
17170 - Patient Care Services (41197.4241.17170) Total	4,120,163	411,573	14,234	3,694,355	10%
10755 - Behavioral Health (41197.4241.10755) Total	4,414,193	423,151	48	3,990,995	10%
<b>Grand Total</b>	<b>11,066,141</b>	<b>1,040,369</b>	<b>14,382</b>	<b>10,011,390</b>	<b>10%</b>



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

### Procurement

Contracts expiring in next nine (9) months

Number	Supplier	PO Description	End Date
77000064455	ODP Business Solution LLC	H19-25-077 - Supplies and Services, Office Supplies	11/21/2024
77000073375	Praxair now 'Linde Gas and Equipment Inc.'	H20-25-023 - SERVICE, MEDICAL GAS	12/8/2024
77000133454	AB Staffing	H22-25-164 SERVICE, PROFESSIONAL RADIOLOGY STAFFING SERVICES	12/31/2024
77000107994	Maxim Physician Resources	H22-25-052_ Services_Locum Tenens and AP Staffing	2/14/2025
77000075883	Stericycle	H20-25-063 - Waste Removal for Medical, Hazardous, Sharps and Pharma Waste	3/31/2025
H16-72-052	Linde Gas	H16-72-052 - Service, Certification, Maintenance, and Repair of Medical Gas Systems	3/31/2025
H18-25-008	MAXIM HEALTHCARE SERVICES INC	H18-25-008 - Service, Temporary Staffing	5/31/2025
H18-25-114	Kore SAE	H18-25-114 - Service, Temporary Staffing	5/31/2025
H17-25-037	CORPORATE CLEANING SERVICES INC	H17-25-037 - Service, Window Cleaning	5/31/2025
77000128760	Orkin	H22-25-095 Services, System-Wide Pest Contract Services (Orkin)	5/31/2025
77000138337	Vaya Workforce	H23-25-098 SERVICE, CONTRACT LABOR MANAGEMENT AND NURSING REGISTRY SERVICES	10/28/2025
77000155009	Patterson Dental Supply, inc.	H24-25-198 - Supplies, Oral Health Supplies and Instruments for Various ACHN Health Centers	10/31/2025



**COOK COUNTY**  
**HEALTH**



# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

**Lead Executive:** Aaron Galeener, Chief Administrative Officer, Health Plan Services  
**Reporting Period:** January 2025  
**Report Date:** February 20, 2025

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

##### *Consumer Assessment of Healthcare Providers and Systems*

Each year, CountyCare conducts the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey which contributes to its quality Health Plan Ratings with the National Committee for Quality Assurance. The annual CAHPS survey is an opportunity for members to provide feedback on CountyCare's services and provider network. The survey is anonymous, voluntary, and administered to a statistically significant number of members. In 2024, CountyCare received 4 stars for the "Satisfaction with Plan and Plan Services" category due to receiving high scores in "Rating of Health Plan" and "Rating of Care."

NCOA Category/Measure Rating	Aetna Better Health of Illinois, Inc. (ABHIL)	Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation	Cook County Health & Hospitals System's CountyCare Health Plan	Meridian Health Plan of Illinois, Inc.	Molina Healthcare of Illinois, Inc.
Overall Health Plan Rating	3.0	4.0	4.0	3.5	3.5
Patient Experience Category Rating	2.0	2.5	3.0	3.5	2.0
Satisfaction with Plan and Plan Services	1.5	3.0	4.0	3.5	1.5
Rating of Health Plan	1.0	3.0	4.0	3.0	1.0
Rating of Care	2.0	3.0	4.0	4.0	2.0

For 2025, CountyCare has set a goal of achieving the 95th percentile or 85.05% for Rating of Health Plan for adults and 92.6% for Rating of Health Plan for members. **In preparation for the launch of the CAHPS survey, and in partnership with the CCH communications team, CountyCare:**

- Developed messages about the CAHPS survey, CountyCare's expansive provider network, new transportation services, and rewards and extra benefits.
- Filmed six short videos, three in English and three in Spanish about the importance of giving feedback and how.
- [Relaunched and updated the CAHPS survey website](#), including opportunities for members to provide feedback, even if they are not included within the CAHPS survey sample. This feedback will be utilized to make improvements to CountyCare's programs.



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

The CAHPS survey will launch this spring, and final results will be available in June of 2025.



### Health Equity, Community Health & Integration

*CountyCare Access: Health Benefits for Immigrant Adults and Seniors (HBIA/HBIS) Program One Year Later*  
Between January-April 2024 CountyCare successfully welcomed members of the Health Benefits for Immigrant Adults (HBIA) and Health Benefits for Immigrant Seniors (HBIS) program. The state of Illinois' HBIA/HBIS programs provide Medicaid-like coverage for people who are 42 years old or older, meet income guidelines, and are not eligible for traditional Medicaid due to immigration status.

- Members in both programs residing in Cook County were auto assigned by the Illinois Department of Health & Family Services (HFS) into CountyCare.
- CountyCare and Cook County Health made the decision to fully waive cost-sharing for CountyCare Access members and was the only plan in Illinois to do so.
- As of February 2025, CountyCare has 16,800 HBIA and 4,700 HBIS members.
- In January 2025, CountyCare received the audit results from a HBIA and HBIS post-implementation review by the State's auditor. CountyCare received 100% on its desk review results and an overall rating of 83%.

Note: Of significant concern is the proposed elimination of the Health Benefit for Immigrant Adults (HBIA) program, which provides Medicaid-like coverage to non-citizen Illinois adults 42-64 years of age with income at or below 138% of the Federal Poverty Level. Statewide enrollment of HBIA is 32,827, with 22,188 HBIA enrollees living in Cook County.

CCH provides care to many individuals with HBIA, and CountyCare serves as the MCO to more than 17K HBIA enrollees. CCH will be working with the legislative team in the President's Office to communicate the impact of this change on CCH and our patients, and the importance of including HBIA in the final FY2026 state budget.

The proposed budget preserves the Health Benefits for Immigrant Seniors (HBIS) program, which provides Medicaid-like coverage to non-citizen Illinois older adults 65+ years with income at or below 100% FPL and who meet an asset test. The coverage freeze that went into place November 2023 would remain in place, so no new enrollments would occur for HBIS.



COOK COUNTY  
**HEALTH**



# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES



### Member Experience

#### ***Improvements to the CountyCare Member Rewards Program***

When members go to the doctor for preventive services, CountyCare mails a Visa Rewards Card and then loads rewards each time a member completes an eligible service. Members can also qualify for extra benefits like car seats, Sleep Safe Kits, and FoodCare (CountyCare's food and nutrition program). [A full list of extra benefits and rewards can be found on the CountyCare website.](#)

In 2024, CountyCare conducted the annual evaluation of its Member Rewards Program with findings that:

- Members that received and utilized rewards were more likely to have longer average enrollment length and more likely to participate in preventive care services.
- Between 2022 and 2023, utilizers of CountyCare's Rewards Program contributed to an increase in 11 of 18 Healthcare Effectiveness Data and Information Set (HEDIS) quality measures.

**As a result of its evaluation, in January 2025, CountyCare made the following improvements to the Member Rewards Program:**

Visa Rewards & Supplemental Benefits	Benefit through December 2024	New Benefit (effective January 2025)
Childhood Immunizations	\$10 for each of the first 10 vaccinations before the age of two	\$10 for each vaccine before the age of two (except for the COVID vaccine)
Sleep Safe Kit	Member needs to have 4 pre-natal visit claims on file to qualify for Sleep Safe Kit	Removal of pre-natal visit requirements. To request Sleep Safe Kit, members can call Member Services at 312-864-8200, 855-444-1661 (toll-free) or 711 (TTY/TDD)
Vision Benefits	Benefit through December 2024	New Benefit (effective January 2025)



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

Adults	<ul style="list-style-type: none"> <li>Glasses once every 2 years and \$100 allowance</li> <li>\$100 for contacts every 2 years in place of glasses</li> </ul>	<ul style="list-style-type: none"> <li>Glasses once every 1 year and \$125 allowance</li> <li>\$300 in place of contacts every 1 year</li> </ul>
Children	<ul style="list-style-type: none"> <li>\$100 for glasses every year</li> <li>\$100 for contacts every year in place of glasses</li> </ul>	<ul style="list-style-type: none"> <li>\$125 for glasses every year</li> <li>\$300 in place of contacts every 1 year</li> </ul>



### Growth, Innovation & Transformation

#### CountyCare Rewards You!

**CountyCare has launched its CountyCare Rewards You open enrollment campaign.** The CountyCare Rewards You is an omnichannel campaign that launched in September and will go through May of 2025. It includes digital (e.g., social media), out of home (e.g., billboards, bus shelters), and video assets (e.g., broadcast and streaming). As of January, the CountyCare Rewards You Campaign had more than 511 million total impressions (a 28% increase from the prior year) and over 80 million impressions on television (a 45% increase), including broadcast, cable, and streaming. Additionally,

- CountyCare sent over 299,000 open enrollment postcards.
- Provider partners sent over 75,000 letters to their patients sharing that CountyCare is their health plan of choice.
- The health plan also launched a new campaign webpage that promotes the health plan and its Rewards Program. As of January, the webpage has been viewed over 338,000 times.



### Optimization, Systemization & Performance Improvement

#### HEDIS Season

In alignment with its focus on quality, optimization, and performance improvement, in 2023, CountyCare held a competitive request for proposals for a new HEDIS reporting and technology vendor that would be responsible for prospective quality reporting and the health plan's annual HEDIS submission. CountyCare kicked off the implementation with a new HEDIS partner in early 2024 and went live at the beginning of



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

June 2024. Since that time, CountyCare has been reestablishing supplemental data sources to ensure a successful HEDIS submission in June of 2025. In January, CountyCare successfully submitted its measurement year 2024 HEDIS Roadmap, kicking off HEDIS season. This project will continue until June 2025, when final results will be available.



### Workforce: Talent and Teams

#### ***Staff engagement committee 2025 calendar***

An active Health Plan Services Staff Engagement Committee meets throughout the year to plan and implement programming to make Health Plan Services an even better place to work. In 2024 the Staff Engagement Committee and health plan leadership introduced many activities that will continue in 2025:

- New engagement programming, including Professional Headshots and Midday Mingles (a series of events during the lunch hour that allow staff to connect and unwind).
- Monthly “Lunch and Learns” on topics related to health plan operations and clinical care.
- Four Health Plan Services Townhalls that will provide critical information on team accomplishments, kudos, upcoming changes in the department, and an opportunity to solicit feedback from the Health Plan Services team.
- An Annual Department Fair providing the opportunity for teams to learn about the activities and initiatives in other health plan departments.
- Breakfasts with the CAO and other health plan leadership.
- Quarterly newsletters.
- Monthly Health Plan Services orientations for new team members providing an overview of the department and strategic initiatives.

The Staff Engagement Committee has established a calendar full of activities for the upcoming year and will be presenting it to the full Health Plan Services team in March.



### Fiscal Resilience

#### ***Limitation on Registered Dietician Visits***

Beginning in January, CountyCare added some limitations to visits with registered dieticians through its FoodCare program to allow for sustainability of the program. Members without medical necessity will be limited to one visit with a registered dietician per month.



COOK COUNTY  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

### Human Resources Recruitment

Of the 29 FY2025 positions in recruitment, 3 of the requisitions have been hired, 12 positions have interviews in progress, and 8 new hires are on track to start in the coming weeks. Since last month's update, 2 new team members have been hired. Health Plan Services is continuing to prioritize staff recruitment to ensure the continued success of the plan.

<b>26</b> Current Requisitions *Excludes Hired, On Hold, Pre-Recruiting, Fellowship - In Dept	<b>77</b> Total Hired	Validation in Progress	<b>12</b> Interviews in Progress	<b>9</b> Open Interviews Greater than Two Weeks	Submitted DTHs Older than 5 Days	<b>8</b> New Hires Starting Soon *Offer Accepted/Hired Status
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COOK COUNTY  
**HEALTH**



# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

### Budget

Health Plan Services' December membership of over 417,000 members was higher than the monthly average budgeted projection of 391,000. The net impact of revenue and expenses remains balanced and within budget. Please see the actual expenditures and budget through January:

Office & Account	FY25 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
<b>4896 - Health Plan Services</b>						
CONTRACTUAL SERVICE Total	3,275,308,374	677,507,193	2,241,367	679,748,560	2,595,559,814	21%
OPERATIONS & MAINTENANCE Total	28,205	27,413	-	27,413	792	97%
PERSONAL SERVICES Total	49,465,405	5,919,370	-	5,919,370	43,546,035	12%
<b>4896 - Health Plan Services Total</b>	<b>3,324,801,985</b>	<b>683,453,976</b>	<b>2,241,367</b>	<b>685,695,343</b>	<b>2,639,106,641</b>	<b>21%</b>
<b>Grand Total</b>	<b>3,324,801,985</b>	<b>683,453,976</b>	<b>2,241,367</b>	<b>685,695,343</b>	<b>2,639,106,641</b>	<b>21%</b>

### Procurement

Service	Vendor	Description	Type of contract	Contract end date
Interoperability and Patient Access	1Up Health	Interoperability and patient access technology services.	Procurement	02/28/2025



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

**Lead Executive:** Arnold F. Turner, M.D. , Chief Hospital Executive, Provident Hospital  
**Reporting Period:** January 2025  
**Report Date:** February 21, 2025

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

- Implemented Temperature Mitigation Plan for sub-zero weather event. One pipe burst that was resolved in under 30 minutes.
- The ED Left Without Being Seen (LWBS) rate in January was 0.83%.
- The 8 West Med/Surg unit had zero falls in January for the second consecutive month.



#### Health Equity, Community Health & Integration

- Jack & Jill of America, Inc held a meeting of Tweens at Provident for an interactive discussion about health equity and the social determinants of health on 1/11. Family Medicine hosted the meeting.
- Cervical Cancer Patient Education Fair was held in January.



#### Patient Experience

- Provident received new curtains that were installed in the ED. Curtains on the 3<sup>rd</sup>, 5<sup>th</sup>, and 8<sup>th</sup> floors and the curtains in the Sleep Lab will be replaced upon the arrival of the next shipment.



#### Growth Innovation & Transformation



**COOK COUNTY**  
**HEALTH**



# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

- IDPH conducted an onsite inspection of the CTSC and approved occupancy. Opening is targeted for the end of March.
- The sterile processing department renovation project was signed off as complete on 01/15/2025.
- Provident completed a space assessment with the long-term planning vendor.



### Optimization, Systemization & Performance Improvement

- The average length of stay in observation in 2024 was 2.1 days, well below benchmark.
- Surgery Optimization HVLC Group has identified cases for transfer to Provident in Gen Surgery, GU, and Gyne.
- The pharmacy clean room renovation project kicked off in January and is underway.



### Workforce: Talent and Teams

- New HR Business Partner started.
- The Transport Manager accepted position and will begin 3/10.



### Fiscal Resilience

- At the Provident conversion fair seventeen agency employees accepted full-time employment offers:
  - 13 of 18 EVS positions
  - 2 of 3 Pharmacy Techs
  - 2 of 3 Phlebotomists

### Human Resources Recruitment



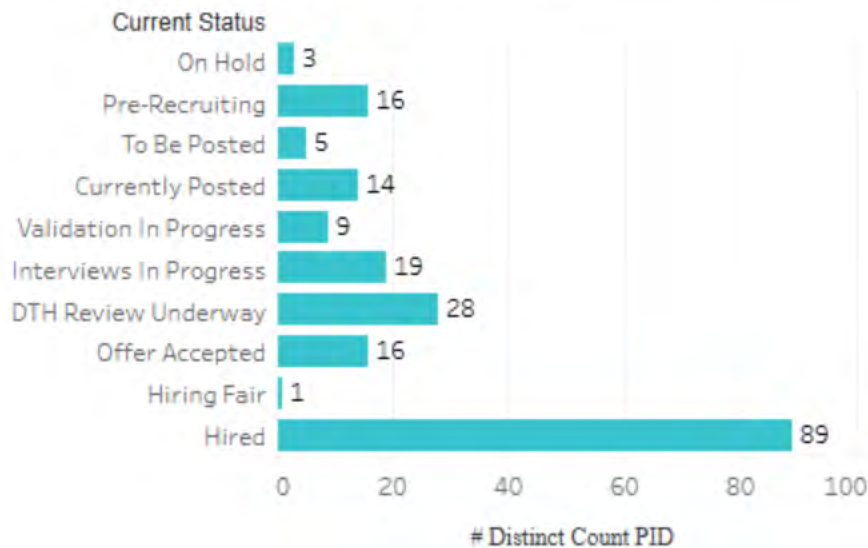
**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

<b>92</b> Current Requisitions <small>*Excludes Hired, On Hold, Pre-Recruiting, Fellowship - In Dept</small>	<b>89</b> Total Hired	<b>9</b> Validation in Progress	<b>19</b> Interviews in Progress	<b>13</b> Open Interviews Greater than Two Weeks	<b>3</b> Submitted DTHs Older than 5 Days	<b>9</b> New Hires Starting Soon <small>*Offer Accepted/Hired Status</small>
--------------------------------------------------------------------------------------------------------------------	--------------------------	------------------------------------	-------------------------------------	-----------------------------------------------------	----------------------------------------------	------------------------------------------------------------------------------------

### What Stage are my Current Requisitions?



### Budget

Office	FY25 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4891 - Provident Hospital of Cook County						
Non- Personnel	16,904,145	(88,891)	1,190,139	1,101,248	15,802,897	6.51%
Personnel	29,861,908	3,763,594	-	3,763,594	26,098,314	12.60%
4891 - Provident Hospital of Cook County Total	46,766,053	3,674,703	1,190,139	4,864,842	41,901,211	10.40%

The actual spend should not exceed 21.58% of the total budget at this point in the year.



### Procurement



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

The following contracts for \$500K or more and are set to expire in the next 6 months.

Contract #	Vendor Name	Expires
H21-25-136	Hospital Medicine Associates, LLC (dba TeamHealth)	07/31/2025



COOK COUNTY  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## STROGER OPERATIONS

**Lead Executive:** Donnica Austin-Cathey, Chief Hospital Executive, Stroger Hospital  
**Reporting Period:** January 2025  
**Report Date:** February 20, 2025

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

- Mammography Services held the first Saturday Breast Screening schedule on January 22, 2025; the department performed 16 exams.
- A patient mobility project kicked off this month at Stroger. The goal is to enable patients to move around as much as possible within their capabilities, aiming to prevent complications.
- The Laboratory has worked with Infection Control to develop a protocol to send Flu A positive ICU patient specimens for subtyping to Illinois Department of Public Health to determine/monitor bird flu activity.



#### Health Equity, Community Health & Integration

- Starting January 6<sup>th</sup> Stroger added 4 more birthday screening slots per day (25 more slots per week) and on January 22<sup>nd</sup>, we added Saturday screening slots every other weekend from 8am to 4pm (20 more slots). Starting in February 2025, we will increase our Monday to Friday coverage up to 8pm to perform up to ten more screening exams per day.
- In support of the respiratory profession, Stroger will be partnering with a local program to contract respiratory students for an exceptional clinical experience. Malcolm X College students have begun clinical rotations. Triton College is seeking to be an addendum to a contract with Ophthalmology for clinicals.
- The Laboratory is working with Bronzeville clinic team to ensure Point of Care testing will be available upon opening.



#### Patient Experience



**COOK COUNTY**  
**HEALTH**



# DIVISIONAL EXECUTIVE SUMMARY

## STROGER OPERATIONS

- The Critical Care Nursing Division following up with discharged patients and incorporating personalized “Thank you” and “Get-Well” cards to those patients being discharged.
- Stroger Press Ganey Rolling 12 months HCAHPS Top Box Score for Rate the Hospital is 72.12 through Jan. 31, 2025.
- Stroger Press Ganey Rolling 12 month % Top Box for Communication with Nursing Domain is 72.69 against the goal of 73.0.
- Stroger Press Ganey Rolling 12-month HCAHPS Top Box Score for Doctors Domain is 84.46 which exceeds the goal.



### Growth Innovation & Transformation

- The Imaging team is currently working on a capital imaging equipment RFP. System configurations were made, and the team is finalizing the system specification to receive final quotes. This process should be completed in February.
- There is planning currently taking place to de-install two radiographic systems; one in the Emergency Department and one in the main Radiology section and replace it with new standardized equipment. This will help improve the use of these systems for all radiographic exams.
- PACs workstations are currently being rolled out to help improve reading of imaging exams at our radiologists’ homes. Due to a shortage of radiologist, this will also help with recruitment within this division.
- Clinic N has re-opened to certified hand therapists, burn therapist and PMR Staff.
- The Laboratory is currently working with Cardiology to implement the blood volume analyzer. This measures the amount of blood in your body as compared to what is considered normal.
- We continue to see our volume of deliveries exceeding the budget. There were 109 deliveries in January.



### Optimization, Systemization & Performance Improvement



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## STROGER OPERATIONS

- The Imaging division started a quality initiative to review scheduling delays and develop a plan for improving these services. The plan is to review monthly to drive improvements.
- The Rehab division began tracking dysphagia screener data for Stroke coordinator and our upcoming Stroke survey.
- An agency vendor implemented Intellify electronic timekeeping system for their agency employees for improved time-tracking.



### Workforce: Talent and Teams

- The Laboratory welcomed a new interim Sr. Director of Laboratory Services.
- Critical Care started 9 new RNs in January along with 24 Emergency Department and Trauma RNs.



### Fiscal Resilience

- The Interventional Radiology Imaging Department leadership continues to collaborate with the revenue integrity team in assessing the charge capture workflow into the IR Department.
- Leaders are currently working on MRI Safety codes that were approved FY25. These charge codes are being tested and the team plans to implement in March 2025.
- The Sr. Director of Laboratory Services along with the Chair of Pathology are working to form a lab stewardship committee. The committee would be focused on improving the ordering, retrieval and interpretation of the ordering in the Lab.

### Human Resources Recruitment

<b>670</b> Current Requisitions <small>*Excludes Hired, On Hold, Pre-Recruiting, Fellowship - In Dept</small>	<b>767</b> Total Hired	<b>109</b> Validation in Progress	<b>70</b> Interviews in Progress	<b>38</b> Open Interviews Greater than Two Weeks	<b>22</b> Submitted DTHs Older than 5 Days	<b>75</b> New Hires Starting Soon <small>*Offer Accepted/Hired Status</small>
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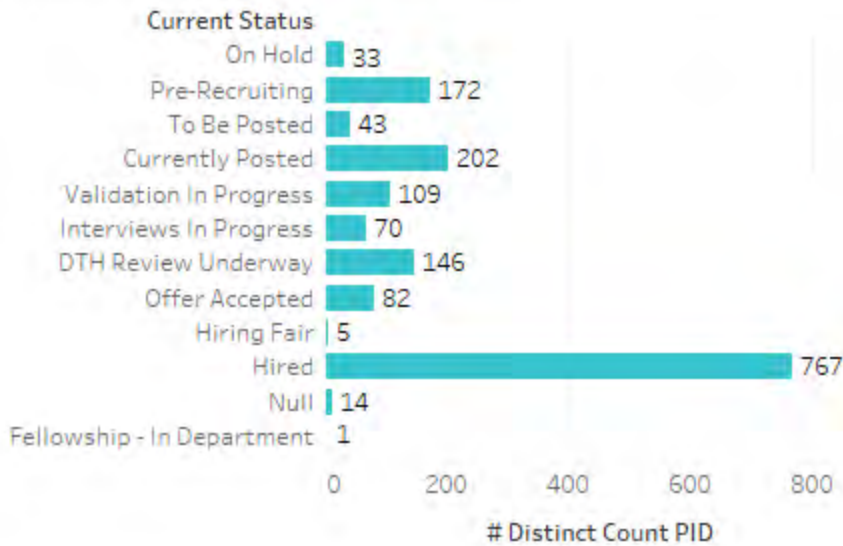
**COOK COUNTY**  
**HEALTH**



# DIVISIONAL EXECUTIVE SUMMARY

## STROGER OPERATIONS

### What Stage are my Current Requisitions?



### Stroger Budget

Office / Account / Program	FY25 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
IV						
Grand Total	1,222,924,976	136,992,373	59,275,119	196,267,492	1,026,657,484	16%



**COOK COUNTY**  
**HEALTH**

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
February 28, 2025

ATTACHMENT #3

# ARPA Progress to Date

## CCH ARPA Expenses and Budgets



■ Total Expenses to date

▨ Remaining Expenditures

### Updated Guidelines:

- The County corporate fund will cover FY2025 personnel

### Next Steps:

- Rollover budgets being finalized
- Cash flow estimates, accelerating expenditures
- Monitor monthly expenditures against the goal
- Develop an updated sustainability plan post-ARPA

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
February 28, 2025

ATTACHMENT #4



COOK COUNTY  
**HEALTH**

# The Road to High Reliability: HRO Update

Cook County Health Board of Directors

Steve Kreiser, MBA, Partner, Press Ganey

a **PG Forsta** company

# Five Principles of HROs

## ANTICIPATION

### *“Stay out of trouble”*

Preoccupation with Failure

Sensitivity to Operations

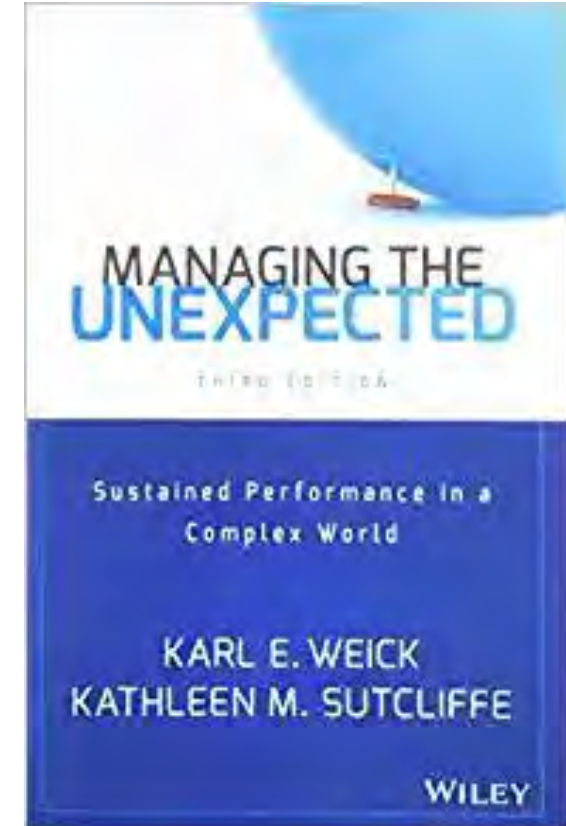
Reluctance to Simplify *interpretations*

## CONTAINMENT

### *“Get out of trouble”*

Commitment to Resilience

Deference to Expertise



From Vogus & Sutcliffe, The Safety Organizing Scale, *Medical Care*, 45/1, Jan 2007, p. 46-54.





# High Reliability Organizations Improve People and Process

High Reliability is the study of human performance in complex systems and includes a specific approach to systems thinking:

- **Continuous messaging** of a **safety-first culture** to drive higher levels of performance across all domains
- **Structured leadership** to anticipate events & build accountability
- **Rigorous** event causal analysis with **strong action planning**
- Strategies and techniques to minimize **human error**
- Robust approaches to **improve processes** & efficiencies
- **Psychological safety**, trust and a **fair and just response** to errors

# Psychological Safety

*The right side is good for self-preservation....*

Nobody wants to look or feel:	Natural response mechanism:
Ignorant	Don't ask questions
Incompetent	Don't admit weakness or mistakes
Intrusive	Don't voice concerns or offer new ideas
Negative	Don't critique the status quo

*...but they rob us of opportunities to learn and improve.*

## Recognize the essential role of leadership:

- Foster productive discussions enabling early detection of problems and correction of causes
- Build structure in the learning process at both the organizational and local level
  - Aligned goals, clearly messaged and articulated
  - **Build trust** to so people are less likely to focus on self-protection

# Power Distance and Authority Gradients

HRO's seek to **flatten hierarchy** while creating a culture of **psychological safety**

## Geert Hofstede's Power Distance

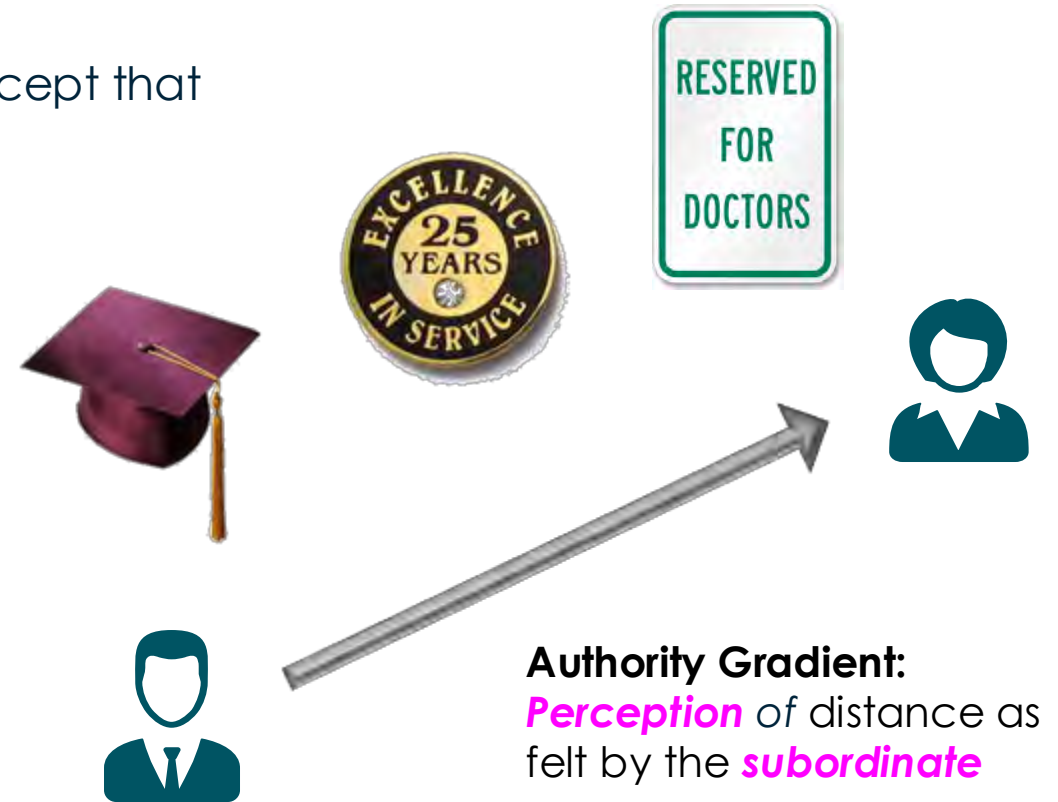
- Extent to which the less powerful expect and accept that power is distributed unequally

## United States

- Moderate to low Power Distance (38th of 50 countries)

## In Healthcare

- High between certain professional groups:



# Cultivate a Culture of Psychological Safety

Be a Farmer – create the conditions for **culture** to grow

1

Message  
Safety as  
a **Core  
Value**

2

Make  
**Zero Harm**  
the goal

3

Provide tools  
to  
respectfully  
**escalate  
concerns**

4

Message the  
importance  
of **preventing  
human error**

5

**Thank and  
Protect**  
those who  
speak up

6

Implement  
and sustain  
a **Fair and  
Just Culture**

# The Essential Role of Leadership – HRO Leader Skills

Building consistency in leadership to foster **trust, psychological safety and sustainment**



## Message on mission

Start every meeting with a safety message

Thank and support those who speak up

Put safety first in decision making



## Anticipate to avoid events

Daily Safety Check-In

Tiered Huddles

Start the Clock on Safety-Critical Issues

Daily Management Systems



## Lead local learning

Learning Boards with Visual Management

Daily Problem Solving

Robust Cause Analysis

Real Time Simulation



## Reinforce & build accountability

5:1 Feedback

High Reliability Rounding

Workforce Engagement

Fair & Just Culture



# Messaging & Communication at Cook County



# Cultivate a Culture of Psychological Safety

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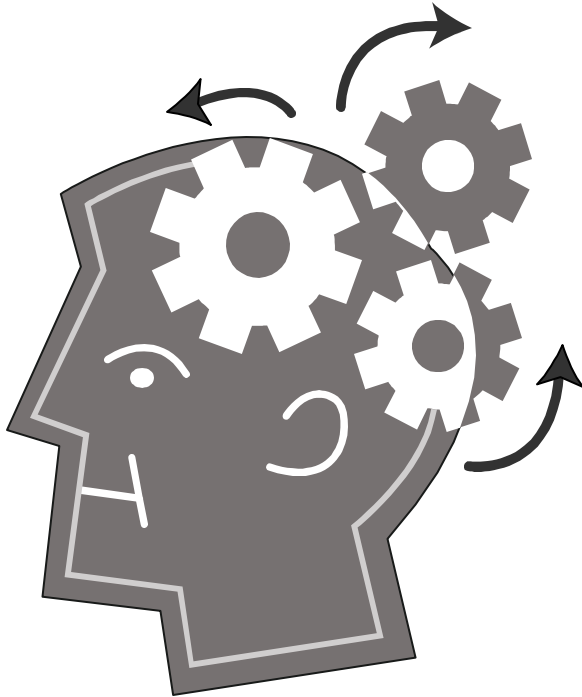
# Safety Behaviors – Expectations for Everyone at CCHS

Science of Safety and Evidenced-Based **Reliability Skills** Proven to **Prevent Human Error**

	Behaviors	Tools
1	Pay Attention to Detail	<ul style="list-style-type: none"><li>Self-Check using “STOP, Think, Act, Review” (STAR)</li></ul>
2	Communicate Clearly	<ul style="list-style-type: none"><li>Package using “Situation, Background, Assessment, Recommendation” (SBAR) ...<i>“May I have that in an SBAR?”</i></li><li>3-Way Repeat Backs &amp; Read Backs ...<i>“Let me repeat that back to you...”</i></li><li>Phonetic and Numeric clarification</li><li>Clarifying Questions ...<i>“Let me ask a clarifying question....”</i></li></ul>
3	Think with a Questioning Attitude	<ul style="list-style-type: none"><li>Validate and Verify</li><li>Know Why and Comply</li></ul>
4	Support Each Other	<ul style="list-style-type: none"><li>Peer Checking ...<i>“Thanks for saying something”</i></li></ul>
5	Speak-Up for Safety	<ul style="list-style-type: none"><li>Escalate using “Ask, Request, Concern, Chain of Command” (ARCC) ...<i>“I have a Safety Concern”</i></li></ul>

# Start with the Science of Safety

Develop an Understanding of **Human Performance** and **Error Prevention**



## Knowledge-Based Performance

*“Figuring It Out Mode”*

Error Rates – 6:10

## Rule-Based Performance

*“Thinking/Decision-Making Mode”*

Error Rates – 1:100

## Skill-Based Performance

*“Auto-Pilot Mode”*

Error Rates – 1:1000

Based on the Skill-Rule-Knowledge classification of Jens Rasmussen (1982) and the Generic Error Modeling System of James Reason (1990)

# STAR – The Power in the Pause to Reduce Skill-Based Errors

RED	BLUE	GREEN	BLUE	BLACK
YELLOW	GREEN	ORANGE	GREEN	RED
PINK	BLACK	BROWN	YELLOW	GRAY
BLUE	RED	GREEN	PINK	BROWN
ORANGE	BLACK	BLUE	GREEN	RED

Source: Stroop, J.R. Studies of interference in serial verbal reactions. *J. Exp. Psychol.*, 18:643-662, 1935.



# Rule-Based Wrong Rules

## The Mandela Effect

Does Mr. Monopoly wear a monocle?



Is there a peanut butter brand called Jiffy?



What is the famous line from "The Empire Strikes Back" when Darth Vader reveals his identity to Luke?

What does the Wicked Queen say in Snow White when she talks to her mirror for advice?



Magic Mirror on the wall...

# Who Loved Fruit Loops as a Kid?



# HRO's Harness the Power of Peer (Cross) Checking



Individual reliability is limited:  
**1 defect per 1000 opportunities**



$$\begin{array}{rcl} 1/1000 & \text{(My error probability)} & \\ \times 1/1000 & \text{(Your error probability)} & \\ \hline = 1/1,000,000 & \text{(our combined Reliability)} & \end{array}$$

We are **better together...**

# Speak up for Safety

- **We all** have a responsibility to protect our patients and coworkers from harm.
- If you see or hear something that you think is a safety issue, escalate your concern in a **mutually respectful manner**.
- **Assert** yourself, but don't be aggressive or rude.
- Escalate using the following tips to “ARCC” it up!:



First, just **Ask** a question

If that doesn't work, **Request** a change

Still no response? Voice a **Concern** using the following safety phrase:

**“I have a Concern ...”**

If no success, escalate up your leadership **Chain** of Command



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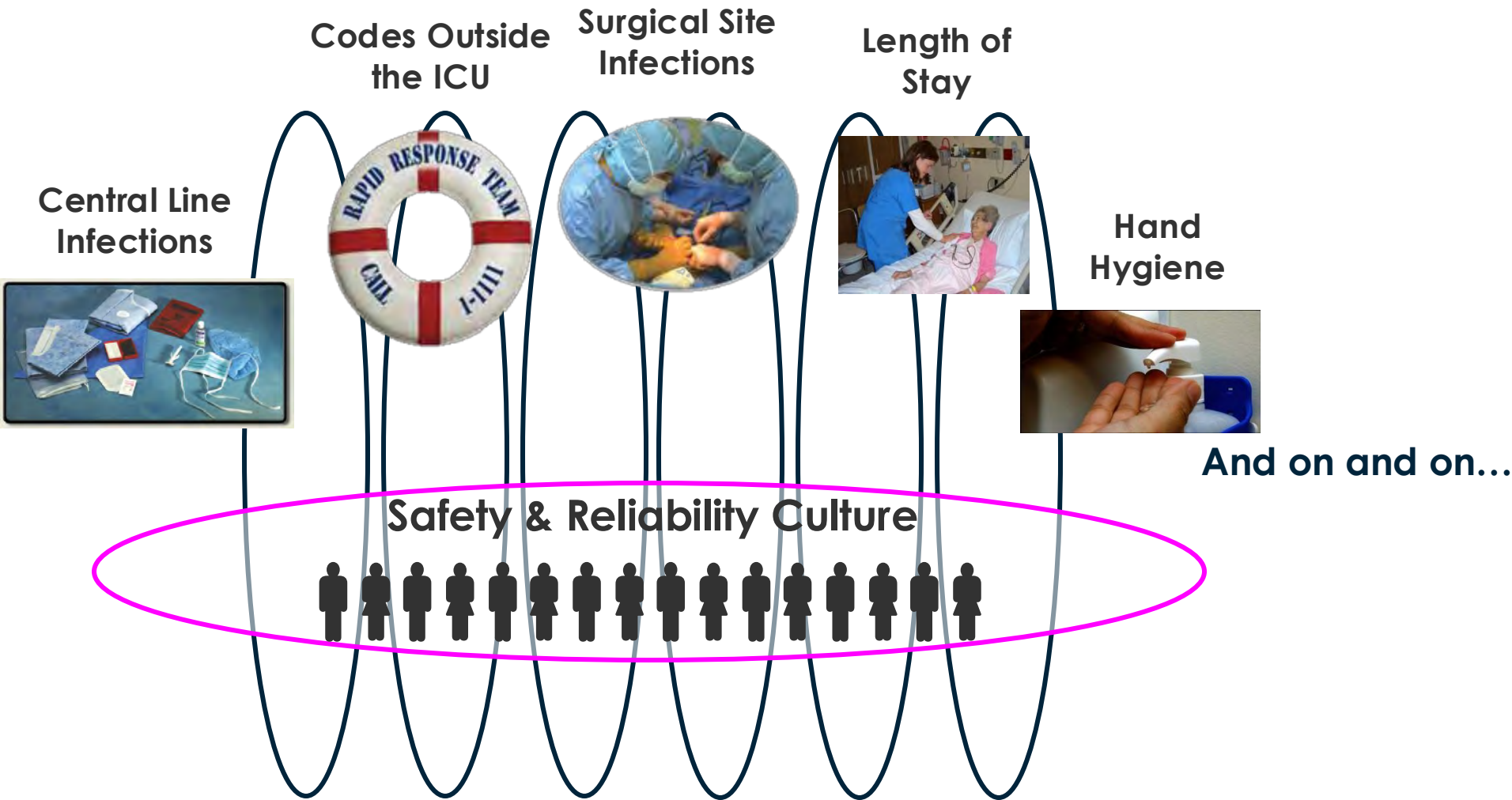
5:1 Feedback

High Reliability Rounding

Workforce Engagement

Fair & Just Culture

# Complimentary Strategies



# Board Governance and Engagement

- Maintain constancy of purpose & a **relentless** drumbeat
  - Explicitly endorse and reinforce safety as a **core value**
  - Start Board Meetings with a **Safety Message**
  - Normalize **transparency** about harm
  - Align executive incentives and compensation
- Put **Safety First** in Decisions
  - Devote time and attention during meetings
- Focus on systems, processes and **structures**
  - Ask if leaders are rounding. How do we know?
  - Ask if Huddles are effective. Do executives attend?
  - Ask if staff & physicians know and practice safely. How is it measured?
- Monitor **Metrics**
  - Patient and Workforce Harm
  - Patient Experience
  - Workforce Engagement and Safety Culture

## Three Questions for Board Members (to ask of executives – and each other)

1. How good is our care?
2. Is our care getting better or worse?
3. If our care is not getting better, what is the problem – our plan or our execution of our plan?



Dr James Reinertsen  
IHI Fellow



# Thank you

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
February 28, 2025

ATTACHMENT #5



# Cook County Regional Behavioral Health Strategic Plan

February 28, 2025

Tom Nutter, MD

CCH Chief Behavioral Health Officer



**COOK COUNTY**  
**HEALTH**

# Origins and Rationale for a Countywide Strategic Plan



- Development of a Countywide Behavioral Health Strategic Plan has been planned even prior to the creation of the Office of Behavioral Health team.
- The purpose of the plan is to improve collaboration across systems of care, enhance coordination of services across agencies, bolster collective advocacy, upgrade tracking and assessment of initiatives, and establish a common blueprint for all entities providing behavioral health services across Cook County.
- **Vision:** To foster a healthier and more resilient county where all residents have equitable access to timely, comprehensive, compassionate, and high-quality behavioral health services. We envision a county where behavioral health care is prioritized as an essential component of overall well-being and where support is integrated and available to everyone regardless of background, circumstances, or zip code.

# Guiding Principles for Countywide Strategic Plan



**Collective Advocacy and Community Engagement**—Develop countywide and Regional Behavioral Health Collaboratives built upon existing stakeholder networks and working groups to optimally understand, respond, and advance the behavioral health system.

**Diversity**—Prioritize and recognize that embracing varied perspectives and experiences enriches our community and enhances the effectiveness of behavioral health programs and services.

**Evidence-Based/Evidence-Informed Models of Care**—Promote, adapt, and disseminate evidence-based practices to enhance care quality and improve treatment outcomes.

**Health Equity** – Every individual in Cook County should have access to convenient, high-quality services along a continuum of care that promotes prevention and early intervention; crisis assessment; and intervention, recovery, and support.

**Inclusion** – Stakeholders with diverse backgrounds and roles in behavioral healthcare are welcomed, culturally and socially accepted, and engaged in efforts to build a countywide vision for the behavioral health continuum.

**Innovative Community Models** – Support and facilitate innovative, locally-generated approaches to addressing the behavioral health and health related social needs of all Cook County residents.

# Process for Developing the Plan

- Perspectives and evaluations of the current system were gathered formally through the Behavioral Health Summit, the Community Needs Assessment, and the Workforce Symposium (latter a joint project of CCDPH and OBH) as well as through myriad conversations both internally and with community partners.

**Summit brief:** <https://pdflink.to/summitbrief2024/>

**Community Needs Assessment:** <https://dashboards.mysidewalk.com/dashboard-3-bd91756958c0/copy-of-community-need-and-behavioral-health-status-295a93a7b1d2>

**Workforce Assessment:** <https://cookcountyhealth.org/wp-content/uploads/Cook-County-Behavioral-Health-Workforce-Full-Report-Cook-County-BH-Workforce-Assessment-October-2024-FINAL.pdf>

- Goals, Objectives, Strategies, Tactics, and Metrics developed for each Priority Area.

- To ensure support and alignment across governmental entities, a number Intergovernmental meetings were held starting in August 2024. These will be continued quarterly going forward.
- Participants included representations from CCH/CCDPH, Chicago Dept of Public Health (CDPH), Justice Advisory Council (JAC), and the following State Agencies:
  - Healthcare and Family Services (HFS)
  - Department of Mental Health (DMH)
  - Substance Use Prevention & Recovery (SUPR)
  - Behavioral Health Workforce Center (BHWC)
  - Children's Behavioral Health Transformation
- Strategic Plan and Priority Areas were Mentioned in the December Regional Collaborative meetings.
- Draft plan was sent in January 2025 to more than 1200 community partners. All submitted comments were reviewed and several are being incorporated into the final draft.
- Five Community Forums, one for each of the five priority areas, were held in February 2025. Total attendance was approximately 500 for these sessions.



# Registrants of the Community Forums

## Registrants by Priority Area

Systems Alignment, Thursday, February 13th, 10:30 AM CST	190
Prevention and Early Intervention: Youth and Families, Thursday, February 18th, 12:00 PM CST	246
Behavioral Health Workforce, Thursday, February 20th, 9:00 AM CST	283
Access to Treatment, Support, and Recovery, Monday, February 24th, 10:00 AM CST	267
Crisis System Enhancement, Tuesday, February 25th, 12:00 PM CST	246



## Registrants by Role

Behavioral Health Provider	160
Government	67
Administrative or Management Role in Behavioral Health	195
Individual with Lived or Living Experience in Behavioral Health	66
Other	164



## Priority Areas

- **Systems Alignment:** Lead collaborative and coordinated efforts to align priorities, funding, resources, data, and other administrative structures across state, county and local jurisdictions. This Behavioral Health Strategic Plan aims to address both the broad, systemic challenges and the specific, complex needs of targeted populations.
- **Workforce Development:** Strengthen and expand the behavioral health workforce with a focus on training, retention, and increasing cultural competency to meet the diverse needs of the communities we serve.
- **Prevention and Early Intervention with Children, Youth, and Families:** Develop a robust, culturally sensitive system of care for youth and their families, ensuring access to prevention, early intervention, and treatment services. This area will address family support needs, as well as the integration of behavioral health services into educational and community-based settings, to ensure that youth and families receive comprehensive and coordinated care.
- **Access to Treatment, Support, and Recovery:** Enhance access to comprehensive treatment services, create seamless pathways to recovery, and ensures that support systems are in place to guide residents through their behavioral health journey. This area requires addressing disparities in service availability, reducing barriers to care, and ensuring that individuals are supported throughout their recovery process.
- **Crisis System Enhancement:** Expands and refines the crisis response system to ensure timely, effective, and appropriate care for individuals in crisis, reducing reliance on emergency services, and supporting long-term recovery.

# Priority Area: Systems Alignment

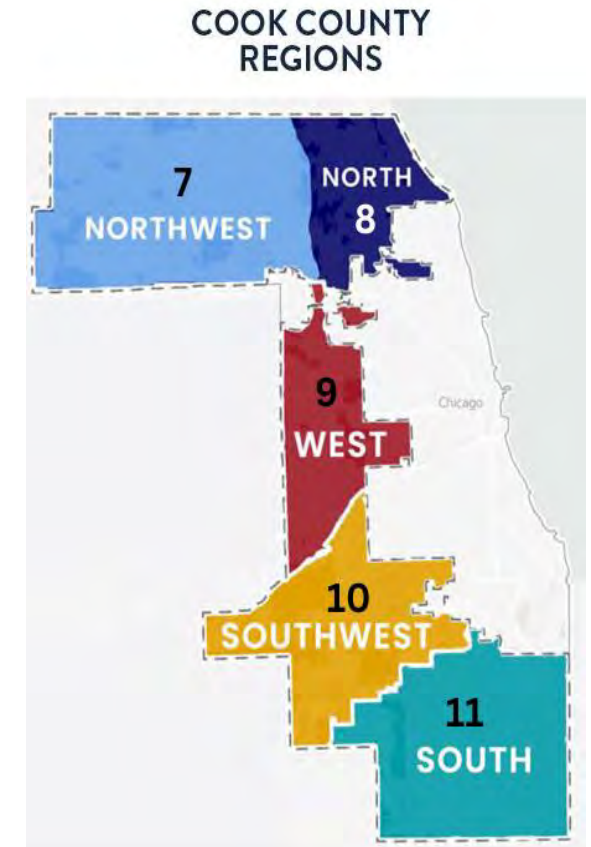
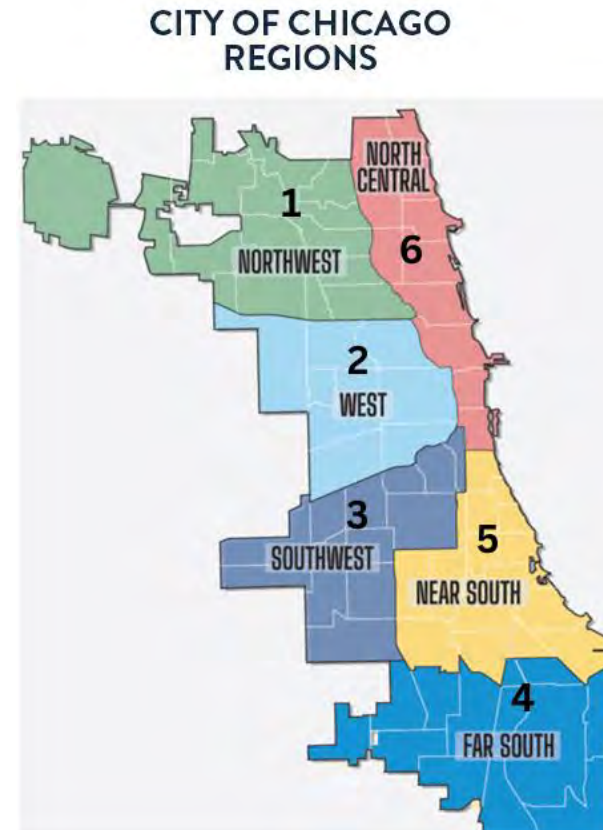
**Goal 1:** Engage stakeholders at the hyperlocal, county and state level to advance the alignment of an equitable, cohesive, and responsive behavioral health system

**Goal 2:** Develop standardized metrics for data-informed decision support, planning, and evaluation of the countywide behavioral health system

**Goal 3:** Optimize resources and funding for behavioral health services to create a comprehensive and responsive behavioral health system that ensures all community members have access to the care they need where and when they need it.

# Regional Collaboratives

- While the Office of Behavioral Health is committed to transforming the behavioral health ecosystem of Cook County, we know that **true transformation requires ALL of us to work together.**
- Because Cook County is the second largest county, the Office of Behavioral Health is creating **11 Regional Behavioral Health Collaboratives** to best meet the diverse behavioral health needs at a hyperlocal level
  - 6 regions based on Chicago Department of Public Health's Chicago Health Equity Zones, and
  - 5 regions based closely to Cook County Department of Public Health regions in suburban Cook.



# Priority Area: Workforce Development

**Goal:** Support the expansion and retention of a culturally informed, inclusive, and trauma competent behavioral health workforce countywide to address the diverse needs of the community and to improve overall health outcomes.

**Objectives:**

1. Provide Competitive Compensation
2. Increase Awareness of Behavioral Health Careers
3. Offer best-in-class community Behavioral Health “Learn and Earn” Opportunities
4. Supporting local agencies in retention of staff
5. Advocate for reduction of administrative burdens



# Priority Area: Prevention and Early Intervention with Children, Youth, and Families



- 1. Goal 1:** Improve the mental and social well-being of Cook County youth and families through a comprehensive continuum of behavioral health services available when and where they need them.
- 2. Goal 2:** Support the healthy development of youth, reduce the likelihood of future difficulties, and promote the well-being of Cook County families.
- 3. Goal 3:** Expand access to evidence informed, trauma-competent, culturally, and linguistically responsive treatment, support, and recovery services for youth and families in Cook County.

# Priority Area: Access to Treatment, Support, and Recovery

**Goal:** Expand access to and coordination of a full continuum of evidence-based, trauma-competent, culturally informed, linguistically responsive treatment, support, and recovery services.

**Objectives:**

1. Increase access and improve systems alignment through the promotion of a comprehensive, community-focused system of care model.
2. Enhance quality of treatment, recovery, and support services for all residents.
3. Reduce opioid deaths

# Priority Area: Crisis Care

**Goal:** Bridge gaps in the crisis care continuum to minimize reliance on law enforcement, legal system contact, or emergency room admission and reduce potential trauma and criminalization of behavioral health issues.

**Thank you!**



**COOK COUNTY  
HEALTH**

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
February 28, 2025

ATTACHMENT #6



# Service Line Strategies

## Cardiovascular Service Line

**Rami Doukky, MD, MSc, MBA**



**COOK COUNTY**  
**HEALTH**

**Develop a comprehensive, academic, world-class, equitable, cardiovascular service line spanning from prevention to complex heart disease**

- a. Build new clinical services
- b. Align clinical disciplines involved in cardiac care
- c. Build Quality



## 5-year plan

### 2021

- ✓ Organize service line leadership & agreements
- ✓ Lean operation plans
- ✓ Review all JDs, salaries, & create personnel 2022 budget
- ✓ Stabilize & Launch EP
- ✓ Launch Structural heart disease services at CCH
- Launch Imaging reporting modules
- Weekend imaging - ↓LOS
- ✓ Direct clinic scheduling
- Optimize supply chain & procurement
- Acquire ECMO
- ✓ Impella

### 2022

- ✓ Create institute director position
- ✓ Add critical positions
- ✓ Expand fellowship, #1
- Single source cath, structural, stable ACS
- Medicaid transfer
- Plan a 3rd cath lab
- Build Cardiac Rehab
- Upgrade imaging
- ✓ Participate in registries
- IAC accreditation in Nuclear, CT, MRI, Cath lab
- ✓ CV quality & safety portal
- Plan a Prevention Center
- Plan research & data center

### 2023

- Add growth positions
- ✓ Expand fellowship, #2
- Add EP fellow
- Build a 3<sup>rd</sup> cath lab
- Plan hybrid OR
- Single source EP
- Dedicated cardiac CT
- Build a Prevention Center
- Expand research center

### 2024

- Add growth positions
- ✓ Expand fellowship, #3
- Build a hybrid OR
- Dedicated Cardiac MR

### 2025

- Add growth positions
- Optimize operations
- Leadership succession planning

# Other Accomplishments

## FY2020-FY2024

Established an inpatient **“Cardiac - Intermediate Care Unit”**

AHA Gold Plus & USNWR High Performing in Heart Failure and Heart Attack

Established external referral pathways: Insight, Sinai, SA (SBH, Resilient Health)

Expand Cardiology clinics to the community satellite clinics (AH, NR, BC)

Received The National Association of Counties 2024 Achievement Award

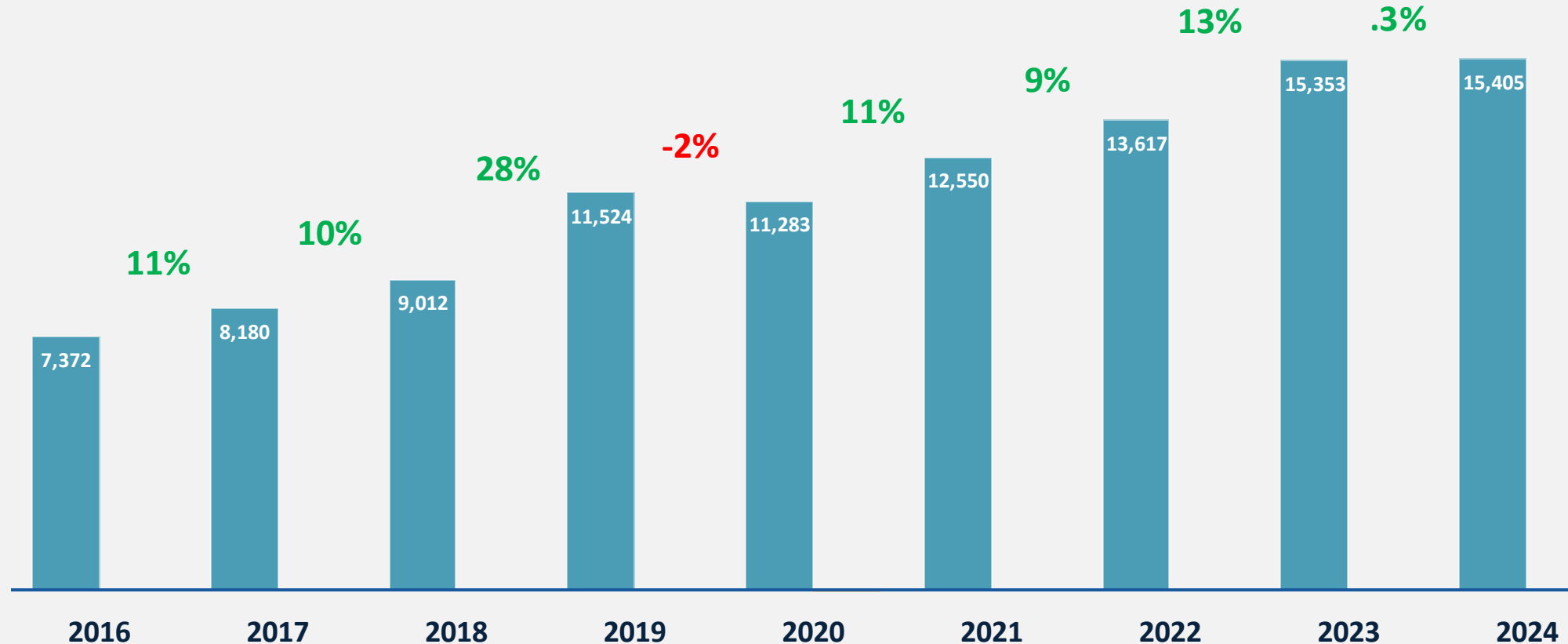


# New Services as of 2024

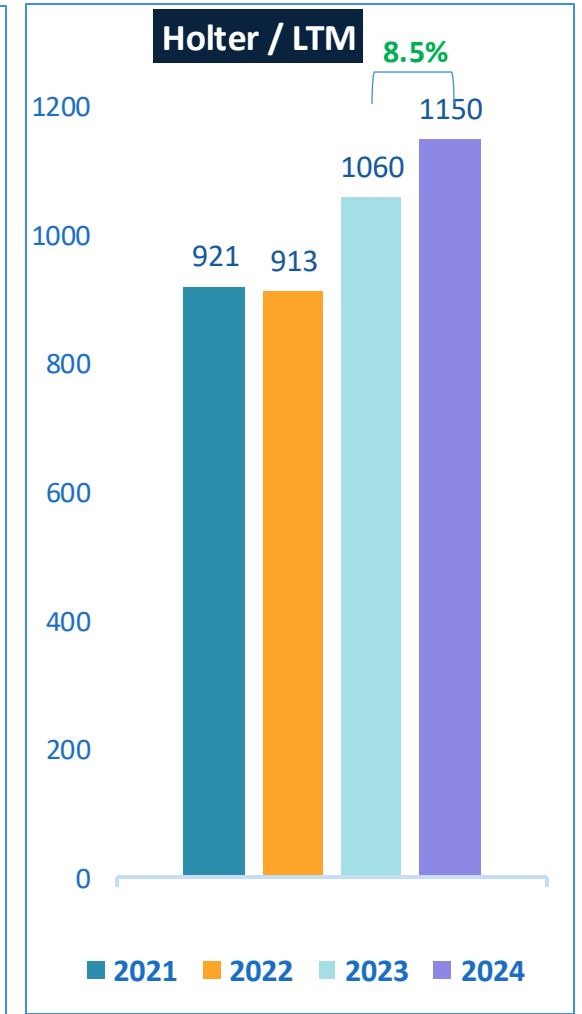
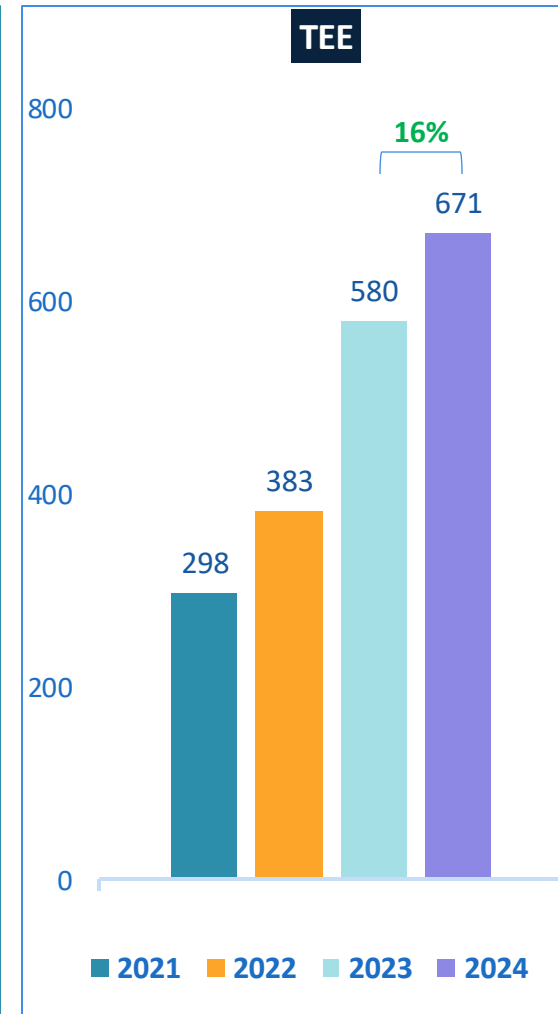
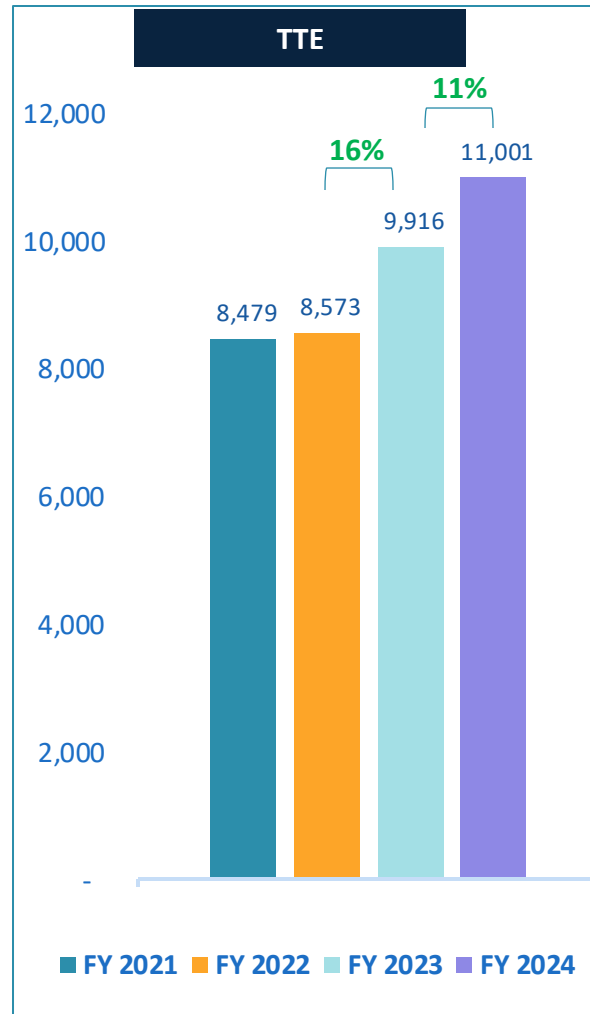
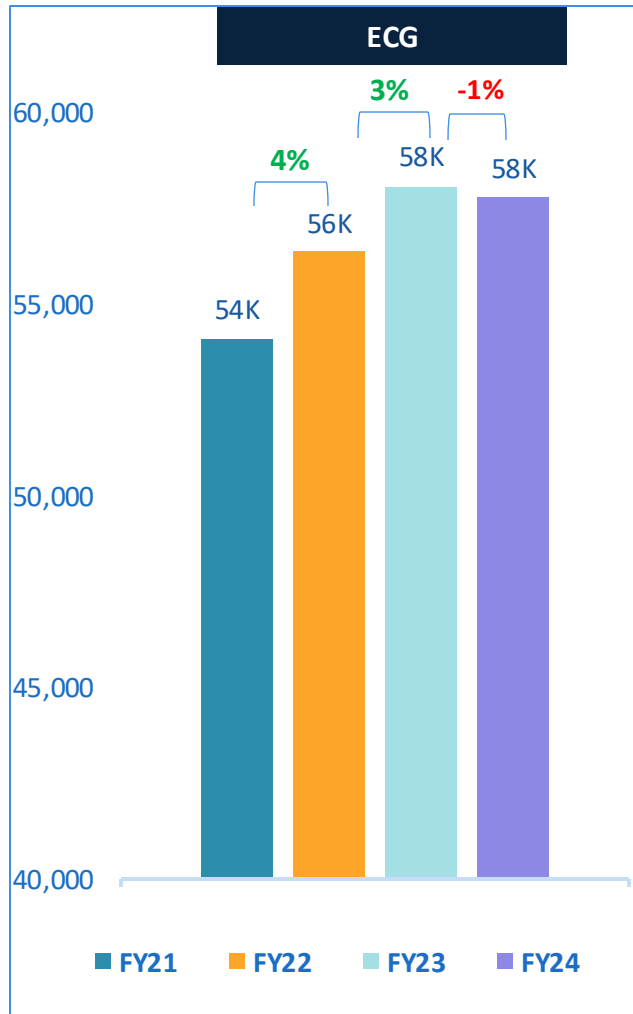
	Live	1 <sup>ST</sup> Case
EP Device Implantation	Yes	Aug 2020
Balloon Valvuloplasty	Yes	May 2021
TAVR / TMVR	Yes	Aug 2021
EP Studies / Ablation	Yes	Nov 2021
Pulmonary Artery Thrombectomy (PE)	Yes	Nov 2021
CardioMEMS (HF monitoring)	Yes	July 2022
Watchman (LAA closure)	Yes	Jan 2023
MitraClip (MV repair)	Yes	May 2023
Impella (LV assist device)	Yes	Oct 2023
Lead extraction program	Yes	Oct 2023
Cardiac PET Program	No	Spring 2025
ECMO	No	2025
Cardiac Rehab	No	TBD



# Stroger Cardiology Clinic Annual Volume



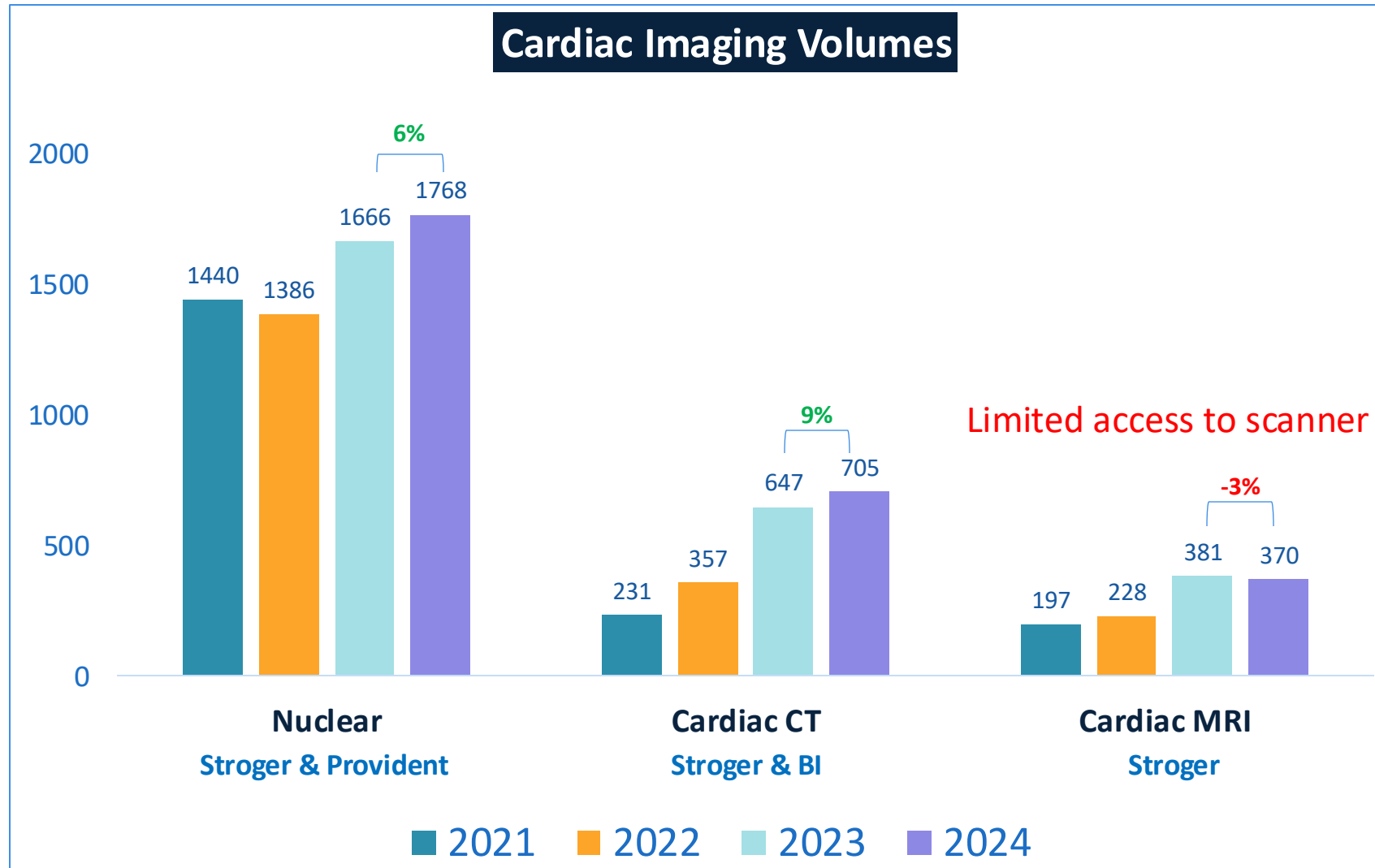
# Noninvasive Cardiology



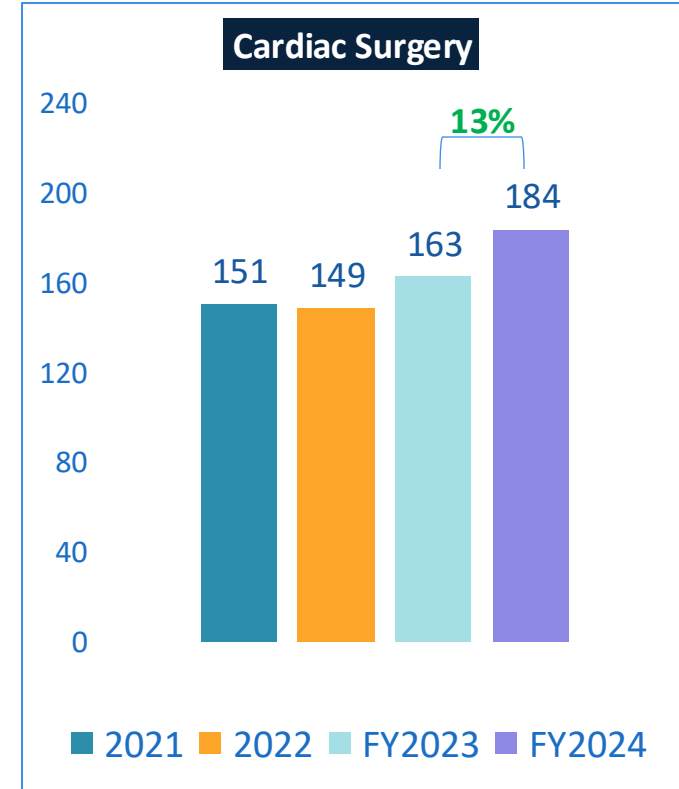
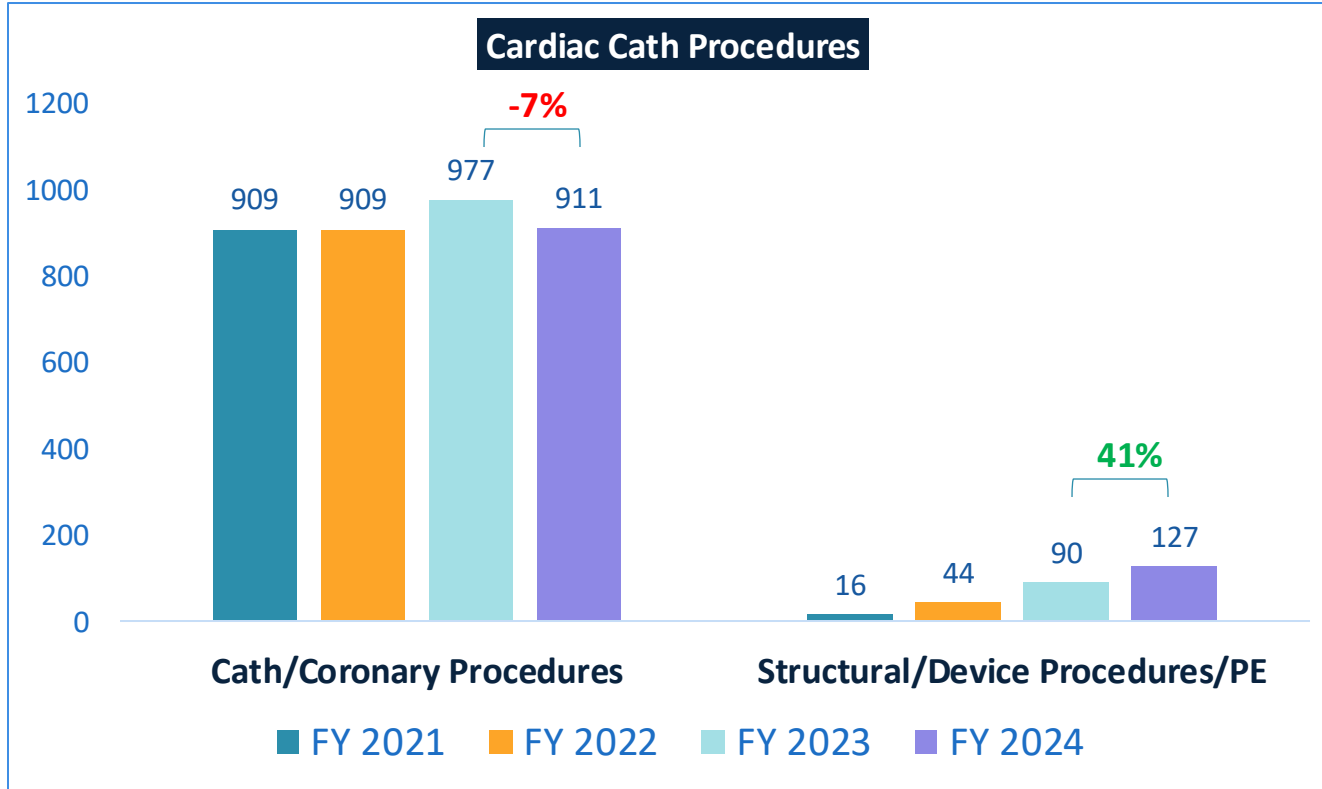
Lean Project



# Advanced Cardiac Imaging



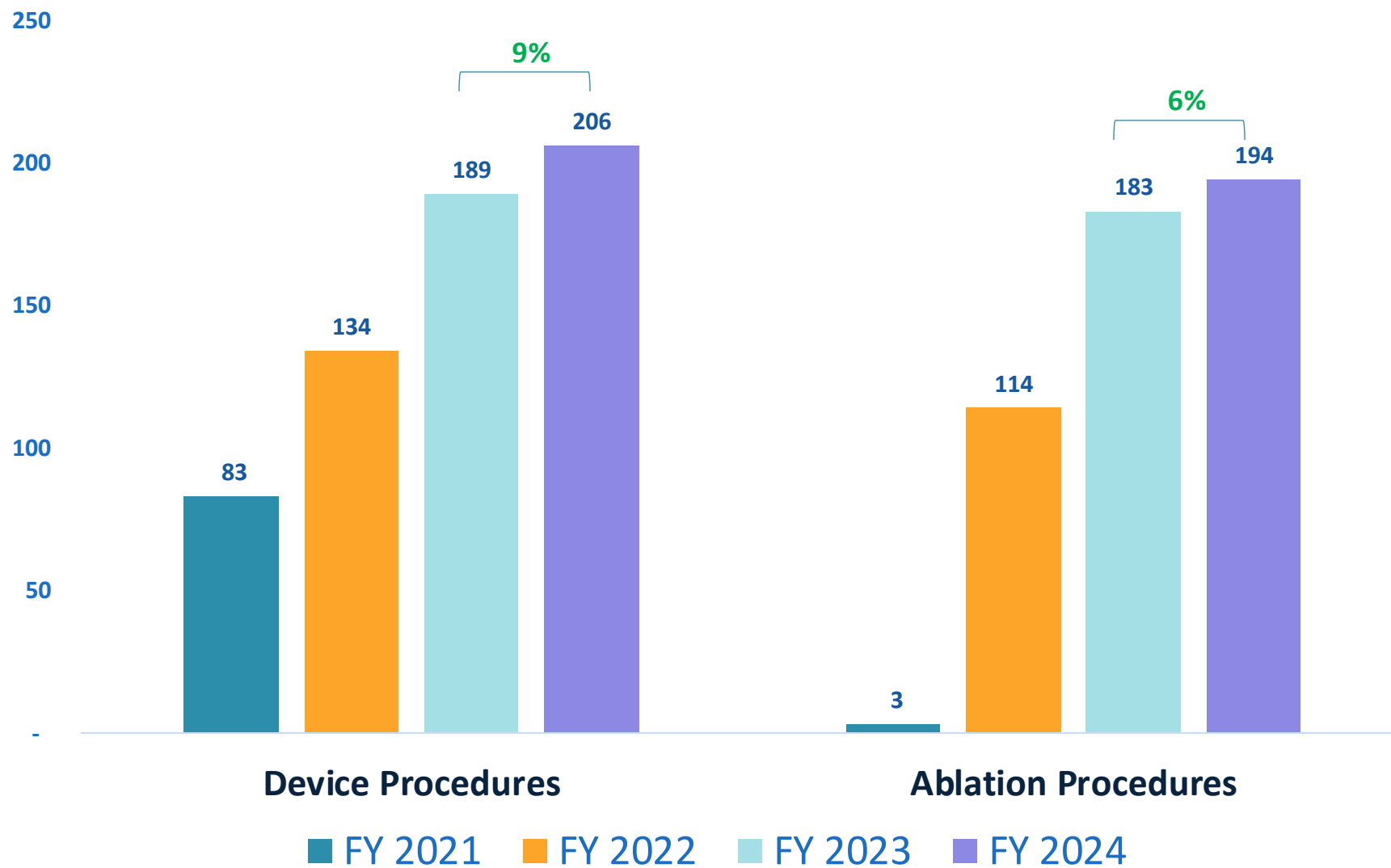
# Interventional / Structural / Cardiac Surgery



IV fluid shortage

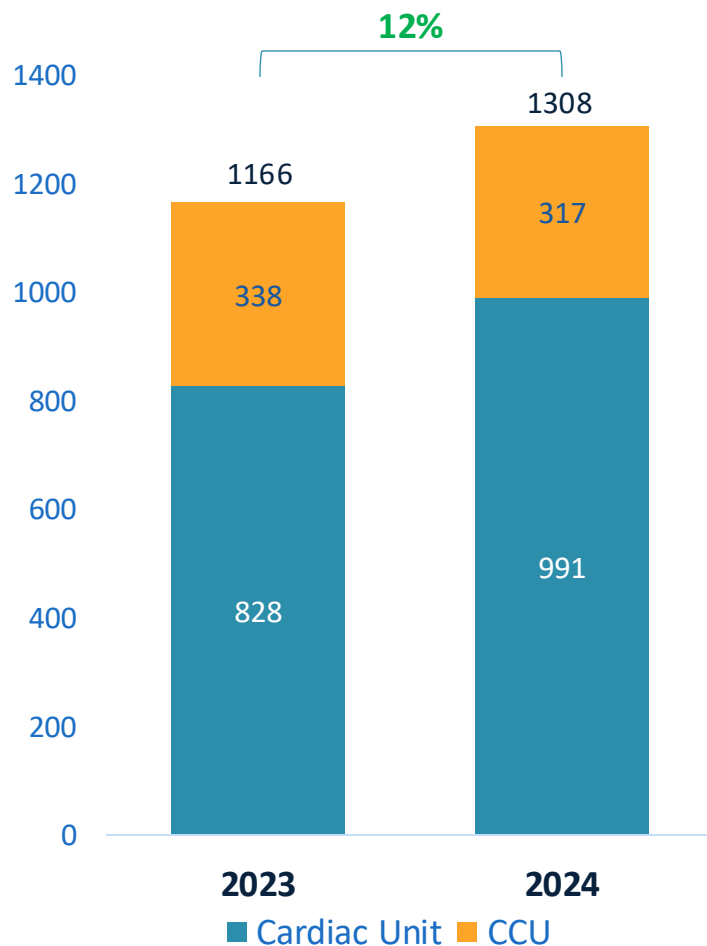


# Electrophysiology

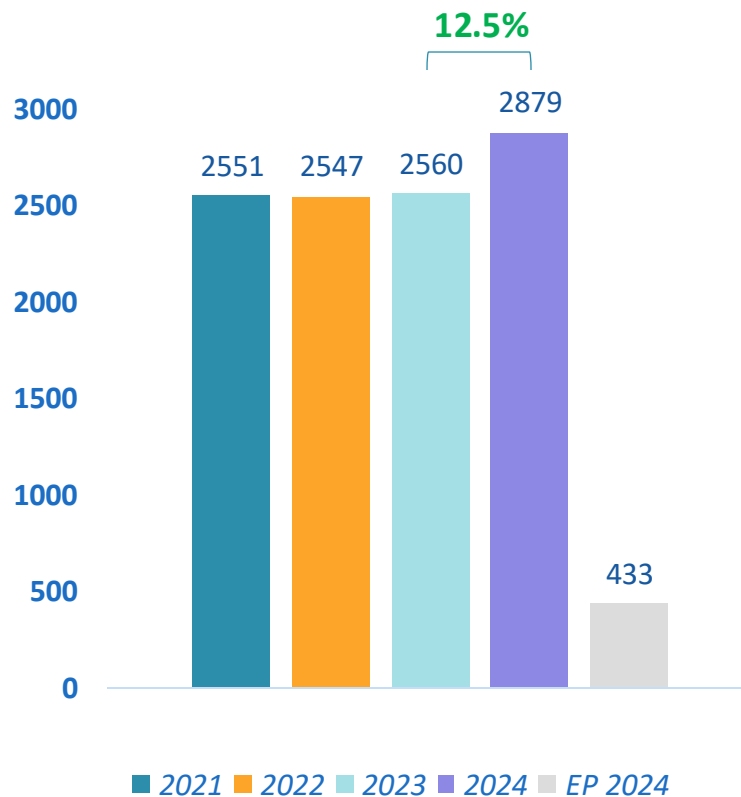


# Inpatient Cardiology

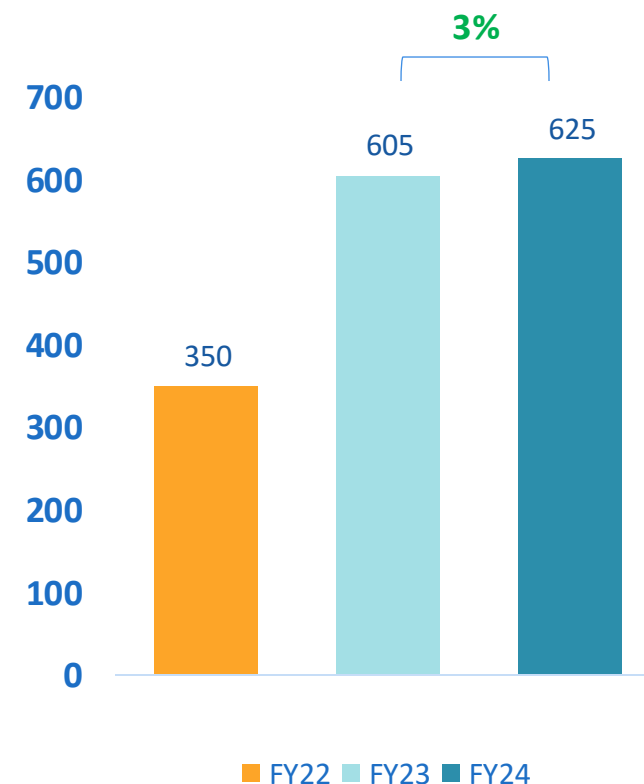
## CCU & Cardiac Unit Services



## Stroger Inpatient Consults



## Provident Inpatient Consults





# Planned Activities- Cardiovascular Service Line

## FY2025

- a. Cardiac PET Program, Nuclear Cardiology Cerner Project, Weekend nuclear stress
- b. Continue planning for building additional Cath Lab and EP Lab, with hybrid capability
- c. Planning for ECMO
- d. Planning for Cardiac Rehab
- e. Expand connections with area hospitals / systems
- f. Optimize operational efficiency / quality
- G. Recruitment: business manager, chair of cardiology, attending cardiologists
- H. Optimize reporting structure and budgeting
- I. Build a Heart Failure service line
- J. Cardiac Intensive Care Unit (CICU)
- K. Build bridges with Vascular Surgery and IR
- L. Heart Symposium on February 22, 2025 (Heart Month)



# Under Evaluation for FY2026-FY2028

## Action Item

Expand EP

Build Provident cardiology infrastructure / expand services

Optimize support services (prior auth, pharmacy, patient navigation, etc.)

Expand non-invasive services in satellite clinics

Primary Prevention / Population Health Project



# Thank you



COOK COUNTY  
**HEALTH**

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
February 28, 2025

ATTACHMENT #7

# Strategic Plan Update 2026-2028

## Medicaid Managed Care Overview

Aaron Galeener, Chief Administrative Officer

Health Plan Services

February 28, 2025



COOK COUNTY  
**HEALTH**

# Agenda

- Health Plan Services Overview
- Local and Federal Trends in Medicaid Managed Care and opportunities for 2026-2028



# Health Plan Services Overview



COOK COUNTY  
**HEALTH**

# Health Plan Services Overview

## Mission & Vision

### Mission

As a public, provider-led health plan, we improve our members' lives by partnering with communities, supporting a vibrant safety-net, advancing health equity, and empowering providers to deliver integrated, member-centered health care.

### Vision

To transform the health of our members and the communities we serve.

## Fast Facts

### Service Area and Market Share

- Service area is Cook County
- 34% Cook County market share

### Membership:

- >413,000 Medicaid members

### Network:

- 6,600 PCPs, 26,000 specialists, 70 hospitals, 150 urgent care
- 59% value based care spend

### Medicaid Health Plan Rating:



## Populations

### Populations Served

- Family Health Program (children/families)
- Affordable Care Act Adults
- Integrated Care Program (older adults and persons with disabilities)
- Managed Long Term Services and Supports (dual eligible members with LTSS)
- Special Needs Children
- Health Benefits for Immigrant Adults/Seniors

# CountyCare Member Demographics

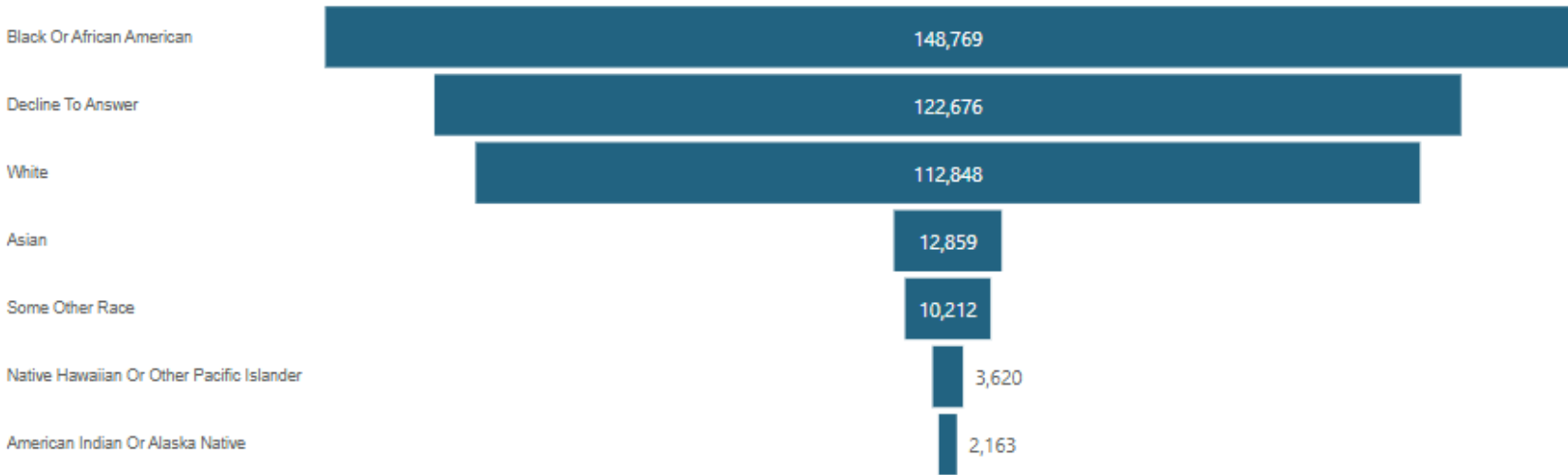
## February 2025

413,147

CountyCare members

- ✓ 190,013 children (0-19)  
200, 014 adults (20-64)  
23,120 seniors (65+)
- ✓ 53% female, 46% male, 1% Other
- ✓ 46% Non-Hispanic/Latino  
28% Hispanic/Latino

CountyCare Members by Race, February 2025



# CountyCare Disease Prevalence

Disease Group	Total Unique Members	% of Health Plan
Hypertension	66,721	16.15%
COPD	49,993	12.10%
Asthma	42,789	10.36%
Diabetes	37,354	9.04%
BH	34,518	8.35%
HIV	4,416	1.07%

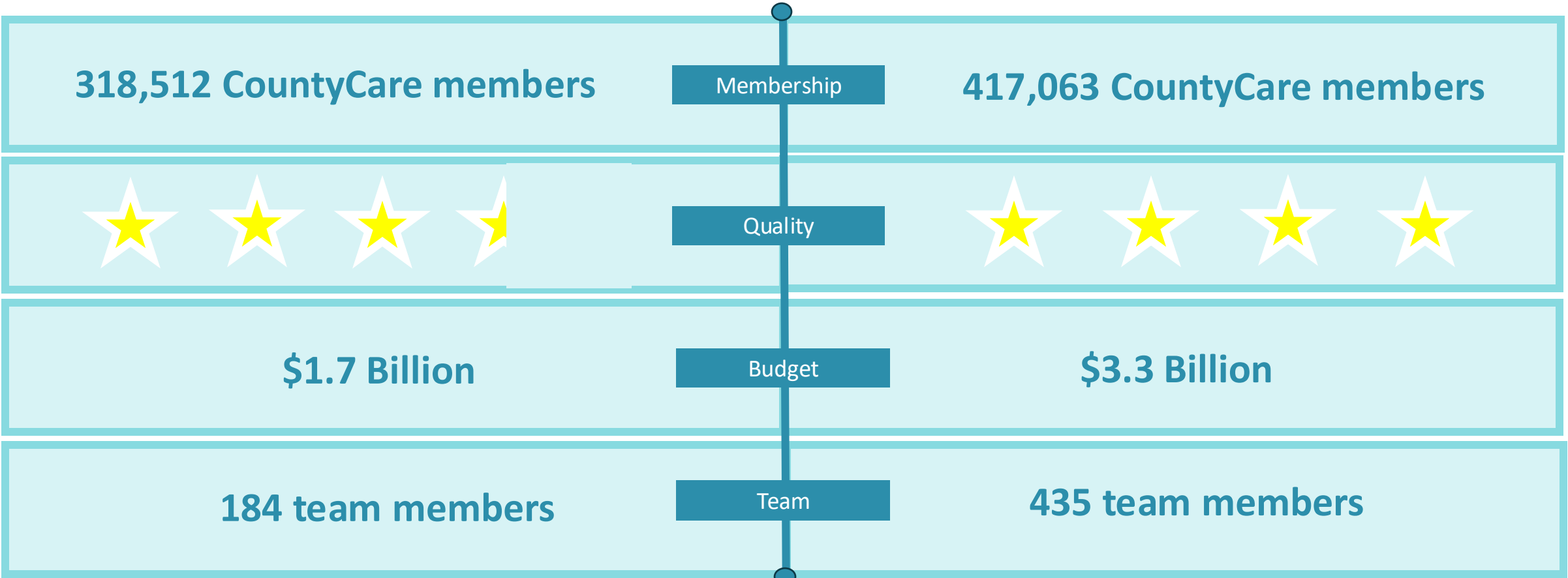
Health Plan	413,201
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Age Group	Total CountyCare	HIV % of Age Group	Hypertension % of Age Group	Asthma % of Age Group	COPD % of Age Group	Diabetes % of Age Group	Behavioral Health % of Age Group
0-5 years	54,321	0.02%	0.38%	8.32%	8.55%	0.17%	1.21%
6-12 years	70,059	0.03%	0.74%	13.96%	14.40%	0.71%	2.85%
13-17 years	51,367	0.06%	1.42%	8.68%	9.32%	1.10%	2.52%
18-34 years	92,662	1.18%	6.89%	9.32%	9.65%	3.35%	5.58%
35-49 years	62,632	2.14%	25.45%	10.39%	11.51%	13.07%	13.06%
50-64 years	59,220	2.68%	51.95%	11.98%	17.92%	30.23%	24.78%
65-74 years	14,225	1.93%	56.61%	9.67%	19.04%	33.46%	24.82%
75-84 years	6,221	0.69%	49.11%	5.34%	12.14%	28.13%	18.84%
85+ years	2,494	0.20%	43.10%	3.25%	10.14%	19.85%	20.65%
Grand Total	413,201	1.07%	16.15%	10.36%	12.10%	9.04%	9.00%

# CountyCare 2020/2025

2020

2025



# Local and Federal Trends in Medicaid Managed Care



COOK COUNTY  
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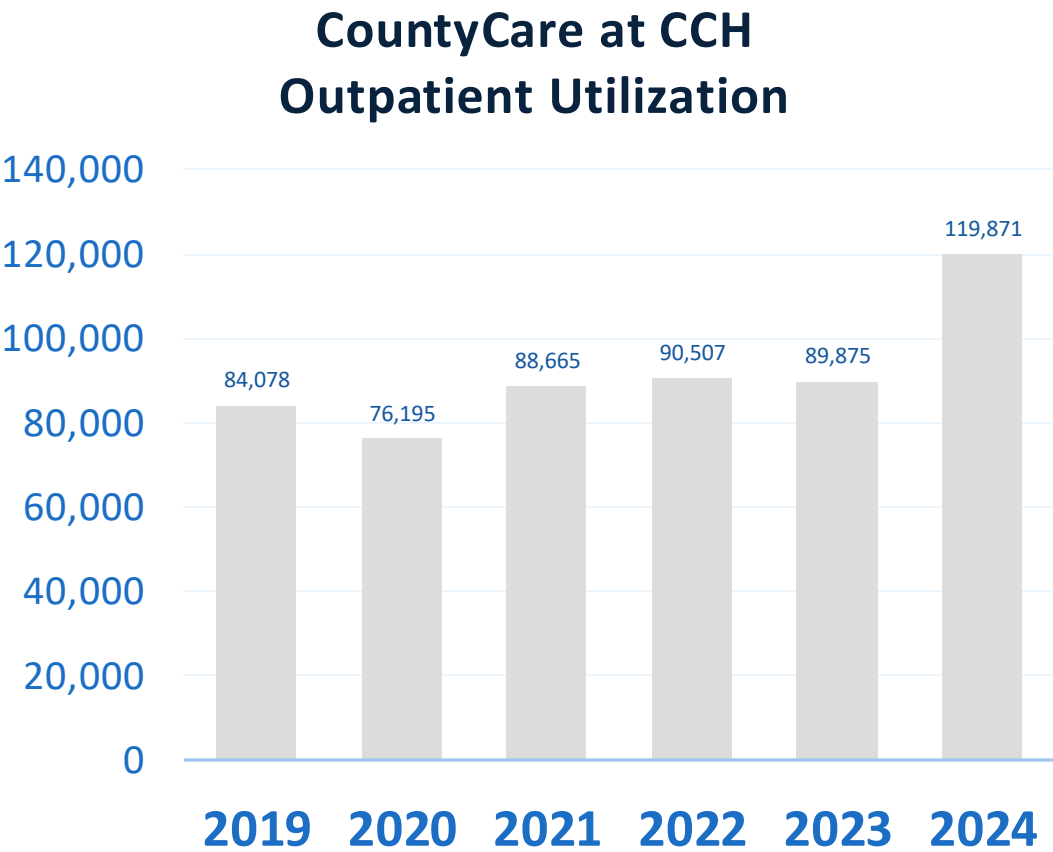


# Medicaid Managed Care Market, Cook County



Illinois Department of Healthcare and Family Services, November 2024 Data

Managed Care Organization	Cook County	Cook Market Share
CountyCare	416,799	34.4%
Blue Cross Blue Shield	334,811	27.6%
Meridian	258,816	21.3%
Aetna	110,544	9.1%
Molina	83,622	6.9%
YouthCare	8,087	0.7%
Total	1,212,679	100.0%



# Medicaid Managed Care Market, Cook County

## Medicaid Enrollment in Cook County, FY2020-FY2024

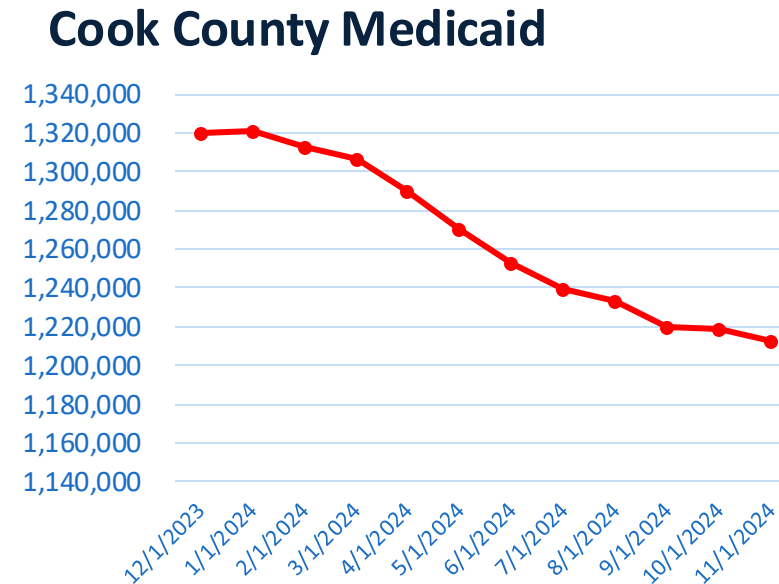
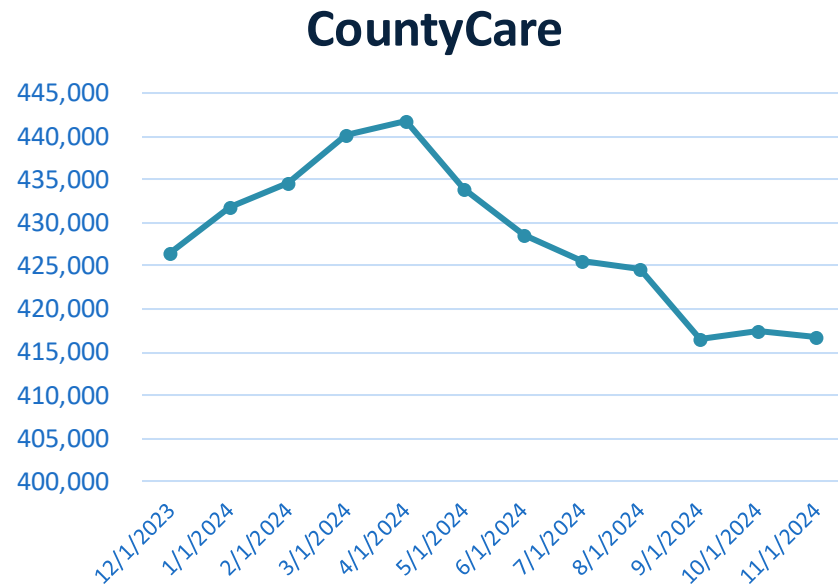
COMPREHENSIVE BENEFIT ENROLLEES	FY2020	FY2021	FY2022	FY2023	FY2024
CHILDREN	640,567	660,991	670,221	687,090	666,949
ADULTS WITH DISABILITIES	115,906	113,058	108,617	108,821	101,610
ACA	315,604	381,917	427,815	462,842	381,576
OTHER ADULTS	228,624	280,286	330,611	402,655	300,502
SENIORS	128,033	144,982	158,761	183,927	162,523

Declines in all populations between FY23-FY24 due to redetermination

Reduction in >232,000 individuals enrolled in Medicaid

Source: [Healthcare and Family Services](#), “Number of Persons Enrolled in Cook County”

# Medicaid Managed Care Enrollment Trend in Cook County



CountyCare's enrollment **decreased** 0.15% in November 2024 and is lower than Cook County's **decrease** of 0.47%.



# Illinois Medicaid: Looking Ahead

## *Challenges*

- **State budget deficit and possible elimination of the Health Benefits for Immigrant Adults Program.** CountyCare currently has 16,800 members.
- **Federal match (FMAP) “trigger law” in Illinois.** Illinois is a state where Medicaid expansion quickly ends should FMAP fall below 90%.

## *Opportunities*

- **HealthChoice Illinois Request for Proposals.** Healthcare and Family Services will be issuing its RFP for the Medicaid program.
- **1115 waiver approved to expand services covered by Medicaid,** including housing, food, non-medical transportation, and pre-release reentry services.



# Federal Trends: Looking Ahead

## Challenges



**Threats to the Medicaid**, including possible work requirements, caps, or reduction in federal match



**Evolving member/patient preferences** for improved experience (i.e., convenience and access)



**Inequities in health outcomes** due to unequal access to health-related social needs (i.e., food, housing, clothing)



**Federal cuts to services** that support underserved communities

## Opportunities



**Diversify health plan products to reduce risk** and overreliance on single health plan product



**Innovative delivery care models and new technologies** (i.e., virtual care, hospital-at-home, in-home dialysis)



**Partnerships across sectors to support members** in their communities with health-related social needs



**Accelerate value-based care models** to drive improved outcomes, quality, and sustainability

**Thank you! Questions?**



**COOK COUNTY  
HEALTH**



Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
February 28, 2025

ATTACHMENT #8

# Service Line Strategies

Women and Children, January 2025

Christina Urbina, Business Service Line Director

Dr. M. Akintorin, Chair of Pediatrics

Dr. F. Abrego, Chair of Obstetrics and Gynecology



**COOK COUNTY**  
**HEALTH**



# Cook County Health to be a Provider of **CHOICE**

## Vision

Cook County Health will be a premier Women's and Children's healthcare group by providing patient centered, individualized and accessible care. We will remain dedicated to our community through leadership and service and be champions for our patients by remaining highly proficient in our field and practicing culturally relevant and evidence-based medicine. To be the provider of choice for our community.

## Purpose

- Provide excellent and seamless service to women; it will translate into referrals from her family and network for the rest of the Cook County Health System
- Align all clinical and non-clinical service areas
- Standardize processes and workflows for best practice
- Maximize resources to reduce redundancies
- Create a renewed brand identity and patient loyalty

## Goal

Our goal is to exemplify the Cook County Health mission in daily patient care and get every woman and child to their desired health outcome without harm, without waste and with an exceptional experience.

# The Women and Children's Service Line

## Comprehensive Women's Care

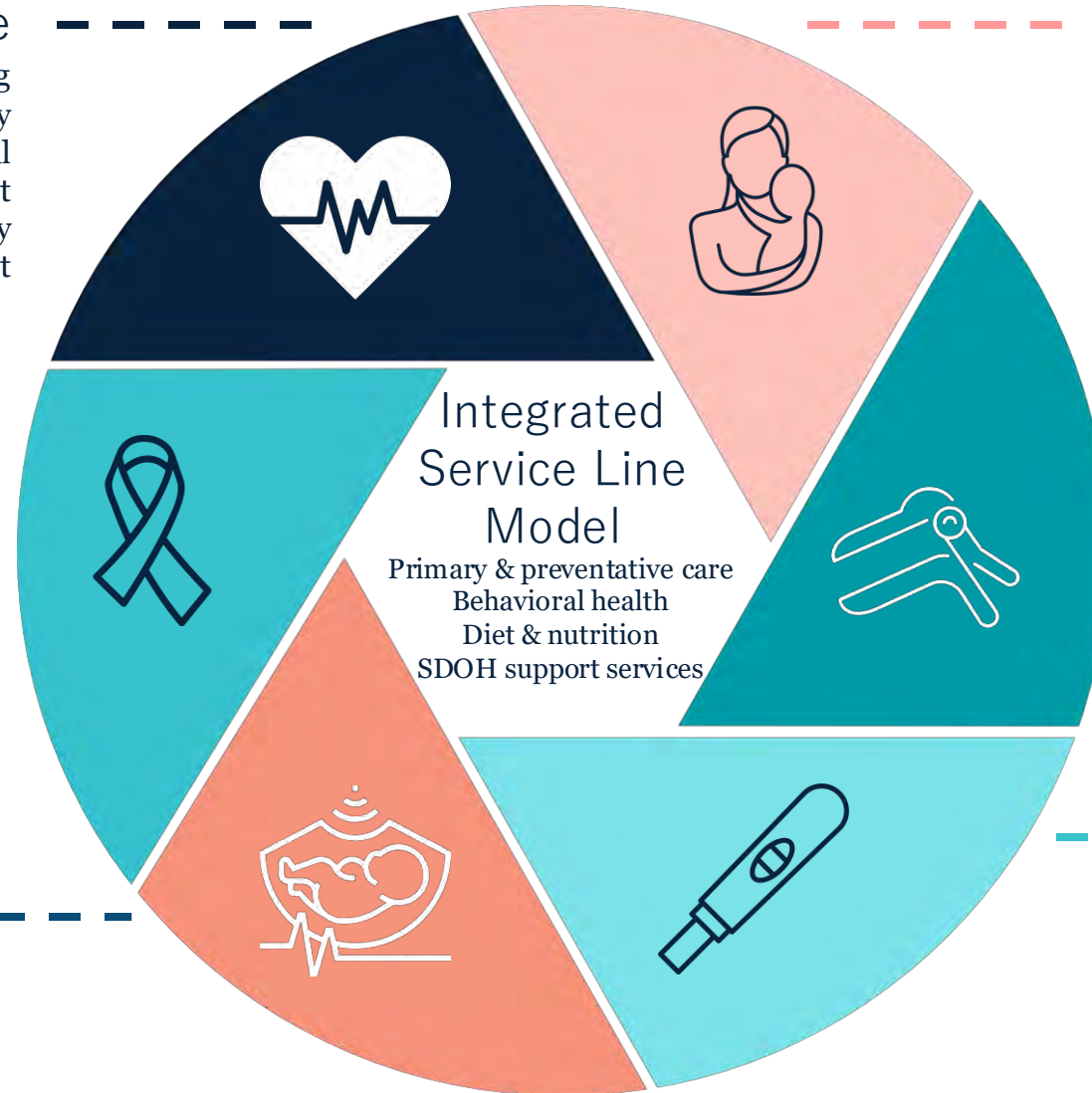
- Menopause counseling
- Urogynecology
- Colorectal
- Nutrition and weight management
- Women's cardiology
- Breast cancer screening & management

## Women's Health & Screening

- Breast exams and cancer screenings
- Routine service screenings
- Fibroid management
- Pelvic floor disorder management
- Medication assistance program

## Obstetrics

- Prenatal care
- Maternal fetal medicine
- Labor & Delivery/Postpartum
- Newborn baby prep education & classes
- Breastfeeding support
- Breastfeeding counseling and support
- Family planning and postpartum contraception
- Antenatal Testing Unit



## Pediatrics

- NICU & PICU
- Newborn & Postnatal care & checkups
- WIC & other social support services
- Well child visits – Primary Care
- Adolescent Health
- Pediatric Specialty referrals
- Youth focused health & wellness classes
- Immunizations (HPV Gardasil)
- Pediatric Psychiatry/Behavioral Health

## Gynecology

- Routine gynecology visits
- Routine pap smears
- STI testing, education, and prevention
- Contraception education and provision
- Specialty referrals
- Immunizations (HPV Gardasil)
- Fertility referrals

## Reproductive Health Services

- Contraceptive counseling
- Reproductive life planning
- STI testing, education, and treatment
- Pregnancy termination

# 5 Year Plan

	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Data Based Goals	<ul style="list-style-type: none"> <li>3% ↑ in delivery volume (Projected 814)</li> <li>3% ↑ PC retention</li> <li>3% ↑ peds spec.</li> <li>3% ↑ MFM services</li> <li>3% ↑ pediatric primary</li> </ul>	<ul style="list-style-type: none"> <li>3% ↑ in delivery volume (Projected 814)</li> <li>3% ↑ PC retention</li> <li>3% ↑ peds spec.</li> <li>3% ↑ MFM services</li> <li>3% ↑ pediatric primary</li> </ul>	<ul style="list-style-type: none"> <li>3% ↑ in delivery volume (Projected 838)</li> <li>3% ↑ PC retention</li> <li>3% ↑ peds spec.</li> <li>3% ↑ MFM services</li> <li>3% ↑ pediatric primary</li> </ul>	<ul style="list-style-type: none"> <li>3% ↑ in delivery volume (Projected 863)</li> <li>3% ↑ PC retention</li> <li>3% ↑ peds spec.</li> <li>3% ↑ MFM services</li> <li>3% ↑ pediatric primary</li> </ul>	<ul style="list-style-type: none"> <li>3% ↑ in delivery volume (Projected 889)</li> <li>3% ↑ PC retention</li> <li>3% ↑ peds spec.</li> <li>3% ↑ MFM services</li> <li>3% ↑ pediatric primary</li> </ul>
Strategic Goals	<ul style="list-style-type: none"> <li>✓ Plan Service Line Structure</li> <li>✓ Plan Patient Navigation Structure and Processes</li> <li>✓ Plan Clinical Home Visiting Structure and Process</li> <li>✓ Implement Pre-Birth Visit process</li> <li>✓ Implement Iron Infusion Process into ATU</li> <li>✓ Execute Formal Partnership Affiliations</li> <li>✓ Plan Baby Friendly Accreditation Process</li> <li>✓ Continue implementing Hospital Birth Equity Pgm</li> </ul>	<ul style="list-style-type: none"> <li>✓ Build Service Line Structure</li> <li>✓ Implement Foundational Programs; Patient Navigation, Home Visiting,</li> <li>✓ Execute formal partnership affiliations; CPS, ACCESS, Friend Family, PCC, Birthing Collaborative</li> <li>✓ Birth Equity Implementation</li> <li>• Source RPM Patient Monitoring (RPM)</li> <li>• Revenue Cycle optimization for service line</li> </ul>	<ul style="list-style-type: none"> <li>• Expand and Build Foundational Programs</li> <li>• Patient Navigation</li> <li>• Home Visiting Expansion</li> <li>• Implement Remote Patient Monitoring (RPM)</li> <li>• Prevention/Screening Education programs throughout CCH</li> <li>• Begin Baby Friendly Accreditation Program</li> <li>• Create 2026 business plan</li> </ul>	<ul style="list-style-type: none"> <li>• Build Women's Center</li> <li>• Complete control of revenue cycle</li> <li>• Seek additional extra-mural funding through research grants</li> <li>• Expand Education programs throughout CCH</li> <li>• Create 2027 business plan</li> </ul>	<ul style="list-style-type: none"> <li>• Grow Market Share</li> <li>• Build Birthing Center</li> <li>• Expand and Build Foundational Programs</li> <li>• Revenue Cycle Completion</li> <li>• Create 2028 business plan</li> <li>• Expand Quality and Research</li> <li>• Service Line Fundraising</li> <li>• Optimize operations</li> <li>• Leadership succession planning</li> </ul>
Operating and Capital Budgets	<ul style="list-style-type: none"> <li>✓ Hire Business Service Line Director</li> </ul>	<ul style="list-style-type: none"> <li>• Rec. Budget: \$350K</li> </ul>	<ul style="list-style-type: none"> <li>• Rec. Budget: \$350K</li> </ul>	<ul style="list-style-type: none"> <li>• Req. Budget: \$701K</li> </ul>	<ul style="list-style-type: none"> <li>• Net Revenue: \$202K</li> </ul>



# How Have We Been Doing – FY24 Scorecard



Objective name	KR name	Actual	Target	Trend chart
Growth Pillar - Women and Children Service Line	Optimize Quality/Experience of Care Delivery	75%	100%	
	Pediatrics Service Optimization	65%	100%	
	WH Expansion Provident	65%	100%	
	Programmatic Services and Agreement Executions and Managements	75%	100%	
	BI Dashboards Completion	60%	100%	
	Reproductive Health Enhancement	70%	100%	
	Streamline External Referrals	55%	100%	
	Provider Recruitment	60%	100%	
	Gynecology Access	50%	100%	
	MFM Service Stabilization/Community Model Marketing	40%	100%	



# FY24 Accomplishments- Women and Children Service Line

1	Recruitment of management and increased support staff for Stroger Pediatric Specialty Clinic
2	Women's Health and Pediatric volume increases due to the effective New Arrival Care Coordination team efforts to support access to care; increase in deliveries resulting increase of pediatric volume for CCH
3	<p>Executed program awards and agreements to support SDOH and adherence to care for service line:</p> <ul style="list-style-type: none"> <li>• \$5M HRSA HS Grant, CDPH 2.0 FTE RN HV program,</li> <li>• \$300K DHS HF HV grant,</li> <li>• \$200K NIH Step Up Research Grant PCP linkage,</li> <li>• \$40K total funding allocation for Reach out and Read to ACHN sites; \$5K for each site</li> <li>• ICAN Quality Collaborative partnership – supported efforts for CCH to become FPPE Supplemental Medicaid Provider (Expanded family planning coverage for both women and men)</li> <li>• \$1M Doula funding executed RFP with Prism</li> <li>• \$500K Patient Navigator RFP with Alivio Medical Center</li> </ul>
4	Oracle Provider Portal is live with read only access for External Partners to view clinical notes and results completed FY24. Secure Messaging will be an added feature for FY25 in Q1 or Q2.
5	Simultaneously managed the Women and Children service line, the Landing Zone and Care Coordination teams in the city shelters effectively executing strategy plans, staffing needs, access to care, monitoring quality measures to support healthy outcomes and public health
6	\$1M in grant funding from Senator Tammy Duckworth for NICU Giraffe Ventilators



# Women and Children FY24 Ambulatory Volume

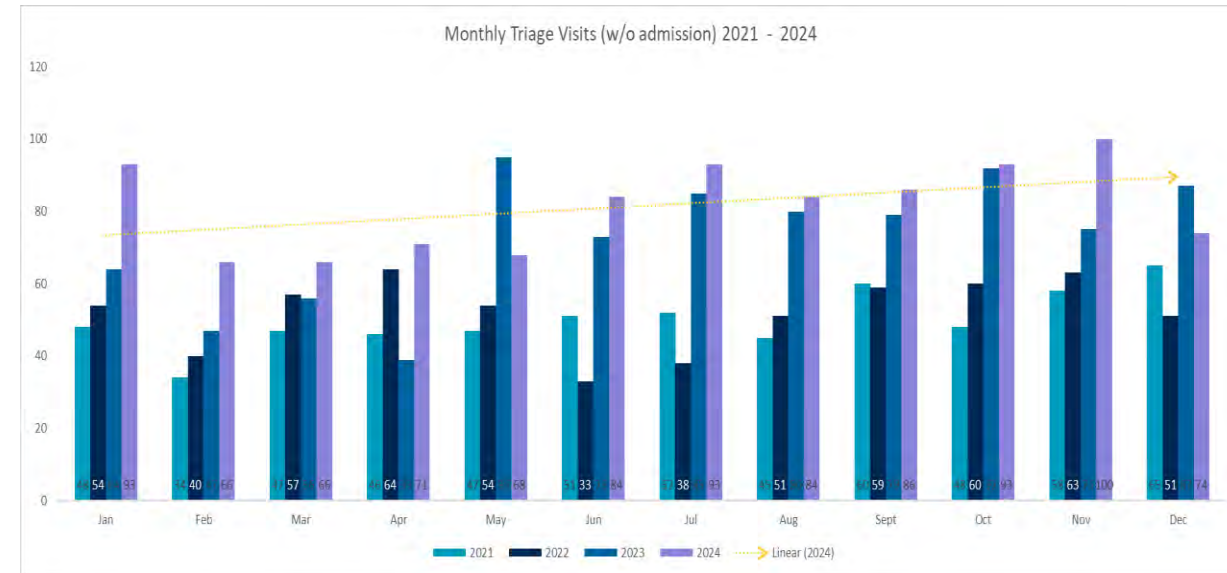
	2021	2022	2023	2024
Pediatrics Visits	30,987	28,176	34,008	34,182
Gynecology Visits	15,498	15,220	11,665	16,463
Prenatal Visits	7392	7472	9265	9985
Expected Deliveries	1026	1103	1366	1601
Stroger Delivery Retention Rate	76%	71%	69%	72%

## Noteworthy Items:

1. Postpartum Visits Completed: 89%
    - a. Delivered at CCH and CCH patient
  2. Newborn Visits Completed: 92%
  3. Completed PCP visit within 3mths post completed postpartum visit: 42%
- Women's Health Prevention Focus
    - Gynecology: 16,463 (+5%)
    - Colposcopy: 1,897 (-4%)
    - Pregnancy Terminations:
      - Medication Terminations: 453
      - Surgical Terminations: 311

# Women and Children FY24 Inpatient Volume

	2021	2022	2023	2024
Actual Deliveries	783	782	942	1156
NICU Admissions	300	266	265	304
Stroger Operating Room				
Gynecology	554	606	602	707
Urogynecology	65	107	30	44
Oncology	204	232	250	294
Provident Operating Room				
Gynecology	298	216	294	289



# Planned Activities- Women and Children Service Line FY25

Recruit Maternal Fetal Medicine Doctors and grow program at Stroger, then over to Provident and community model

Launch Doula services throughout CCH while collaborating with MCH community to ensure CCH develops a model program

Implement and expand Uro-gyn services at Provident complimenting access with a robust marketing campaign

Improve Family Planning/Contraceptive Services systemwide – Hiring Family Planning Division Director

Enhance depression screening efforts by expanding the screenings in WCC visits up to 6 months (currently up to 3 mths)

Continued pediatric partnership with UIC – stabilized subspecialty offerings from CCH locations

Continue Neonatology coverage at Humboldt Health and St. Mary Hospital

Continued external partnership with U of I for Maternal Fetal Medicine coverage and sonography training

Heathcare and Family Services Family Planning Presumptive Eligibility Contracted Provider; Supplemental Medicaid Product

# Under Consideration - Women and Children Service Line FY25

Establish American Institute of Ultrasound (AIUM) accreditation for the Stroger Antenatal Testing Unit to support expanded MFM practice

Execute external partnerships to maintain growth of deliveries and NICU

Improve Family Planning/Contraceptive Services systemwide – Need Additional Educators

Investment and prevention for pediatric and adolescent health

Continue the efforts to increase space for Labor and Delivery

Families in Therapy program for pediatrics. Cost \$350K to hire therapy staff for group sessions

Resurrected discussions with external hospital for CCH to support their Neonatology Coverage gap

Discussions with external hospitals to create delivery partnerships to support gap on Chicago Southside



# Thank You!



COOK COUNTY  
**HEALTH**



Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
March 6, 2025

ATTACHMENT #9

# Cook County Department of Public Health Q1 report

## *Program and Policy initiatives serving youth in suburban Cook County*

**Presenter:**

**Kiran Joshi, MD, MPH**

**Interim COO, Cook County Department of  
Public Health**



**COOK COUNTY  
HEALTH**

Cook County DEPT. of  
Public Health



# Overview

- Data
- Youth-serving initiatives
  - Early Childhood
  - K-12
  - Young adults



# Data- Focus on youth in Suburban Cook County



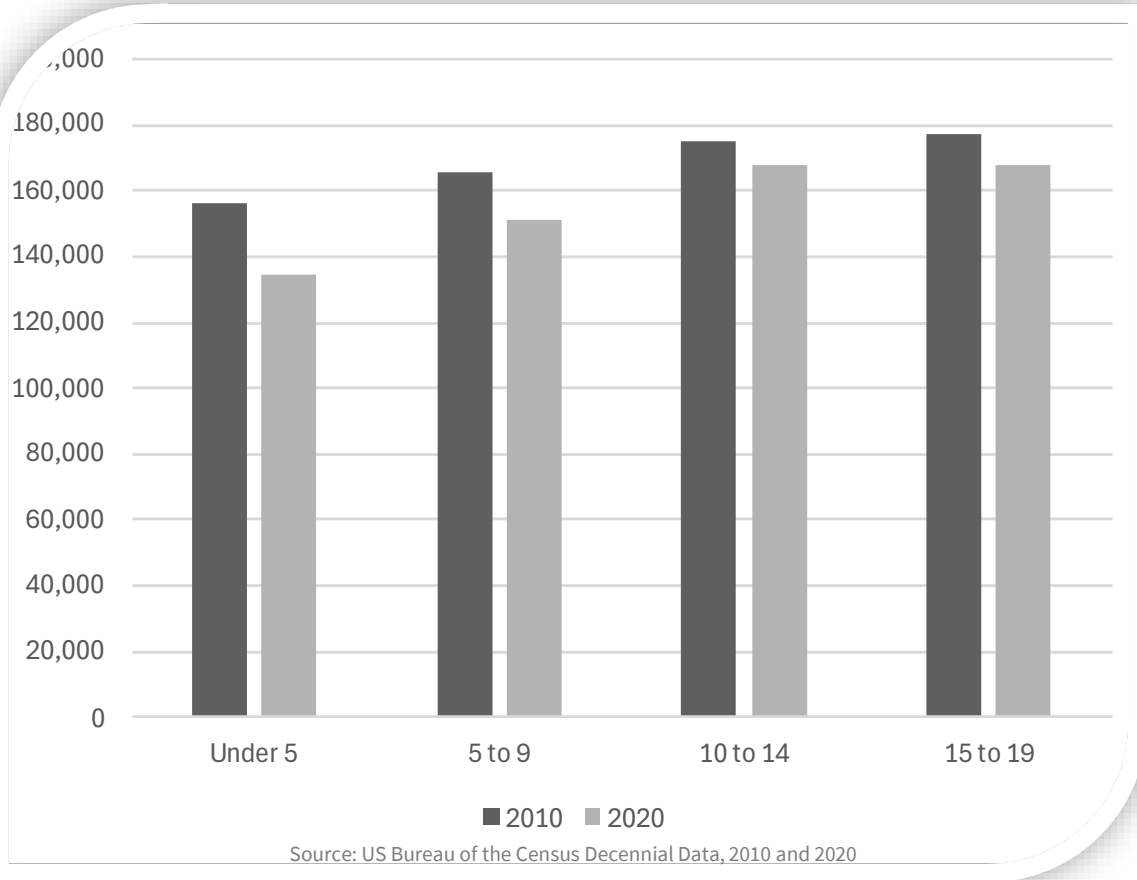
COOK COUNTY  
**HEALTH**

Cook County DEPT. of  
Public Health

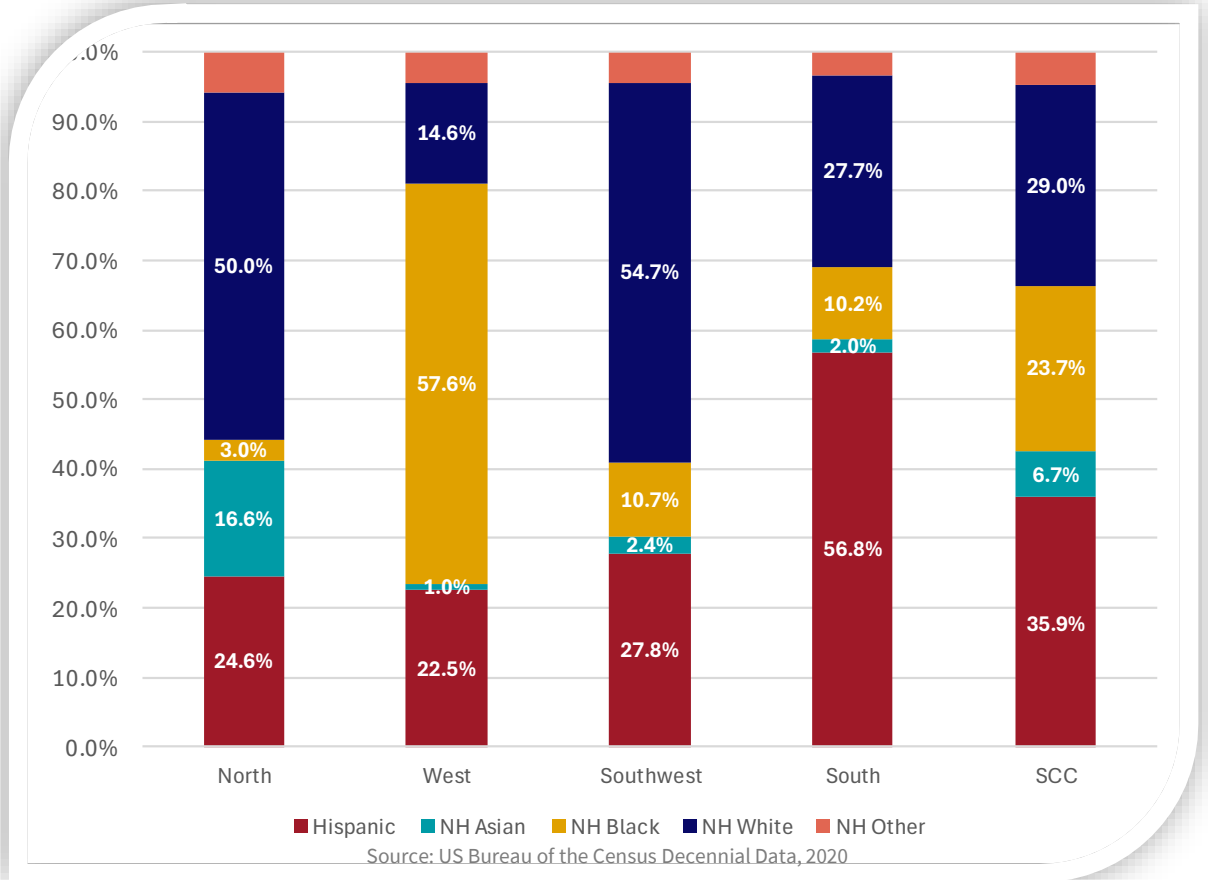
**BUILDING**  
**HEALTHIER**  
**COMMUNITIES**

# Age, Sex, Race & Ethnicity

Total Population by Age, 2010 & 2020

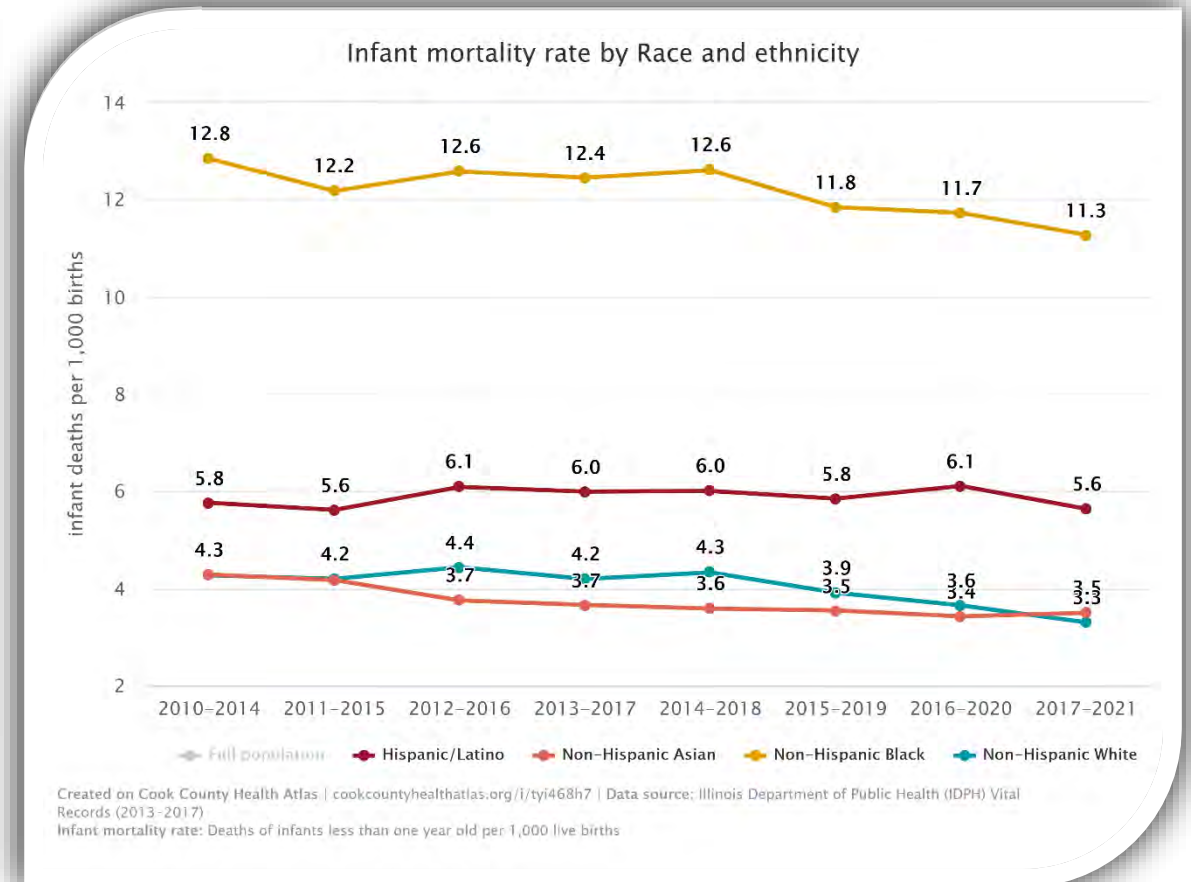
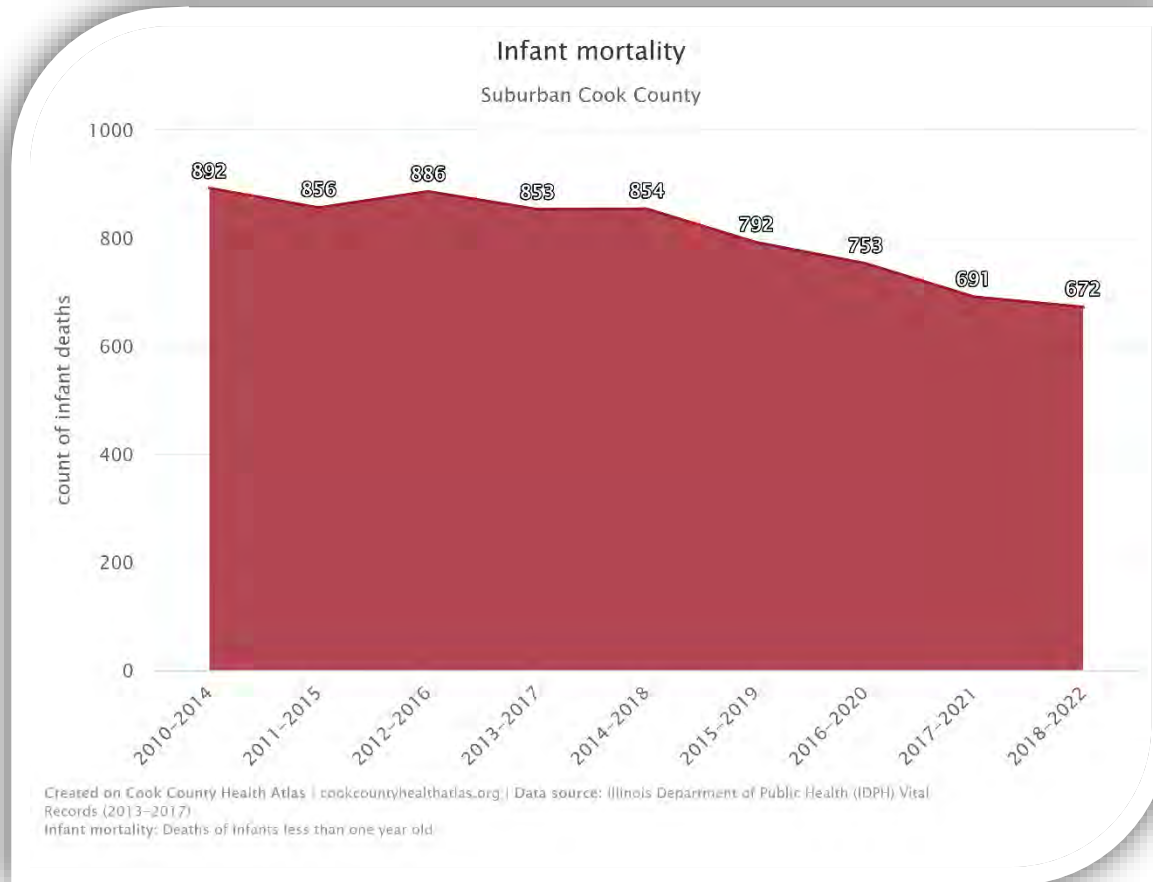


Share of Population Under Age 20 by Race & Location, 2020



# Infant Mortality

Between 2017-2022, the infant mortality rate for the Non-Hispanic Black population was **3.4 times higher** than that of the Non-Hispanic White population.



[Infant mortality - Cook County Health Atlas](#)



COOK COUNTY  
HEALTH

Cook County  
Public Health

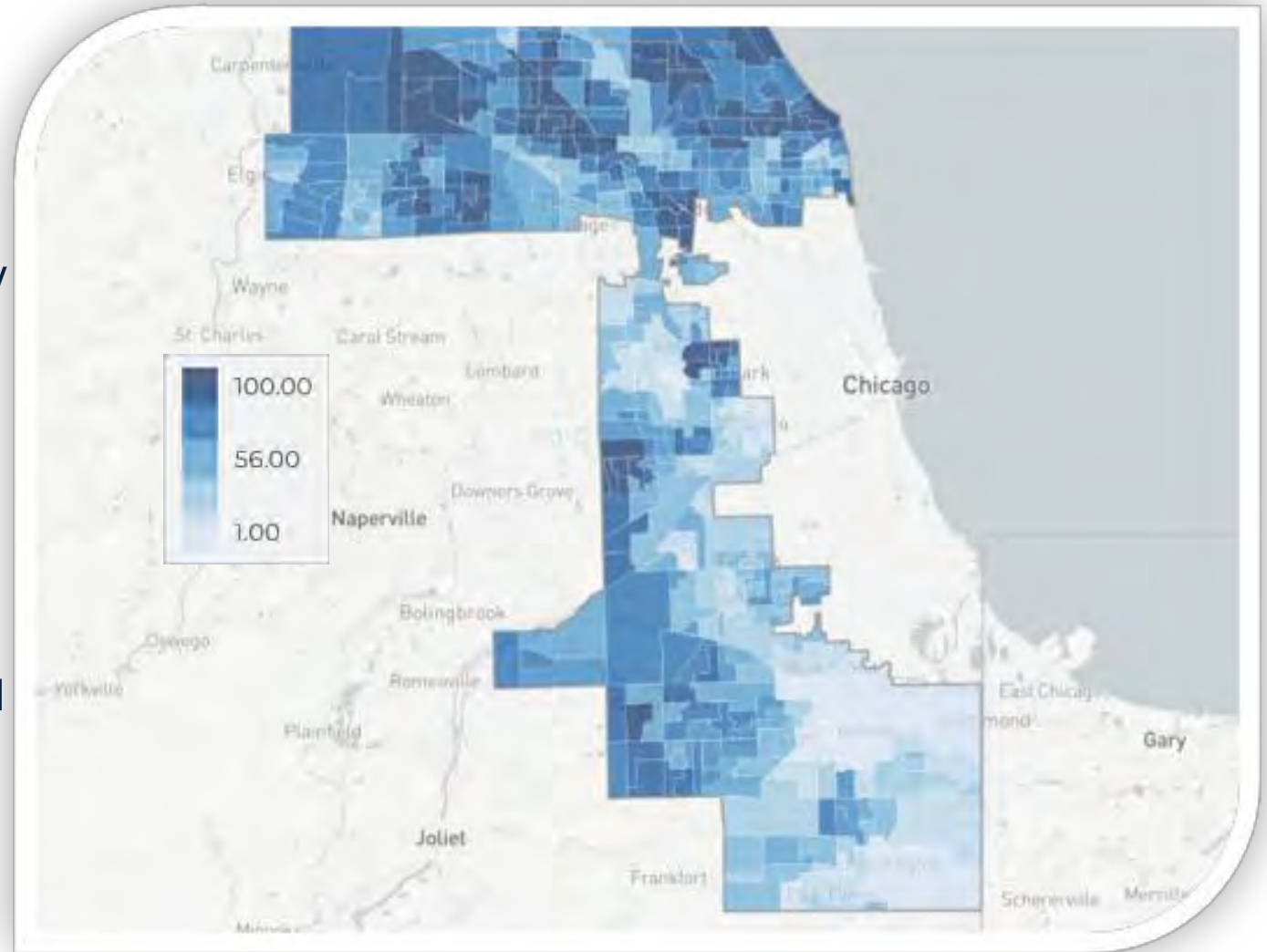
BUILDING  
HEALTHIER  
COMMUNITIES



# Childhood Opportunity Index

The index combines multiple data indicators—e.g., access to good schools, health resources, and safe environments—to gauge the overall quality of opportunities for children within suburban Cook County at the census tract level.

The map highlights stark differences in resources available to children across suburban Cook County, with greater opportunity for those living in the north and southwest and comparatively less opportunity for children residing in the south and west.



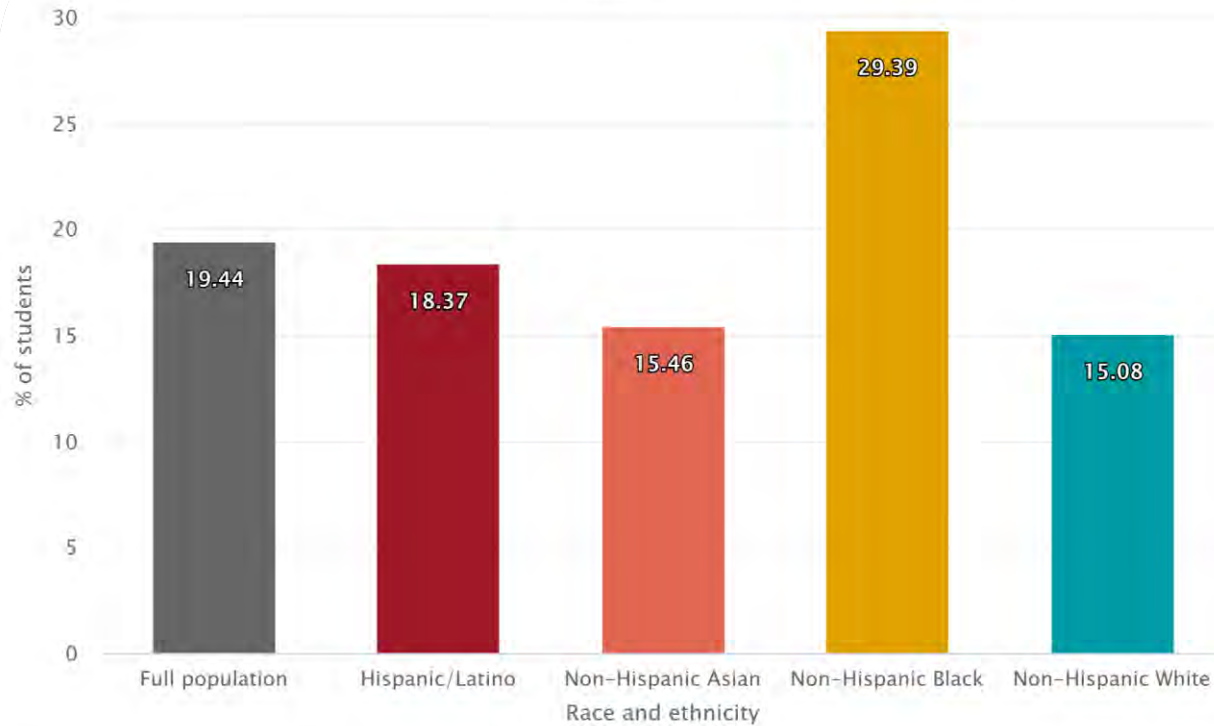
[Child Opportunity Index \(COI\) - Cook County Health Atlas](#)



# Asthma

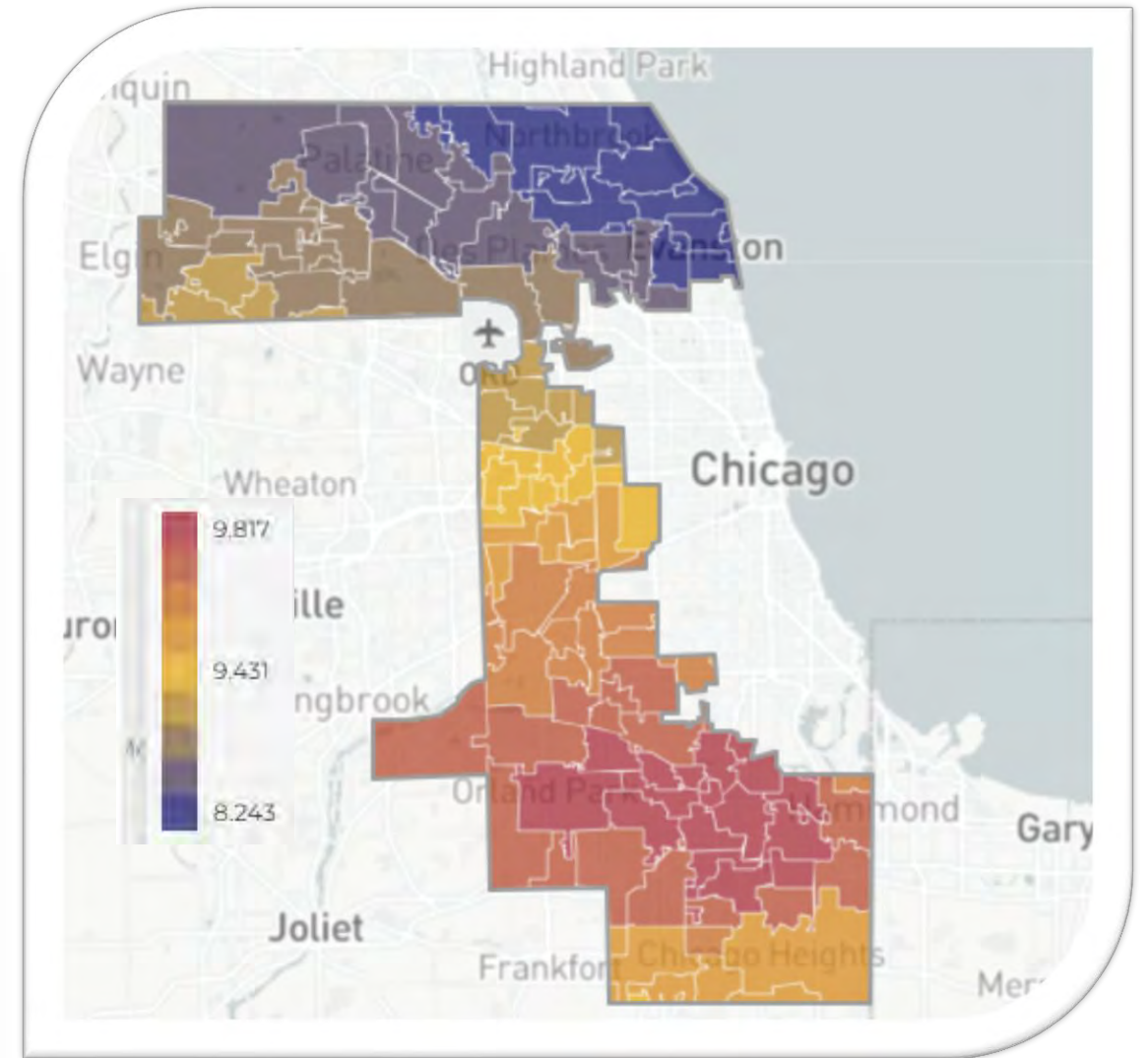
High school asthma rate (YRBS) by Race and ethnicity, Suburban Cook County

2020



Created on Cook County Health Atlas | [cookcountyhealthatlas.org](http://cookcountyhealthatlas.org)

High school asthma rate (YRBS): Percent of public high school students who report being diagnosed with asthma.



Particulate Matter (PM 2.5) Concentration ( $\mu\text{g}/\text{m}^3$ ), 2020



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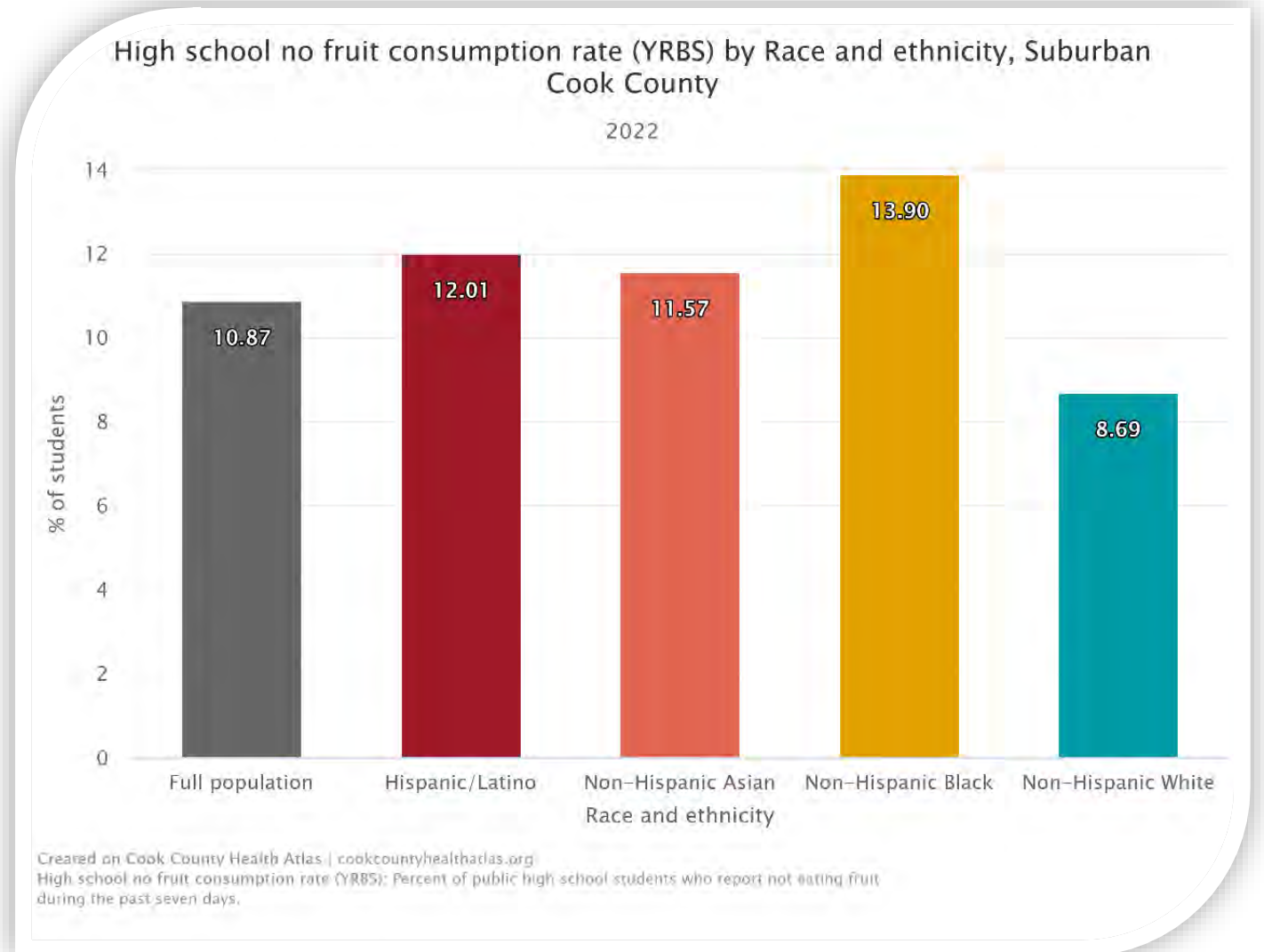
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[High school asthma rate \(YRBS\) - Cook County Health Atlas](http://cookcountyhealthatlas.org)

[Particulate matter \(PM 2.5\) concentration - Cook County Health Atlas](http://cookcountyhealthatlas.org)

# Fresh Food Consumption

- Bars show percentages of high school students who report no consumption of fruits during the past seven days
- Data was collected from students through the Youth Risk Behavior Survey



Atlas link: <https://cookcountyhealthatlas.org/insights/i8vpcnp6>



# E-cigarette use

**In 2022, fewer students reported ever trying electronic vapor products compared to students in 2020.**

In 2022, **28.5% have used electronic vapor products** and 71.5% students have never used electronic vapor products. The percentage of students who used electronic vapor products has *decreased* since 2020.

**The use of electronic vapor products varies by sex and sexual orientation.**

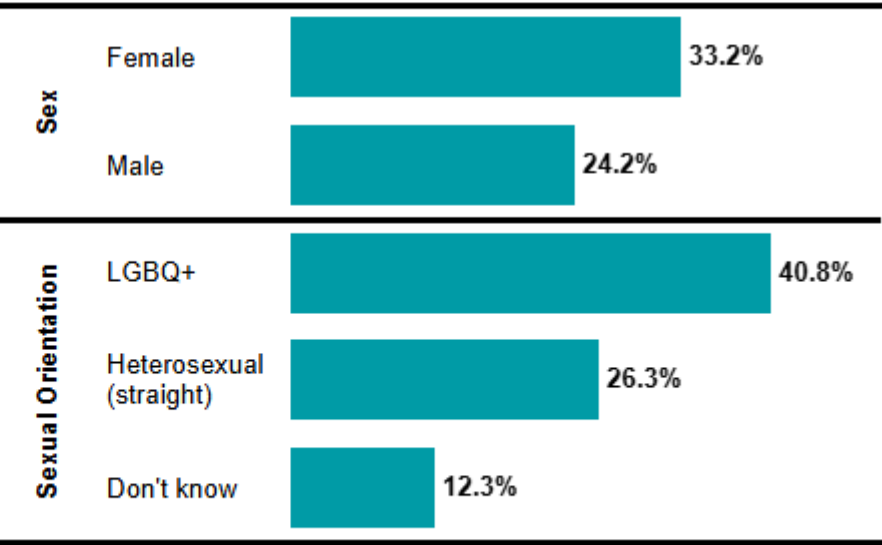
More females (33%) than males (24%) have used electronic vapor products.

About 41% of LGBTQ+ students reported using electronic vapor products.

## STUDENTS USING ELECTRONIC VAPOR PRODUCTS



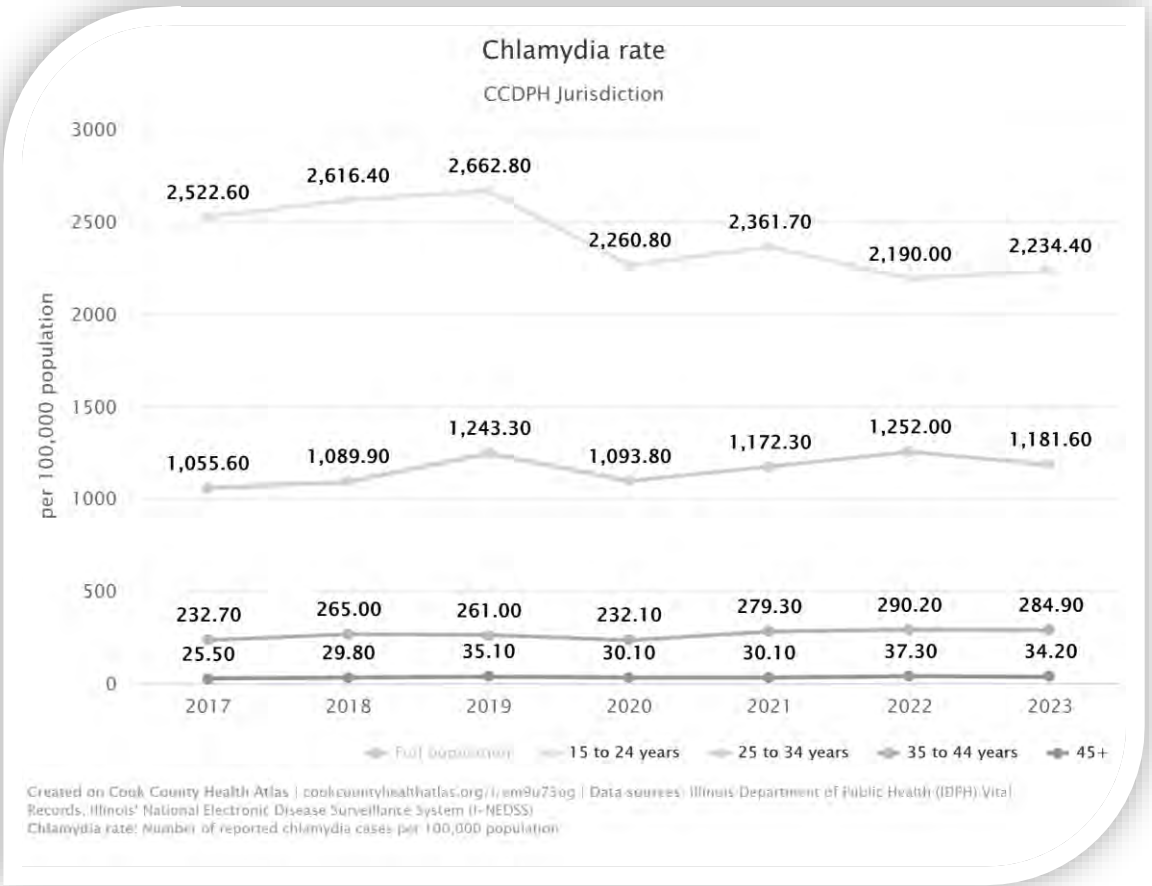
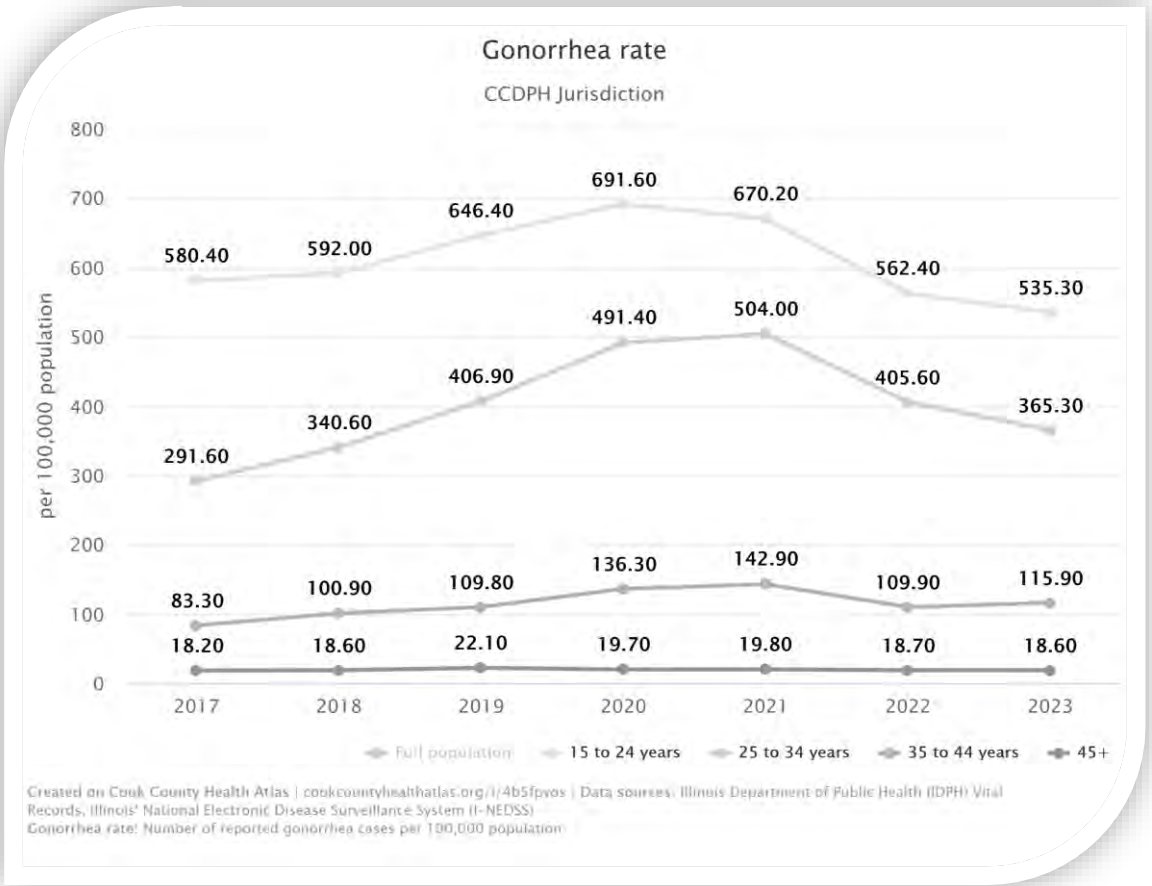
## BY DEMOGRAPHICS IN 2022





# Gonorrhea and Chlamydia

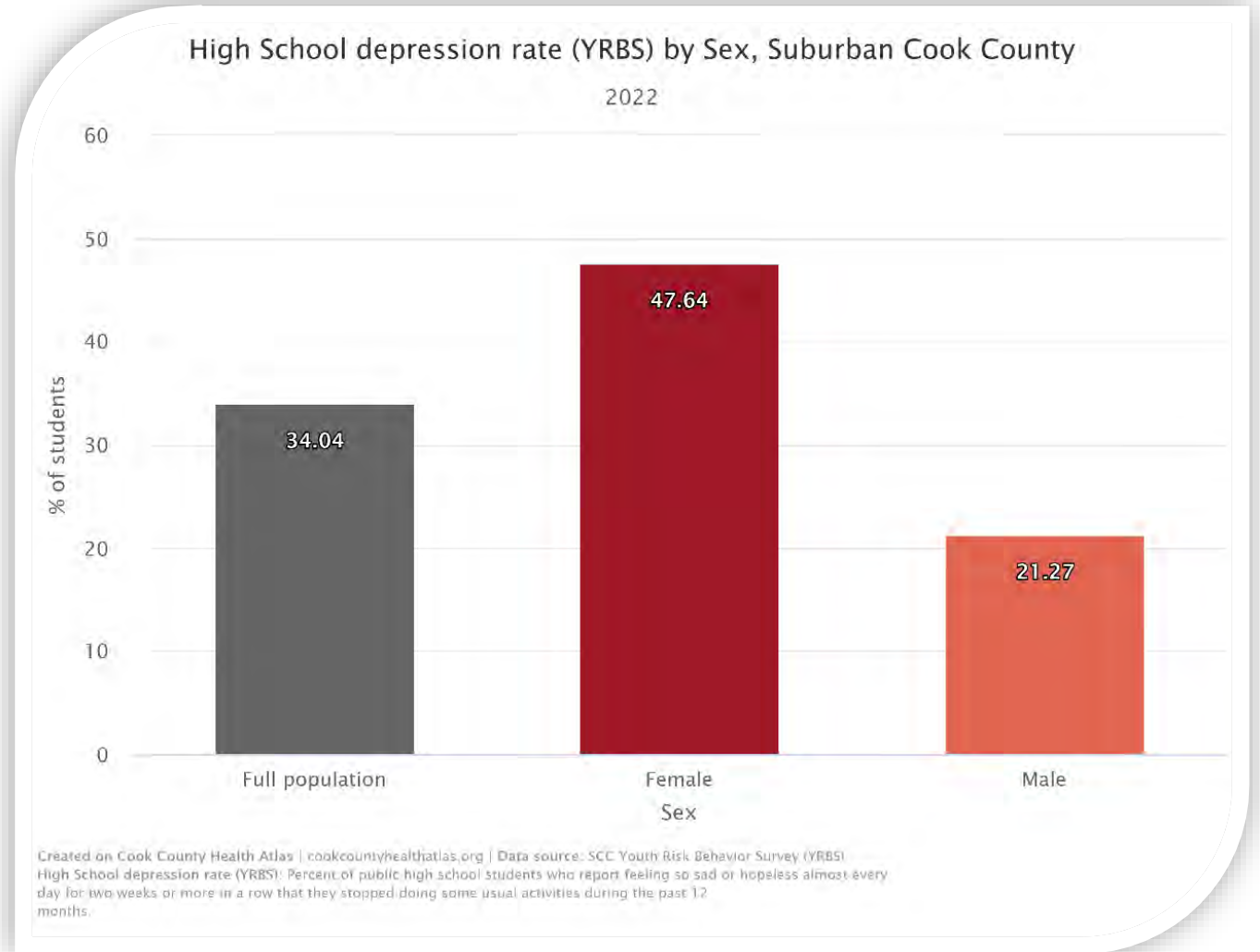
Chlamydia rates are highest among 15–24-year-olds and remain a major public health concern.



[Chlamydia rate - Cook County Health Atlas](#)  
[Gonorrhea rate - Cook County Health Atlas](#)

# Depression

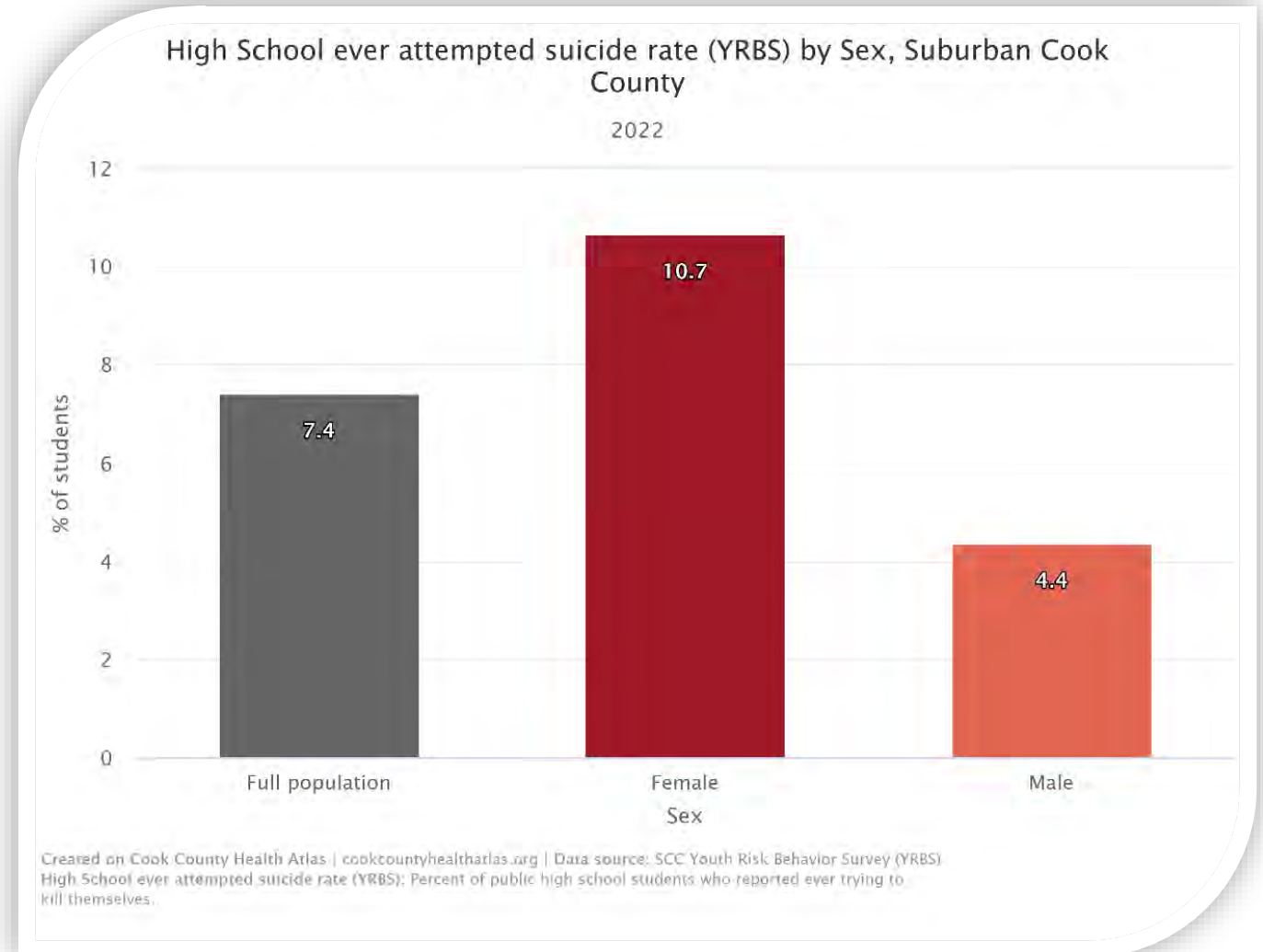
- In 2022, approximately 34% of high school students in suburban Cook County reported experiencing persistent feelings of sadness or hopelessness.
- Female students reported higher rates of these feelings compared to their male counterparts.
- In 2022, over 2 in 5 teen girls experienced persistent feelings of sadness or hopelessness, which is over double the rate of boys.





# Suicide

- While suburban Cook County has lower suicide rates compared to the national average, disparities by sex remain evident, with males at significantly higher risk.
- High school-age females, however, are nearly 2.5 times as likely as males to have ever attempted suicide.
- National data shows a staggering 78% increase in suicide rates among Black youth ages 10 to 19 between 2000 and 2020.



# CCDPH's Approach

## INFORMED BY DATA

CCDPH works to make surveillance and health indicator data available to guide planning

## COLLABORATION WITH COMMUNITY

Initiatives are informed by community experiences, desires, needs and strengths

## BUILDING CAPACITY

Focus on learning and resource development internally and externally



## Guided by Equity

Use an equity lens; attention to upstream factors / social and structural determinants of health



## BOTH BROAD AND FOCUSED

Population level initiatives coupled with attention to priority areas and populations for biggest impact.

## POLICY. SYSTEMS & ENVIRONMENTAL CHANGE

In addition to providing services to meet immediate needs, CCDPH focuses on PSE change to affect upstream drivers of health inequities.

## BEST PRACTICE & LIVED EXPERIENCE

Work is informed by evidence, public health best practices and experience of community.



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# CCDPH's youth-serving initiatives



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# Early Childhood



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# Early Childhood

## WHAT WE DO:

A mix of direct service for families, technical assistance for ECE partners, public education, data and surveillance, and PSE change

## WHY IT MATTERS:

The first few years of a child's life are critical for their brain development and lay the foundation for their future physical, social, and emotional well-being,

- Nurse home visits to provide developmental screenings, health education, and connections to medical and support programs to help children and families thrive
- Lead poisoning prevention through home inspections and hazard remediation at no cost
- Hearing and vision screenings in early childhood programs in schools and community settings to prevent delays
- One-on-one infectious disease consultation and TA to prevent or address outbreaks
- Policy advocacy centering on:
  - Access to healthy meals and food access programs
  - Funding for early childhood care and education programs 0-5
  - Paid time off and minimum wage policies
  - Strengthening policies to support vaccination and reduce spread of vaccine-preventable disease
  - Maternal and child health



# Early Childhood – Community Engagement and Public Education

- CCDPH nurses created [Every Mother, Every Child](#) a website with information and resources for people who are pregnant or planning to become pregnant, their partners, and their families, regardless of gender identity or sexual orientation.
- Funded community partners work to bring information on lead poisoning and child development to young children and their families, and assist families with healthy homes program application.



A Cook County and Elevate Initiative

**Every child deserves  
a healthy start.**



Get tips from our nurses before, during and  
after pregnancy.

**EveryMotherEveryChild.org**



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# Spotlight – Keeping young children in child care safe from infectious diseases

- The CCDPH Communicable Disease Unit provides individualized consultation in early care and education (ECE) settings to control prevent and outbreaks
- CD staff investigates reports of infectious diseases, gathers information, conducts key interviews, and arranges testing when necessary
- Prevention and control guidance on exclusion (quarantine/isolation), environmental cleaning and disinfection is tailored for each site and each outbreak
- CD staff ensures accurate, fact-based communication between parties—for example providing a template letter for a daycare to send to parents
- Monitoring of cases or clusters continues, and guidance is provided, until it is safe to resume normal operations



# Spotlight – Surveillance data to inform practice beyond Cook County

Morbidity and Mortality Weekly Report

## *Notes from the Field*

---

### **Measles Outbreak — Cook County, Illinois, October–November 2023**

Kelley Bemis, MPH<sup>1</sup>; Mabel Frias, MPH<sup>1</sup>; Sheila Giovanni, MPH<sup>1</sup>; Tarek Shackour, MSHC<sup>1</sup>; Heather D. Reid<sup>2</sup>; Jodi Morgan<sup>2</sup>; Michael TeKippe, MD, PhD<sup>3</sup>; Demian Christiansen, DSc<sup>1</sup>

On October 10, 2023, the Cook County Department of Public Health (CCDPH) in Illinois was notified by hospital A, a large pediatric facility, of a suspected measles case in a child aged 2 years (patient A) who had immigrated from Yemen on September 29 and who had no history of receipt of measles,

vaccine within 72 hours of the exposure, and 13 received immune globulin.

The index patient's household contacts included two siblings with no history of MMR vaccination and with serologic testing indicating measles susceptibility. One sibling, aged 4 years, (patient B) arrived in the United States at the same time as the index patient (September 29). The second sibling, aged 9 years, (patient C) had arrived in the United States in January 2023. Both siblings developed measles while in quarantine with rash onsets on October 22 (patient B) and November 1 (patient C). Patient B also reported fever, cough, coryza, and conjunctivitis;

# School-aged Youth K-12



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# School-aged youth – K-12

## WHAT WE DO:

Technical assistance for partners, public education, media campaigns, data and reports, and PSE change

## WHY IT MATTERS:

Working to advance equity for school aged children in the places they live, learn, and play supports healthy environments and the development of healthy habits, which can significantly impact their physical and mental well-being throughout their lives

- Host virtual monthly meetings designed for school administrators, nurses, staff in K-12 schools to stay updated on the latest health guidance, vaccine requirements, upcoming events, grants, and more.
  - Average 100 Participants (teachers, administrators, nurses) from 53 municipalities in suburban Cook County
  - Public and parochial schools
- One-on-one consultation and TA with school nurses and other staff to prevent and respond to outbreaks
- School lunch program facility inspections
- Policy advocacy focused on:
  - changes in state law to provide enhanced reimbursements to schools so all children can access free breakfast and lunch
  - Evidence-based school funding
  - Flavored tobacco sales restrictions
  - Strengthening policies to support vaccination and reduce spread of vaccine-preventable disease





# School-aged youth – K-12



- Provide vape prevention education for middle and high schools, decreasing youth use and connection to evidence-based cessation, in partnership with RHA
- Increase the number of schools adapting smoke-free policies to include e-cigs, reducing use/exposure of these dangerous products.
- Enforce the Cook County Youth Tobacco Control Ordinance to restrict the sale of tobacco products to those over 21 years old
- Support and promote adoption of local complete streets policies to promote walking and biking
- Collaborate with sister agencies to design new processes for equitable resource allocation – additional resources for safe roads for kids
- Improve equitable access to allergy and asthma medication in schools to prevent and reduce life-threatening emergencies for students, staff and visitors
  - standing orders and
  - Prescriptions
  - Connections to free epi-pens



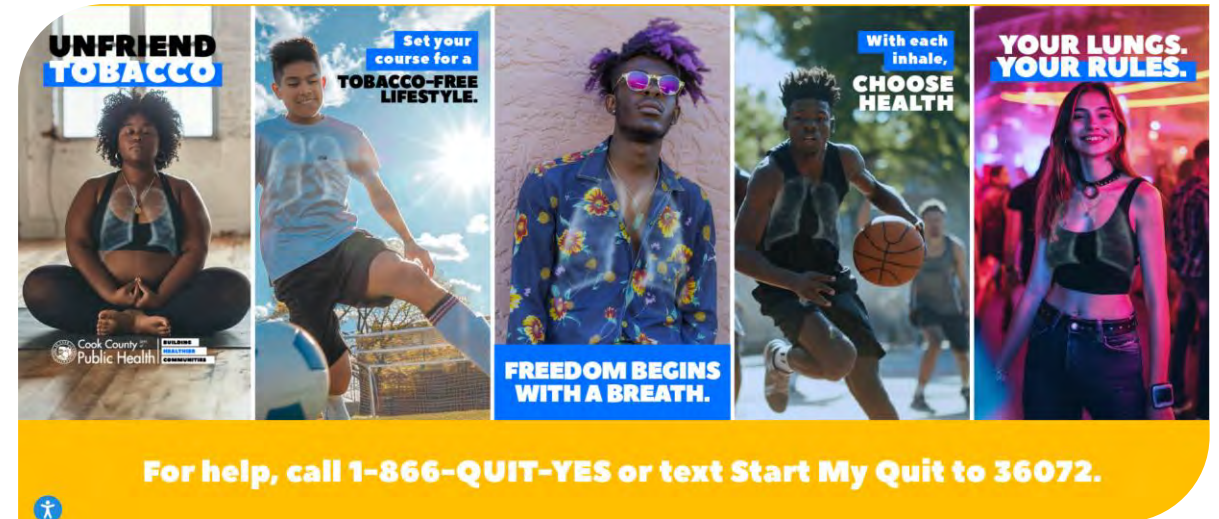
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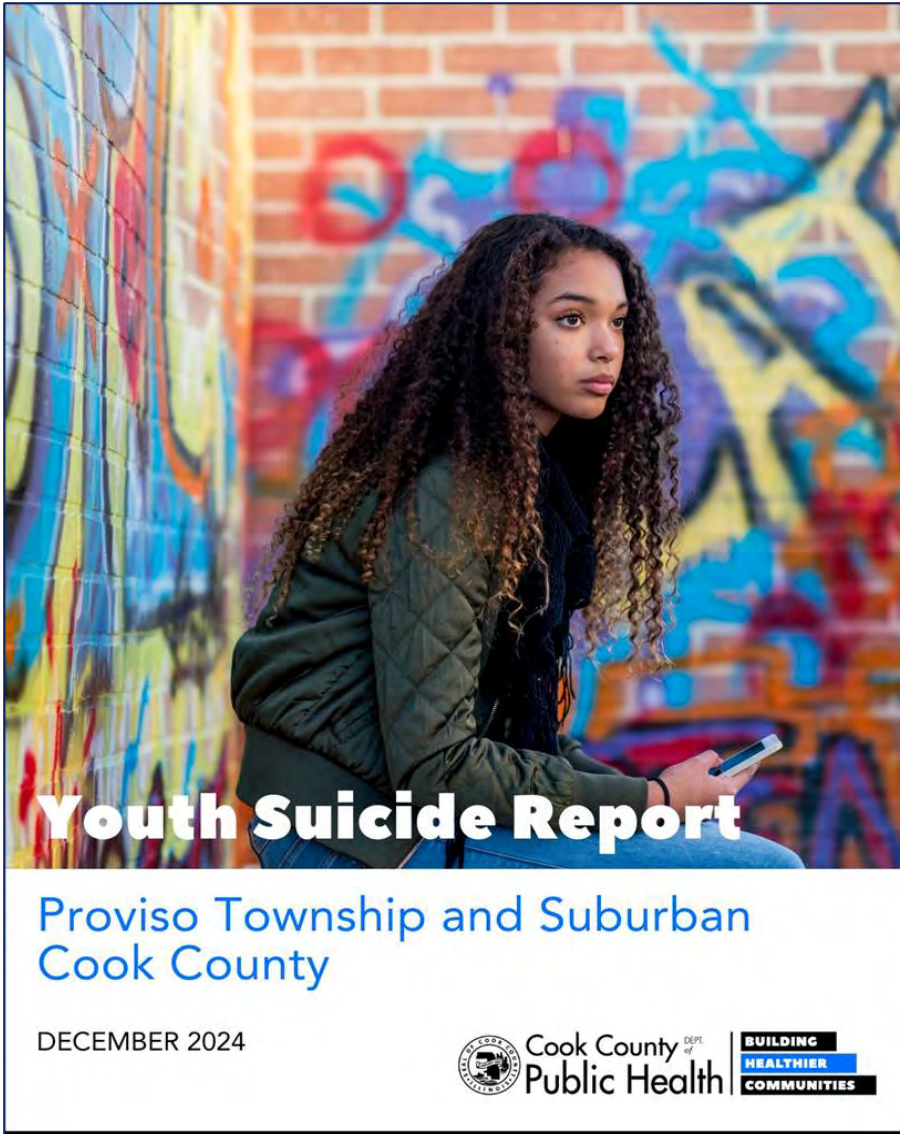
# K-12 Community Engagement and Public Education

- Fund community-based organizations through two grant programs to provide positive youth development and substance use initiatives in communities with great need
- Launch “Unfriend Tobacco: Your Lungs, Your Rules” tobacco use prevention and cessation campaign to raise awareness among youth and young adults about the harmful effects of using flavored vape and other tobacco products
- Promote health observances on social media
- Gather, update, and provide data specific to school-age people through public dashboards, webpages, and the Cook County Health Atlas





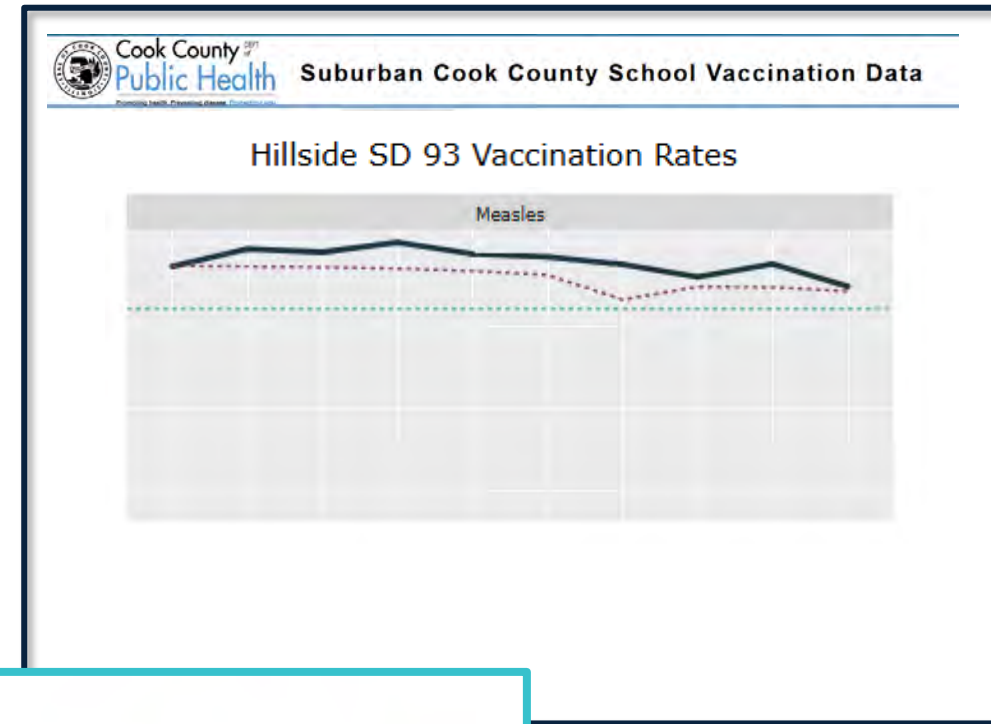
# Spotlight – Working with community to address youth suicide



- The Proviso Township Youth Services Department's Navigating Mental Wellness Committee requested data on youth suicide to help inform and enhance their suicide prevention efforts.
- CCDPH extracted and analyzed data on the scope of youth suicide in Proviso Township and suburban Cook and presented the findings to the committee.
- CCDPH's report found that:
  - **15% of suburban Cook County high school students reported seriously considering suicide in 2022.**
  - The youngest person to attempt suicide was 9 years old.
  - 36 Proviso youth died from suicide between 2006 and 2020
- The report is being shared with community groups in the West suburbs by CCDPH and community partners.
- Throughout suburban Cook, CCDPH funds 27 community organizations to provide mental health and resilience programs and services.

# Spotlight: Youth Data

- CCDPH maintains a public data dashboard (<https://ccdphcd.shinyapps.io/schoolvaccines/>) on immunization rates at suburban Cook County schools
  - Vaccination rates for 2023-2024 school year
  - School vaccination Trends
  - School and district specific data
- Many health indicators on the Cook County Health Atlas provide information specific high schoolers through CCDPH's work on the Youth Risk and Behavior Survey, which gathers data on conditions and behaviors that can lead to poor health in high school students
  - Data available for schools, decision-makers, youth organizations, advocates



# Young Adults



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# Young Adults

## WHAT WE DO:

Technical assistance for partners in two-years institutions and CBOs, public education, media campaigns, data and reports, and PSE change

## WHY IT MATTERS:

Poor health during young adulthood can lead to long-term consequences like chronic disease, reduced employment opportunities, and increased healthcare costs later in life; it's also a time when many risky behaviors are prevalent, making preventative measures particularly impactful.

- Fund community-based organizations through two grant programs to provide positive youth development, behavioral health, and substance use initiatives in communities with great need
- Conduct STI and HIV surveillance and publish reports that help CBOs plan services and advocate for fair policies
- Provide one-on-one technical assistance with medical providers to inform treatment
- Coming soon: at-home STI test kit initiative to support easy, confidential testing
- Distribute free condoms to individuals [through our website](#)
- Collaborate with community colleges to develop programs to support career development
- Consult with administrators to guide infectious disease institutional policy development
- Policy advocacy focused on:
  - Strengthening career pathways
  - Improving access to nutrition programs (SNAP)



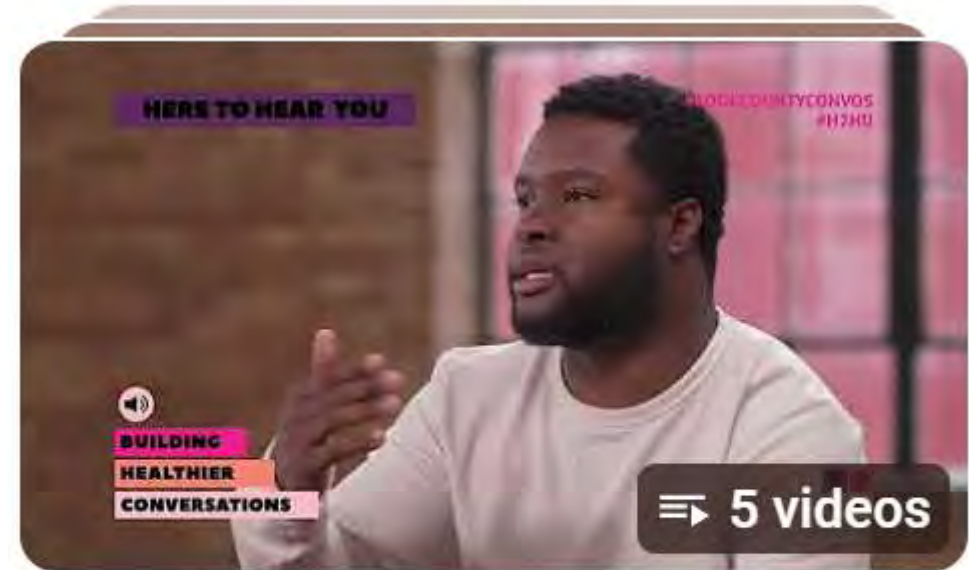


# Young Adults - Community Engagement and Public Education

- Media campaigns:
  - Don't Guess, Get a Test - STI awareness and prevention
  - Here to Hear You - Mental Health
  - Life be Life'n - Mental health with special focus on black and Latine men



Life be Life'n, but you are not alone (a conversation with Hispanic men)



Here to Hear You Mental Health Awareness for Men



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# Spotlight – Building opportunities for health-related careers



CCDPH: Is working to strengthen the public health workforce and increase representation of people of color in the allied health field, particularly CHWs, by providing training, academic support, and resources needed to succeed in health-related careers to residents and students.

CCDPH: is working with training partners South Suburban College (SSC) and Sinai Urban Health Institute (SUHI) to provide Community Health Worker (CHW) training, dual college credit hours, and certificates to residents and high school students.

Outcomes: South Suburban College provided training to 87 residents and 8 HS students. Sinai Urban Health Institute provided basic skills training and certificates to 51 residents and 12 high school students.





# CCDPH's Approach

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CCDPH works to make surveillance and health indicator data available to guide planning

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## BUILDING CAPACITY

Focus on learning and resource development internally and externally



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Use an equity lens; attention to upstream factors / social and structural determinants of health

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Population level initiatives coupled with attention to priority areas and populations for biggest impact.

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# Summary

- CCDPH works to improve the conditions where youth live, learn, and play and support healthy physical, social and mental health
- CCDPH works across the lifespan – youth initiatives focus on Early childhood, School-aged youth (K-12), and Young adults
- Partners include childcare providers, schools, teachers, administrators, medical providers, community-based organizations, and advocates
- We do our work by providing direct services, program development, individual education, public information campaigns, and policy, systems, and environmental changes
- We work to address current conditions as well as social and structural determinants of health; equity is at the center of all we do
- Data is gathered to both inform CCDPH's work and to be shared out to support community and school initiatives



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# Thank you