



**Board of Commissioners of Cook County**

**Health & Hospitals Committee**

**Wednesday, February 24, 2021**

**1:00 PM**

**Virtual Meeting**

**SUPPLEMENTAL AGENDA**

[21-1189](#)

**Sponsored by:** ALMA E. ANAYA, DENNIS DEER, BRANDON JOHNSON, FRANK J. AGUILAR, SEAN M. MORRISON, PETER N. SILVESTRI, LUIS ARROYO JR, SCOTT R. BRITTON, JOHN P. DALEY, BRIDGET DEGNEN, BILL LOWRY, DONNA MILLER, STANLEY MOORE, KEVIN B. MORRISON, DEBORAH SIMS and LARRY SUFFREDIN, Cook County Board of Commissioners

**PROPOSED RESOLUTION**

**RESOLUTION TO ASSESS NEEDS AND IMPROVE THE QUALITY AND EFFECTIVENESS OF BEHAVIORAL HEALTH CARE PROVIDED BY COOK COUNTY GOVERNMENT**

**WHEREAS,** The Substance Abuse and Mental Health Services Administration (SAMHSA) defines behavioral health as the promotion of mental health, emotional, psychological and social wellbeing and resilience; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities; and

**WHEREAS,** The Illinois Department of Public Health's Illinois Healthcare Report Card has reported that between 2016-2018, residents of Cook County had an average of 3.56 mentally unhealthy days per month; and

**WHEREAS,** an Illinois Department of Public Health report from 2015 identified that behavioral health visits to Illinois emergency departments (ED) were growing faster than any other category of care offered through Illinois EDs; and

**WHEREAS,** the same report showed a health disparity in which African Americans face a greater risk of relying on emergency departments to access behavioral health care, with 1.67 times more visits than whites; and

**WHEREAS,** according to a 2016 survey of behavioral health facilities conducted by the Chicago Department of Public Health 79% of publicly available behavioral health agencies reported unmet mental health needs and 61% reported unmet substance-use related needs; and

**WHEREAS**, a 2019 report from the Alliance for Health Equity identified “quality” as the greatest overarching need for behavioral health services in Cook County; and

**WHEREAS**, lack of mental health and behavioral services along with other community support are a major concern for recidivism in people either released from the County Jail or on Electronic monitoring; and

**WHEREAS**, Cook County Government has typically allocated funding for behavioral health services; and funding is allocated for these programs; and

**WHEREAS**, access to mental health service and equity is highly disparate in underserved communities; and

**WHEREAS**, there is no regular documentation nor oversight mechanism to evaluate the number of people served, any overlap in patients and communities served, or the impact and efficacy of all the disparate County-wide services provided; and

**WHEREAS**, an assessment of the behavioral health work conducted by Cook County can help Cook County Government identify best practices, needs, and priority areas to grow behavioral health care.

**NOW, THEREFORE BE IT RESOLVED**, that Cook County entities, departments, agencies or offices that conduct behavioral health services submit to the Health and Hospitals Committee of the Cook County Board a quarterly report with details of their services during a public hearing of the Committee. Those entities, departments, agencies, or offices should include but not be limited to:

- a. The Cook County Health and Hospitals System;
- b. The Cook County Department of Public Health;
- c. Cermak Health Services of Cook County;
- d. The Cook County Department of Veteran Affairs;
- e. The Cook County Sheriff;
- f. Juvenile Temporary Detention Center;
- g. The Cook County State’s Attorney;
- h. The Office of the Chief Judge of Cook County;
- i. The Cook County Public Defender;

**FURTHER BE IT RESOLVED**, that the reports shall include the following information, as applicable to each entity, on behavioral health initiatives, programs, and activities:

- a. general information on the population served, including a breakdown of where patients of the program reside in Cook County and the number of patients served over the last 24 month cycle; and
- b. overall goals of behavioral health program;

- c. information on the providers, managers, and/or operators of the behavioral health care program, activity or service;
- d. key performance indicators measuring the results of the program;
- e. quality measures or expectations for contracts involved in the program, where applicable;
- f. information on how the care being provided in this program serves the best interests of the patient/recipient of care;
- g. information on how the continuum of care may be addressed through this program;
- h. information on the best practices in this type of programming;
- i. information on external partners working with the County entity or entities on this program, where applicable;
- j. an evaluation of the impact of the program and an overview of its effectiveness, particularly as it pertains to vulnerable populations, racial and ethnic minorities; and populations facing disparities in behavioral health outcomes, behavioral health care, and behavioral healthcare access;
- k. information with the costs associated with the program(s) and funding source(s);
- l. any additional information which may facilitate the Committee's understanding of the program, initiative, or activity;
- m. any additional information which may foster a more accurate assessment of behavioral health care needs and opportunities for collaboration or growth within the Cook County Government entity's behavioral health care programs; and
- n. any additional information if patients receive follow up care at a Cook County hospital including medication management as a part of aftercare.

**Effective Date:** This resolution shall take effect immediately upon adoption. The first quarterly reports from the appropriate entities shall be submitted to the Health & Hospitals Committee no later than June 2021.

**Legislative History :** 1/28/21 - Board of Commissioners - refer to the Health & Hospitals Committee



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Secretary

Chairman: Deer  
Vice-Chairman: Arroyo  
Members: Committee of the Whole