



**Board of Commissioners of Cook County**

**Health & Hospitals Committee**

**Tuesday, February 7, 2023**

**12:00 PM**

**Cook County Building, Board Room,  
118 North Clark Street, Chicago, Illinois**

**NOTICE AND AGENDA**

There will be a meeting of the Committee or Subcommittee of the Board of Commissioners of Cook County at the date, time and location listed above to consider the following:

**PUBLIC TESTIMONY**

Authorization as a public speaker shall only be granted to those individuals who have registered to speak, with the Secretary, 24 hours in advance of the meeting. To register as a public speaker, go to the meeting details page for this meeting at <https://cook-county.legistar.com/Calendar.aspx> to find a registration link. Duly authorized virtual public speakers may speak live from the County Board Room at 118 N. Clark Street, 5th Floor, Chicago, IL or be sent a link to virtually attend the meeting and will be called upon to deliver testimony at a time specified in the meeting agenda. Authorized public speakers who are not present during the specified time for public testimony will forfeit their allotted time to speak at the meeting. Public testimony must not exceed three minutes; the Secretary will keep track of the time and advise when the time for public testimony has expired. After each speaker has completed their statement, they will be removed from the meeting. Once removed, you will still be able to follow the proceedings for that day at:

<https://www.cookcountyil.gov/service/watch-live-board-proceedings> or in a viewing area at 69 W. Washington Street, 22nd Floor Conference Room B, Chicago, IL. Persons authorized to provide public testimony shall not use vulgar, abusive, or otherwise inappropriate language when addressing the Board; failure to act appropriately; failure to speak to an item that is germane to the meeting, or failure to adhere to the time requirements may result in expulsion from the meeting and/or disqualify the person from providing future testimony. Written comments will not be read aloud at the meeting, but will be posted on the meeting page and made a part of the meeting record.

[23-0469](#)

**Sponsored by:** DONNA MILLER and DENNIS DEER, Cook County Board of Commissioners

**PROPOSED RESOLUTION**

**REQUESTING A MEETING OF THE COOK COUNTY HEALTH AND HOSPITALS COMMITTEE TO RECEIVE AN UPDATE FROM COOK COUNTY HEALTH AND THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH ON THEIR COVID-19**

**IMMUNIZATION and MITIGATION PLANS IN SUBURBAN COOK COUNTY**

**WHEREAS**, on January 27, 2020, the United States Secretary of Health and Human Services declared that COVID-19, a respiratory illness spread by close contact through respiratory droplets, presents a public health emergency, and the World Health Organization characterized the COVID-19 outbreak as a pandemic on March 11, 2020; and

**WHEREAS**, despite advances in treatment protocols and the availability of vaccines, COVID-19 continues to be a serious threat across the U.S. and Cook County, and;

**WHEREAS**, recently Chicago and Cook County have seen an uptick in COVID-19 cases prompting a medium risk level designation of community spread, and;

**WHEREAS**, as of November 30, 2022, there have been 655,646 confirmed cases of SARS-CoV-2 in Suburban Cook County under the jurisdiction of the Cook County Department of Public Health with 7,309 reported deaths; and

**WHEREAS**, on August 31, 2022, the FDA amended the emergency use authorizations (EUAs) of the Moderna COVID-19 Vaccine and the Pfizer-BioNTech COVID-19 Vaccine to authorize bivalent formulations of the vaccines (in individuals 18 years of age and older for Moderna and 12 years of age and older for Pfizer-BioNTech) for use as a single booster dose at least two months following primary OR at least two months following monovalent booster vaccination; and

**WHEREAS**, the FDA has also revised the EUA of the Moderna COVID-19 Vaccine and the Pfizer-BioNTech COVID-19 Vaccine to remove the use of the monovalent Moderna and Pfizer-BioNTech COVID-19 vaccines for booster administration for individuals 18 years of age and older and 12 years of age and older, respectively; however, they continue to be authorized for use for administration of a primary series for individuals 6 months of age and up; and

**WHEREAS**, the Novavax COVID-19 vaccine is currently approved for individuals 12 and up; and

**WHEREAS**, the ever-changing nature of this virus has necessitated routine updates for the benefit of Commissioners and the public to stay abreast of the latest mitigation and vaccine protocols, proving essential to combatting the pandemic and to building back better; and

**WHEREAS**, the Cook County Department of Public Health (CCDPH) is the Illinois certified local health department for suburban Cook County, Illinois, with the exception of Evanston, Skokie, Oak Park, and Stickney Township, serving 127 municipalities; and

**WHEREAS**, the Cook County Department of Public Health (CCDPH) working alongside the Cook County Department of Emergency Management and Regional Security is charged with making the COVID-19 vaccines available to people in CCDPH's jurisdiction of suburban Cook County; and

**WHEREAS**, CCDPH is continuing to work with partners at all levels, including hospitals, health care providers and community leaders, to develop flexible and responsive COVID-19 vaccination programs that can accommodate different vaccines and increase uptake of boosters by informing the public and advertising about the vaccines importance with the Boost Up Cook County COVID and flu vaccination campaign, which is particularly important due to the possibility of a ‘Tripleemic’ of COVID, Flu and RSV this winter; and

**WHEREAS**, equally important has been to ensure the vaccines are distributed in an equitable fashion, prioritizing those areas and residents of the county that have been most impacted by COVID-19 as a result of longstanding disparities in healthcare system access and delivery; and

**WHEREAS**, as of November 30, 2022, CCH and CCDPH have administered 1,625,108 million complete vaccine series to suburban residents or 71% of the total population; however, only 14.8% of the population is up to date on recommended vaccines to include boosters.

**NOW THEREFORE, BE IT RESOLVED**, that the Cook County Health and Hospitals Committee convene a monthly meeting to discuss the Cook County Department of Public Health’s COVID-19 mitigation and vaccination efforts for Suburban Cook County; and

**BE IT FURTHER RESOLVED**, that the Cook County Department of Public Health and any other identified Cook County entity involved in Cook County’s COVID-19 response will provide a monthly COVID-19 update to the Cook County Health and Hospitals Committee. This will include but not be limited to their COVID-19 vaccine plans, contract tracing and mitigation plans and any other pertinent information regarding COVID-19 or other infectious diseases of concern for Suburban Cook County including analyses of the latest data on age, geographic, racial, and other pertinent category impacts.

[23-0523](#)

**Sponsored by:** ALMA E. ANAYA, DENNIS DEER, BRANDON JOHNSON, KEVIN B. MORRISON, FRANK J. AGUILAR, SCOTT R. BRITTON, ANTHONY J. QUEZADA, SEAN M. MORRISON, DONNA MILLER, BILL LOWRY, MONICA GORDON, BRIDGET GAINER, BRIDGET DEGNEN and JOHN P. DALEY, 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**, 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 Illinois Department of Public Health's Illinois Healthcare Report Card of 2018 has reported that residents of Cook County had an average of 4.1 mentally unhealthy days per month; 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**, in the middle of the COVID-19 pandemic 31.3% of adults in Illinois reported symptoms of anxiety and/or depressive disorder, compared to 31.6% of adults in the U.S; and

**WHEREAS**, according to Children's Hospital of Chicago, 44% of Chicago children experienced an increase in at least one mental or behavioral health system during the pandemic compared with before the pandemic; 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 shall submit two (2) reports yearly to the Health and Hospitals Committee of the Cook County Board 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. Juvenile Temporary Detention Center;
- e. The Cook County Sheriff;
- f. The Cook County State's Attorney;
- g. The Office of the Chief Judge of Cook County; and
- h. The Cook County Public Defender.

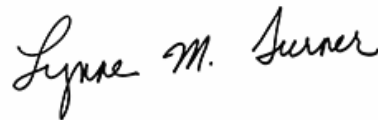
**FURTHER BE IT RESOLVED**, that the reports shall include the following information, as applicable to each entity, on behavioral health initiatives, programs, and activities:

- a. data on the population served, including a breakdown of where patients of the program reside in Cook County and the number of patients served;
- b. overall goals of behavioral health program and information on the best practices in this type of programming;
- c. information on the providers, managers, operators, and/or contractual personnel of the behavioral health care program, activity or service, and any information on external partners working with your agency on this program;
- d. key performance indicators that are used to measure the results of the program;
- e. quality measures or expectations for contracts involved in the program; and
- f. information on how the care provided in this program serves the best interests of the patient/recipient of care;
- g. information on the participant's continuum of care plan and whether the participant has received follow up care at a Cook County hospital including medication management as a part of

aftercare.

- h. 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;
- i. information with the costs associated with the program(s) and funding source(s);
- j. any additional information which may facilitate the Committee's understanding of the program, initiative, or activity; and
- k. 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's efforts around behavioral health care programs.

**Effective Date:** This resolution shall take effect immediately upon adoption. The reporting schedule shall be as follows: The first bi-yearly reports shall be submitted to the Cook County Board by the June Board Meeting Agenda deadline and shall be heard before the Health & Hospitals Committee no later than July of that year. The second set of reports shall be submitted to the Board in November and heard before the committee in December.



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Secretary

Chair: Deer

Vice-Chair: Anaya

Members: Committee of the Whole