

Minutes of the Meeting of the Cook County Health (CCH) Board of Directors held on Friday, April 4, 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 Raul Garza; Maya Green, MD, MPH, FACHE; Joseph M. Harrington; Sage J. Kim, PhD; and Tanya R. Sorrell, PhD, PMHNP-BC (7)

Remotely Present: Directors Jay Bhatt, DO, MPH, MPA and Mia Webster Cross, MSN, RN (2)

Absent: Directors Robert G. Reiter, Jr. and Sam A Robinson, III, PhD (2)

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

Additional attendees and/or presenters were:

Mohammed Sohel Ahmed, MD – Medical Director, Neuroscience
Annmarie Caulfield – Service Line Business Director, Neuroscience
Kimberly Craft – Employment Plan Officer
Aaron Galeener – Chief Administrative Officer, Health Plan Services
Andrea Gibson – Chief Strategy Officer

Jeff McCutchan – General Counsel
Erik Mikaitis, MD –Chief Executive Officer
Alisha Patel – Assistant General Counsel
Urjeet Patel, MD – Medical Director, Cancer Center
Erika Radeke – Director of Operations, Cancer Center
Deborah Santana – Secretary to the Board
Craig Williams – Chief Administrative Officer

The next regular meeting of the Board is scheduled to be held on Friday, April 25, 2025 at 9:00 A.M.

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

Andrea Gibson, Chief Strategy Officer, 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, February 28, 2025

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

Director Harrington, seconded by Vice Chair Lowry, moved to approve Item IV(A) the Minutes of the Board of Directors Meeting of February 28, 2025. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports (continued)

B. Human Resources Committee Meeting, March 6, 2025

i. Meeting Minutes

Director Garza provided an overview of the Meeting Minutes.

Director Green, seconded by Director Harrington, moved to approve Item IV(B) the Minutes of the Meeting of the Human Resources Committee of March 6, 2025. THE MOTION CARRIED UNANIMOUSLY.

C. Quality and Patient Safety Committee Meeting, March 14, 2025

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

- Approval of proposed Stroger Hospital and Provident Hospital Medical Staff Appointments/Reappointments/Changes

Director Garza provided an overview of the Meeting Minutes.

Director Garza, seconded by Director Green, moved to approve Item IV(C) the Minutes of the Meeting of the Quality and Patient Safety Committee of March 14, 2025, containing the following action items: approval of the proposed Stroger Hospital and Provident Hospital medical staff appointments/reappointments and changes. THE MOTION CARRIED UNANIMOUSLY.

D. Finance Committee Meeting, March 6, 2025

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

- Approval of Contracts and Procurement Items
- Receive and file Grant Award-Related Items

Director Harrington provided an overview of the Meeting Minutes. He noted that request numbers 4, 7, 10, 27, 28 and 29 under the Contracts and Procurement Items are pending review by Contract Compliance.

Vice Chair Lowry, seconded by Director Garza, moved to approve Item IV(D) the Minutes of the Finance Committee Meeting of March 6, 2025, which include conditional approval of the Contracts and Procurement Items, pending review by Contract Compliance; and receiving and filing of the Grant Award-Related Items. THE MOTION CARRIED UNANIMOUSLY.

V. Action Items

A. Contracts and Procurement Items (Attachment #1)

It was noted that request number 1 was withdrawn. Craig Williams, Chief Administrative Officer, provided an overview of request number 2.

Director Garza, seconded by Director Harrington, moved to approve request number 2 under Item V(A) the proposed Contracts and Procurement Items, subject to completion of review by Contract Compliance. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections IV, V and IX

VI. Report from Chair of the Board

Chair Taylor indicated that he did not have anything additional to report.

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

Ms. Gibson 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).

- A. Update on ARPA Obligations** (included in Attachment #2)
- B. Update on Strategic Planning** (Attachment #3):
 - Cancer Service Line Strategy – Dr. Urjeet Patel and Erika Radeke
 - Neuroscience Service Line Strategy – Dr. Mohammed Soheli Ahmed and Annmarie Caulfield
 - SWOT Analysis – Andrea Gibson

VIII. Informational Reports

The following informational reports were reviewed.

- A. Biannual Report from Employment Plan Officer** (Attachment #4) – reviewed by Kimberly Craft, Employment Plan Officer
- B. Metrics: Managed Care Committee** (Attachment #5) – reviewed by Aaron Galeener, Chief Administrative Officer, Health Plan Services

IX. Closed Meeting Items

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

Director Garza, seconded by Vice Chair Lowry, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the

IX. Closed Meeting Items (continued)

recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Taylor, Vice Chair Lowry and Directors Garza, Green, Harrington, Kim, Sorrell and Webster Cross (8)

Nays: None (0)

Absent: Directors Bhatt, Reiter and Robinson (3)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chair Taylor declared that the closed meeting was adjourned. The Board reconvened into the open 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:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 4, 2025

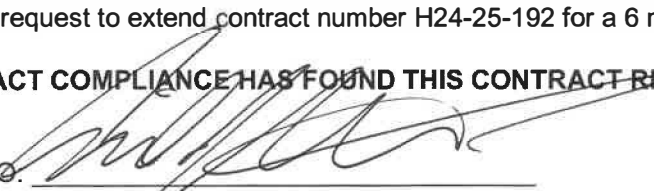
ATTACHMENT #1

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM V(A) APRIL 4, 2025 BOARD MEETING - CONTRACTS AND PROCUREMENT ITEMS

Request #	Request Type	Vendor/Entity	Service or Product	Fiscal impact not to exceed:	Method of acquisition	Department	Begins on Page #
1	Extend Contract	Hektoen Institute of Medicine, LLC WITHDRAWN	Service - grants management services in relation to completion of transition agreement		Sole Source	Life Sciences	2
2	Amend previously approved request to Execute Contract	Powerhouse Construction, Co. <u>Power/Ujamaa 7, LLC</u>	Service - Construction Manager at Risk (CMaR) services for John H. Stroger, Jr. Hospital Improvements Project	\$372,807,782.00	RFQ (2023-3)	Operations & Development	3

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Mark Spranca, PhD – Chief Scientific Officer	
DATE: 03/25/2025		PRODUCT / SERVICE: Service – Grants management services in relation to completion of transition agreement.	
TYPE OF REQUEST: Extend Contract		VENDOR / SUPPLIER: Hektoen Institute of Medicine, LLC, Chicago, IL	
ACCOUNT: 520840	FISCAL IMPACT NOT TO EXCEED: FY2024 \$568,541.89 (7 monthly payments) FY2025 (\$324,881.08 4 monthly payments)		GRANT FUNDED / RENEWAL AMOUNT:
ORIGINAL CONTRACT PERIOD: 05/01/2024 thru 03/31/2025		REVISED CONTRACT PERIOD: 04/01/2025 thru 09/30/2025	CONTRACT NUMBER: H24-25-192
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			
PRIOR CONTRACT HISTORY: Contract #H21-25-070 was the previous contract with Hektoen Institute of Medicine, LLC, for research and clinical assistance. The total contract amount for the period of time from 12/01/2020 through 05/31/2023, which included one (1) request to increase and extend the contract, was \$4,000,674.71.			
NEW PROPOSAL JUSTIFICATION: In November 2023, a termination letter was sent to Hektoen. On May 1, 2024, an Agreement was executed by the CCH Chief Executive Officer and Hektoen to provide for transition services of the grant-related work from Hektoen to CCH, for the period of 5/01/2024 through 03/31/2025. The agreement called for transition payments to be made to Hektoen for that period of time in the amount of \$893,423.00, to be made in equal monthly pro-rated payments. As the transition work continues, there remains work to be done to facilitate transfer of one (1) remaining grant from Hektoen to CCH, as well as final reports that are required after the grants transfer. An extension of the Agreement is needed to finish closeout activities and transfer of the remaining grant. Hektoen has not requested additional payments for these services as they are within the scope of the original transition agreement.			
TERMS OF REQUEST: This is a request to extend contract number H24-25-192 for a 6 month period from 04/01/2025 thru 09/30/2025.			
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending			Request #1
CCH CEO:  Erik Mikaitis, M.D., Chief Executive Officer			
WITHDRAWN			

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Craig Williams, Chief Administrative Officer, Operations and Development	
DATE: 03/20/2025		PRODUCT / SERVICE: Service – Construction Manager at Risk (CMaR) Services for John H. Stroger Jr. Hospital Improvements Project	
TYPE OF REQUEST: <u>Amend a previously approved request to Execute Contract</u>		VENDOR / SUPPLIER: Powerhouse Construction, Co., <u>Power/Ujamaa 7, LLC,</u> Chicago, IL	
ACCOUNT: CIP	FISCAL IMPACT NOT TO EXCEED: Preconstruction: \$125,529.00 General Conditions: <u>\$8,090,234.00</u> Sub Total \$8,215,763.00 Construction Cost GMP <u>\$364,592,019.00</u> Total Contract Amount \$372,807,782.00		GRANT FUNDED / RENEWAL AMOUNT:
CONTRACT PERIOD: 01/01/2025 thru 12/31/2029 <u>06/01/2025 thru 05/31/2030</u>			CONTRACT NUMBER: H24-25-167
X	COMPETITIVE SELECTION METHODOLOGY: RFQ (2023-3)		
	NON-COMPETITIVE SELECTION METHODOLOGY:		
PRIOR CONTRACT HISTORY: No prior contract history.			
NEW PROPOSAL JUSTIFICATION: <u>The CCH Board of Directors originally approved the request to execute contract #H24-25-167 on November 22, 2024. Since that approval, the vendor's name has changed as reflected above, and the contract start/end dates need to be adjusted as reflected on this transmittal.</u>			
This request is for Construction Manager at Risk (CMaR) services for improvements to Stroger Hospital. Vendor shall provide pre-construction services and complete the construction of assigned projects under a guaranteed maximum price (GMP). The Vendor will be expected to collaborate with architectural and engineering firms to provide preconstruction services to meet the objectives of the County, as well as any regulatory requirements, and shall provide complete construction management services for the construction of new projects, renovation projects, and demolition of up to 3 existing buildings on the campus. Vendor will provide all constructions services through project closeout. The approved projects include building exterior improvements, site upgrades, and interior improvements that are currently, or will be, assigned to multiple design professionals. There are twenty current projects underway that this request will support. Additionally, more than fifteen other projects have been identified as potential future JHS campus projects. Contract includes two (2) two-year renewal options.			
TERMS OF REQUEST: This is a request to execute contract number H24-25-167 in an amount not to exceed \$372,807,782.00, as needed, for a sixty (60) month period from 01/01/2025 thru 12/31/2029 <u>06/01/2025 thru 05/31/2030</u> .			
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending			
CCH CEO:  Erik Mikaitis, M.D., Chief Executive Officer		<div style="text-align: center;"> Request #2 APPROVED APR 4 2025 <small>BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM</small> </div>	

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Provident Hospital • Ruth M. Rothstein CORE Center •

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 4, 2025

ATTACHMENT #2

CEO Report

Dr. Erik Mikaitis, Chief Executive Officer
April 4, 2025



New Hires and Promotions



Congratulations

New Leadership Hires

Laina Fox, Director of Revenue Cycle Systems, Finance

Catherine Adelakun, Clinical Nurse Leader, ACHN

Rachel Belonio, Nurse Coordinator II, Medical Surgical Telemetry - 8E

Dilisha Wormely, Manager Of Finance, CountyCare*

Charles Poe, Transportation Services Manager, CCH

Bridgette Bailey, Accounts Payable Manager, Finance

Crystal Priest, Public Health Nurse IV, Public Health

Congratulations

Promotions

Tareq Alyousef, Chair of the Division of Cardiology, Medicine

Vesna Petronic-Rosic, Chair of the Division of Dermatology, Medical Services

Seema Gandhi, Director of Medical Endoscopy, Gastroenterology – Clinical

Monica Mercon Almeida, Medical Director of CORE & Ambulatory Services, Medical Services

Arpeja Love, Director of Regional Operations-South Cluster, Ambulatory

Cynthia Walsh, Director of Quality Improvement - Hospital Based Services, Quality Assurance

Nessa Nkemnji, Speech-Language Pathology Associate Manager, Provident

Jason Sprague, Mental Health Supervisor, Cermak

Congratulations

Promotions

Christina Terrell, Mental Health Supervisor, Cermak

Arahany Villasenor-Mustain, Clinical Operations Nurse Supervisor, Nursing OB/GYN

Gwendolyn Lanfair, Hospital Security Officer III, Security

Recognition & Announcements



Clinical Triage and Stabilization Center

On March 18, President Preckwinkle joined Cook County Commissioners and Cook County Health leaders for a ribbon cutting in celebration of the **Behavioral Health Clinical Triage and Stabilization Center at Provident Hospital**.

The Center's goal is to provide the care patients need in a calming and supportive place without having to stay in the hospital or go to an emergency department.

Congratulations to everyone involved in bringing this project to life!



Department of Nuclear Medicine Accreditation

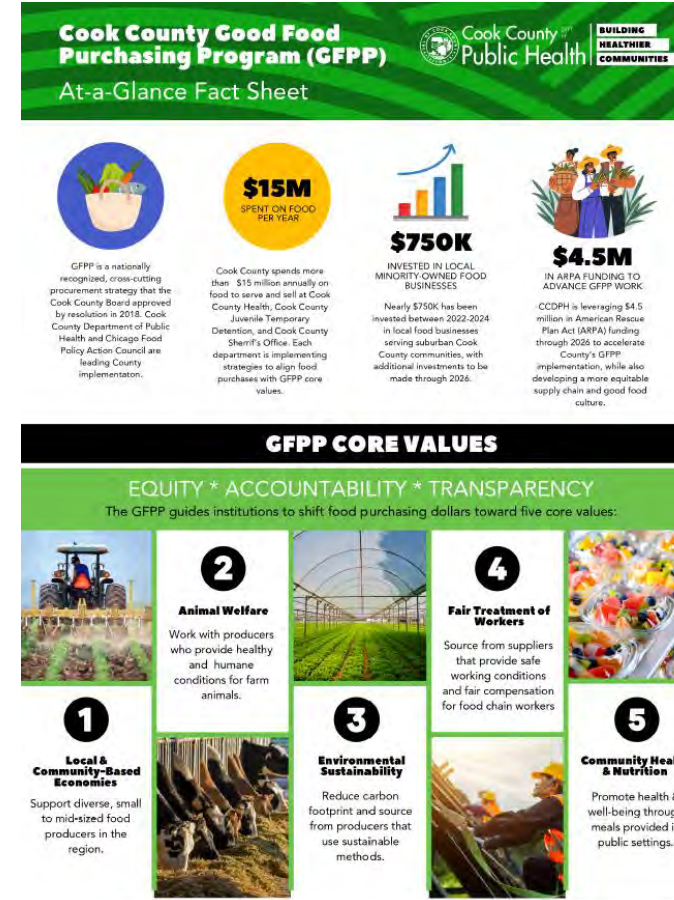
Congratulations to the Department of Nuclear Medicine for earning a three-year accreditation from the American College of Radiology!



Chicago Food Justice Summit

The 20th annual **Chicago Food Justice Summit** was held this month, bringing together food justice advocates, policy makers and community members for workshops and discussions on critical food justice issues.

The event was hosted by the Chicago Food Policy Action Council in partnership by the Cook County Department of Public Health and Chicago Department of Cultural Affairs & Special Events.



Super Bowl Commercial

Our Spanish-language **CountyCare** commercial aired on Telemundo (WSNS) during this year's Super Bowl game!

Telemundo was the #1 Spanish-language TV broadcast of the Super Bowl reaching 31,500,000 households.

This was an added-value commercial that was provided as a bonus based on CountyCare's ad buy with the station. Congratulations to the CountyCare and Marketing & Communications teams for their exceptional work to elevate the health plan!



Cook County Peggy A. Montes Unsung Heroines Award

Donna Hampton-Smith, CCH Community Resource Navigator, received a Cook County Peggy A. Montes Unsung Heroine Award for her contributions and advocacy as a leader in Chicago's Washington Park neighborhood.

The award is bestowed to 18 women in Cook County every year in honor of Women's History Month. She was nominated for the award by Commissioner Michael Scott.

Congratulations and thanks to Ms. Hampton-Smith!



National Black Nurses Association

Congratulations to the CCH nurses who were honored by the Chicago Chapter of the National Black Nurses Association during the 37th Annual National Black Nurses Day program on February 28!

Congratulations to the honorees on this well-deserved recognition!



- Enochannel Ashley
- Patience Alilionwu
- Valerie Bogan
- Falynn Demby
- Shalene Estelle
- Phyllis Haley-Lucas
- Deanna Jackson
- Iquela Mallard
- Aiesha Meghie
- Stella Ohazurume
- Atulegwu Ozuruigbo
- Neil Robinson
- LaToyia Roman
- Tracey Ross
- Jonathan Swain
- Andrew Ugochukwu

25th Annual Women Making History Award

Congratulations to **Alice Cameron**, Executive Director, HIV Services at the Ruth M. Rothstein CORE Center for being honored with the “25th Annual Women Making History Award” by the National Council of Negro Women (NCNW)!

The Chicago Midwest Section of NCNW’s mission is to improve the quality of life for African American women, their families, and communities.



Congratulations to **Simi Joseph**, PhD, DNP, System Senior Director of Nursing Innovation & Research, on her selection as a 2025 American Association of Nurse Practitioners (AANP), Fellow!

The AANP Fellows program is dedicated to the global advancement of NPs and the high-quality healthcare they provide.



Congratulations to Nurse Clinicians **Cisy John** and **Ana Maria Gutang** for presenting a poster, Structured Implementation Steps of Robotic Assisted Surgery at an Academic Public Health System, and to **Jarretha McColmeyer**, DNP, for representing CCH at a panel on developing a robotic surgery program at this year's Association of Perioperative Registered Nurses Global Surgical Conference and Expo!

The annual surgical conference unites perioperative nurses from around the world to share best practices.




Strategic Plan & ARPA UPdate





Strategy Initiatives March



Accomplished


 The Chicago Executive Forum awarded the Stroger team an Innovations Award to recognize improved throughput, reduced turnaround time and increased patient satisfaction; The American College of Radiology granted a 3-year accreditation to the Department of Nuclear Medicine; CCH's Cancer Center was selected as one of the 20 programs for genetic testing for breast cancer

 Launched marketing campaign to increase awareness about HIV testing and services; Launched digital campaigns to promote ExpressCare; CCDPH hosted a Food Justice Summit


 Received approval to use an accelerated hiring pilot process for Hektoen positions; Recruited new cornea surgeon to see additional patients awaiting LASIK; Finalized draft of a proposed volunteer services policy


 Finalized Vizient Operational Database submission for lab, surgery, respiratory, imaging, emergency and HR


 The Psychiatry Department moved and began seeing patients at the Bronzeville Health Center; the Crisis Triage and Stabilization Clinic opened at Provident; Added Uro-gyn surgery at Provident; First spine surgery performed at Stroger utilizing the spine navigation system



Coming Soon

 The Journal of Addiction Medicine accepted the substance use disorder team's Manuscript entitled "Variations in acceptance of American Society of Addiction Medicine (ASAM) Continuum levels of care for substance use disorder treatment in an urban safety net primary care health setting:"

 Finalizing redesign of the infusion center pharmacy in the Professional Building; Replacing the Stroger Emergency Department radiographic imaging system; Creating a provider onboarding form to enhance communication to all relevant departments to inform of new providers joining CCH; Purchased additional beds and stretchers, 5 stretchers with scales, 36 ICU beds for SICU and 14 beds for MICU

 Neurosciences and HIS are partnering to advance tele-neurology capabilities to every Neuro- ICU room, this will be the first unit at CCH equipped with individual tele-neurology and tele-ICU services in each room; Rehab services, pediatrics and family medicine moving to Bronzeville Health Center in April; Purchase of capital equipment for GI/Endo scopes underway

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



Thank You!





COOK COUNTY HEALTH

DR. ERIK MIKAITIS
CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
March 28, 2025

Employee Recognition

Alice Cameron, Executive Director, HIV Services, was honored with the “25th Annual Women Making History Award” by the National Council of Negro Women (NCNW). The Chicago Midwest Section of NCNW’s mission is to improve the quality of life for African American women, their families, and communities.

Donna Hampton-Smith, CCH Community Resource Navigator, received a Cook County Peggy A. Montes Unsung Heroine Award for her contributions and advocacy as a leader in Chicago’s Washington Park neighborhood. The award is bestowed to 18 women in Cook County every year in honor of Women’s History Month. She was nominated for the award by Commissioner Michael Scott.

Simi Joseph, PhD, DNP, System Senior Director of Nursing Innovation & Research, was selected as a 2025 American Association of Nurse Practitioners Fellow. The AANP Fellows program is dedicated to the global advancement of NPs and the high-quality healthcare they provide.

Sixteen CCH nurses who were honored by the Chicago Chapter of the National Black Nurses Association during the 37th Annual National Black Nurses Day program on February 28. Congratulations to:

- Emochannel Ashley
- Deanna Jackson
- LaToyia Roman
- Patience Alilionwu
- Iquela Mallard
- Tracey Ross
- Valerie Bogan
- Aiesha Meghie
- Jonathan Swain
- Falynn Demby
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Nurse Clinicians Cisy John, Ana Maria Gutang were selected to present a poster, Structured Implementation Steps of Robotic Assisted Surgery at an Academic Public Health System at this year’s Association of Perioperative Registered Nurses Global Surgical Conference and Expo. Jarretha McColmeyer, DNP, will be representing CCH at a panel on developing a robotic surgery program.

Congratulations to the Department of Nuclear Medicine for earning a three-year accreditation from the American College of Radiology.

Activities and Announcements

Cook County Health hosted a ribbon cutting ceremony for the Clinical Triage & Stabilization Center at Provident Hospital on March 18. The Center will provide care and support to patients who present to the hospital Emergency Department experiencing a behavioral health crisis. The Center opened to patients on Monday, March 24.

The 20th annual Chicago Food Justice Summit was held this month, bringing together food justice advocates, policy makers and community members for workshops and discussions on critical food

justice issues. The event was produced by the Chicago Food Policy Action Council in partnership by the Cook County Department of Public Health and Chicago Department of Cultural Affairs & Special Events.

Legislative Updates

Local

- The week of March 10, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.
 - **Finance Committee** – Pam Cassara, CCH CFO addressed questions related to the *County's Monthly Revenues and Expenses Report* as well as CCH finances. CCH leadership was also available to respond to questions related to *CCH's March 2025 Monthly Report* which is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month. Craig Williams, CCH Chief Administrative Officer and Win Buren, CCH Chief Human Resources Officer also participated in the meeting to respond to questions related to the status of agency utilization.
 - **Health & Hospitals Committee** – Dr. Kiran Joshi, CCH Interim CCDPH COO appeared before the committee to present CCDPH's Quarterly Report. The focus of this report was Program and Policy Initiatives Serving Youth in Suburban Cook County. Semi- annual Mental Health Reports were presented by the Cook County Chief Judge's Office and the Cook County Public Defender's Office.
- The Cook County Board of Commissioners met on March 13, 2025. The following items pertaining to CCH appeared on the agenda:
 - a Resolution sponsored by Commissioner Miller commemorating World Doula Day (March 22) and Doula Week in Cook County was approved;
 - a Resolution sponsored by Commissioner Stamps commemorating World Down Syndrome Day (March 21) was approved;
 - a Resolution sponsored by Commissioner McCaskill recognizing March as National Developmental Disabilities Awareness Month was approved;
 - a Resolution sponsored by Commissioner Morita pertaining to MENA data collection was referred to committee for consideration;
 - a proposed grant award increase from IDPH for CCH genetic Counseling was approved;
 - a proposed grant award from CDPH for HIV services population centered health homes was approved;
 - a lease for the CCH Austin Health Center with the West Side Health Authority was referred to the Asset Management Committee for consideration;
 - the Cook County Annual Diversity Report was introduced and referred to the Contract Compliance Committee for consideration;
 - a \$372M Construction Manager at Risk (CMaR) contract for Stroger Hospital was referred to the Asset Management Committee for consideration; and
 - a \$2M architectural design services contract for the Stroger MRI Center expansion was referred to the Asset Management committee for consideration.

State

- The House and Senate are working to move bills through their respective chambers, given the March 21 deadline to pass bills out of their originating chamber. More than 6,600 bills have been filed in the House and Senate. The General Assembly's spring session is scheduled to adjourn by May 31.
- Cook County Health's state legislative priorities and work towards these efforts include:
 - Protecting and preserving Medicaid
 - CCH has been communicating the important role that Medicaid and Medicaid-like programs such as Health Benefits for Immigrant Adults (HBIA) have for our patients and our health system.
 - Increasing funding for local health departments
 - Cook County Health/Cook County Department of Public Health supports [HB2341](#) (Moeller) / [SB1416](#) (Morrison), which would add \$10M to the local health protection grant line in the Illinois Department of Public Health's budget.
 - This would restore funding levels to SFY24 and provide approximately \$1M in additional funds to CCDPH. Increased funding will support CCDPH's efforts and initiatives to improve the health of residents in Suburban Cook County.
 - Supporting harm reduction legislation that reduces overdose deaths and prioritizes treatment
 - [HB2929](#) (Ford) would establish Overdose Prevention Sites (OPSs) in Illinois, starting with a pilot program in the City of Chicago.
 - OPSs provide a safe, hygienic space for individuals to use pre-obtained drugs and also provides access to other harm reduction, treatment, recovery, and ancillary support services.
 - While CCH does not intend to operate an OPS, these sites are viewed as an important resource in the harm reduction continuum, and there is evidence demonstrating their public health value. Cook County, CCH, and CCDPH all support HB2929, and CCH provided written testimony to the House committee, which passed HB2929 with bipartisan support, 14-3. The bill now awaits action by the full House
 - Improving behavioral health infrastructure and addressing gaps in workforce – CCH supports the following bills:
 - [HB3511](#) (LaPointe) – provides grants to nonprofit associations to hire Licensed Clinical Social Workers to provide group clinical supervision to social workers seeking to fulfill supervised clinical experience requirements; also adds LCSWs who work for counties to be eligible for a social worker shortage loan repayment program. Funding clinical supervision of social workers who require clinical hours to complete their education is a priority identified by CCH Office of Behavioral Health.
 - [SB1560](#) (Feigenholtz) / [HB3440](#) (LaPointe) – promotion of BEACON, a resource for families who seek behavioral health services for children in Illinois.
- On February 28, [Governor Pritzker hosted a press conference](#) that highlighted the importance of Medicaid to Illinois residents, health care providers, and the overall economic health of the state. This was in direct response to the [Budget Resolution that passed on partisan lines](#) in the US House that sets up a process to cut \$880B from the budget, which will require cuts to Medicaid to achieve this target.

Medicaid provides coverage to a quarter of Illinois residents, including 1.4M children. In Cook County, 1.6M residents have Medicaid. And 445,000 individuals are employed by hospitals and health care providers in Illinois, representing 11% of the state's total employment. Various elected officials spoke about how Medicaid cuts will lead to negative impacts on health care providers and communities throughout the state.

- The Illinois Department of Healthcare and Family Services (HFS) continues to move forward with the Medicaid 1115 waiver that was approved by the federal government July 2024. HFS has received federal approval for the contract, protocols, and plans necessary to implement the waiver.

The 1115 waiver permits Illinois Medicaid to cover new health related social needs including food/nutrition, housing and housing supports, medical respite, violence prevention/intervention, non-emergency transportation, and supported employment. Individuals will need to meet yet to be announced criteria to qualify for these new benefits, which will be administered through Medicaid Managed Care. Additionally, the waiver will allow individuals residing in state prisons or the Cook County Jail to be covered by Medicaid up to 90 days pre-release, to support these individuals in their re-entry efforts.

CCH is actively engaged in the various HFS workgroups and planning discussions that have been taking place over the last several months. The first phase of waiver services include food/nutrition, medical respite, housing, and re-entry. Internal waiver readiness meetings have also been taking place at CCH since early 2023, and stakeholders include leaders from strategy, finance, operations, clinical, and managed care.

HFS shared that they expect to launch coverage of the first phase of new services in 2026.

Federal

- On March 14, Congress approved and the President signed a Continuing Resolution (CR) to keep the government funded through September 30. The House approved the measure on March 11 with a vote of 217-213 and the Senate approved the measure on March 14 with a vote of 54-46.

This year-long stopgap funding bill is referred to as a “clean” CR; meaning it extends funding for federal government agencies and programs at existing levels approved in the FFY24 appropriations Acts. It also temporarily extends expiring health programs through September 30, including a short-term fix for the pending statutory cuts to Medicaid disproportionate share hospital (DSH) allotments to states which were set to begin on April 1, 2025. The remaining DSH cuts will be in effect from fiscal year 2026 through fiscal year 2028.

- On March 6, House Democratic leadership and the *House Democratic Steering and Policy Committee* held a hearing on Republican plans to cut Medicaid. Representative Robin Kelly (IL-2) is a co-chair of the Committee and Representative Jan Schakowsky (IL-9) serves as a member. This is the first of a series of hearings that House Democrats will conduct on the Hill and throughout the country.

The FFY26 appropriations process now starts immediately as does budget reconciliation and negotiations on the debt ceiling. Changes to the Medicaid program remain on the table.

- On February 13, Robert F. Kennedy was sworn in as U.S. Department of Health and Human Services Secretary. However, the Trump/ Vance Administration does not yet have their full HHS leadership team in place.

On March 6 the *Senate Health, Education, Labor and Pensions (HELP) Committee* voted to advance the nomination Dr. Jay Bhattacharya as Director of the National Institutes of Health (NIH) by a 12-11 party-line vote. A confirmation vote has not yet been scheduled.

Dr. Mehmet Oz awaits confirmation of his appointment by the *Senate Finance Committee* to serve as Administrator of the Centers for Medicare and Medicaid Services (CMS). Senator Josh Hawley (R-MO) has expressed concerns with past statements from Dr. Oz supporting gender-affirming care for minors.

Dr. David Weldon's nomination to lead the Centers for Disease Control and Prevention (CDC) was abruptly withdrawn by the Administration the morning of his confirmation hearing. A new nominee has not yet been submitted for consideration. Individuals under consideration include Florida Surgeon General Dr. Joseph Ladapo, former Congressman Michael Burgess and former health official Brett Giroir.

Community Outreach & Events

- April 4 – Participation in **Latino Youth High School's Resource Event with Testing and Counseling** which will take place at the school located at 2001 S California Avenue in Chicago, IL 60608.
- April 5 – Participation in **Solutions for Care's Aging Mastery Program** which will take place at the Berwyn PAV-YMCA located at 2947 S. Oak Park Avenue in Berwyn, IL 60402.
- April 5 – Participation in **The Collaboration for Early Childhood's Baby Expo & Community Screening Day** which will take place at the Percy Julian Middle School located at 416 S Ridgeland Avenue in Oak Park, IL 60302.
- April 5 – Participation in **Congresswoman Robin Kelly's 2025 Youth Opportunities Fair** which will take place at the Hillcrest High School, Field House located at 17401 Pulaski Road in Country Club Hills, IL 60478.
- April 5 – Participation in **Mision Luterana Unida's Resource & Vendor Fair** which will take place at the church located at 6720 31st Street in Berwyn, IL 60402.
- April 6 – Participation in **Jack and Jill: Magnificent Mile's Health Fair & Blood Drive** which will take place at the American Red Cross located at 2200 W. Harrison in Chicago, IL 60612.
- April 10 – Participation in the **38th Annual Church of Christ Ladies Retreat Health Fair** which is hosted by the Sheldon Heights Church of Christ, the Chatham Avalon Church of Christ and the area wide Chicago Churches of Christ and which will take place at the Sheraton Grand Chicago Riverwalk located at 301 East North Water Street in Chicago, Illinois 60611.
- April 10 – Participation in **Martin Luther King Community Center's Resource Event** which will take place at the Center located at 4314 S Cottage Grove Avenue in Chicago, IL 60653.
- April 12 – Participation in the **Teamwork Englewood's Englewood Health and Wellness Field Day** which will take place at the Red Shield Salvation Army Community Center located at 945 W 69th Street in Chicago, IL 60621.

- April 12 – Participation in **Commissioner Maggie Trevor and State Rep. Nicolle Grasse’s Senior and Veterans’ Health fair** which will take place at Park Central Banquet Hall located at 3000 Central Road in Rolling Meadows, IL 60008.
- April 12 – Participation in the **VOSH-Illinois’ Vision Health Fair** which will take place at Sarah's Circle located at 4737 N Sheridan Road in Chicago, IL 60640.
- April 12 – Participation in **Posen Robbins School District 143.5’s Health & Wellness Fair 2025** which will take place at the Posen Intermediate School located at 14545 California in Posen, IL 60459.
- April 12 – Participation in the **Instituto del Progreso Latino’s Resource Event** which will take place at their building located at 2520 S. Western Avenue in Chicago, IL 60608.
- April 17 – Participation in **Chicago Public Schools’ Career/Opportunity Fairs at CPS Schools** which will take place at the Collins Academy STEAM High School located at 1313 S Sacramento Drive in Chicago, IL 60623.
- April 18 – Participation in the **Malcolm X College’s Resource Event** which will take place at the college located at 1900 W Van Buren Street in Chicago, IL 60612.
- April 19 – Participation in the **Knights of Columbus Annual Convention** which will take place at the Dr. Martin Luther King, Jr. Preparatory High School located at 4445 S Drexel Boulevard in Chicago, IL 60653.
- April 20 – Participation in the **Southland Women's Health & Wellness Summit** which is hosted by Six Intentional Servants SIS and which will take place at the South Suburban College located at 15800 State Street in South Holland, IL 60473.
- April 23 – Participation in **United Way of Metro Chicago’s April Food Day** which will take place at the Tinley Park Convention Center located at 18451 Convention Center Drive in Tinley Park, IL 60477.
- April 24 – Participation in **Sterling’s Safety Fair** which will take place at their facility located at 501 E 151st Street in Phoenix, IL 60426.
- April 25 – Participation in **Martin Luther King Community Center’s Resource Event** which will take place at the Center located at 4314 S Cottage Grove Avenue in Chicago, IL 60653.
- April 26 – Participation in **8th Annual Health Equity Fiesta Tour** which will take place at Gage Park located at 2411 W 55th Street in Chicago, IL 60632.
- April 26 – Participation in the **United Palatine Coalition’s 3rd Annual Wellness Resource Fair** which will take place at the Buehler YMCA located at 1400 W. Northwest Highway in Palatine, IL 60067.
- April 30 – Participation in the **2nd annual Thornwood High School Mental Health and Wellness Fair** which will take place at the school located at 17101 South Park Avenue in South Holland, IL 60473.

Redetermination Events

Cook County Health and CountyCare are currently hosting a series of Rede events in the System’s facilities, other FQHCs and community partners. Rede events target CountyCare members living in or close to the Zip Codes of the hosting site. Members receive calls, postal correspondence, email, and texts advising them of the event happening in their vicinity.

- April 3 – **Friend Health** – 5635 S. Pulaski Road, Chicago IL 60629
- April 7 – **North Riverside Health Center** – 800 S. Harlem Avenue, North Riverside, IL 60546

- April 8 – **Robbins Health Center** – 13450 S. Kedzie Ave Robbins, IL 60472
- April 9 – **Primecare Health Center** – 5635 W. Belmont Avenue, Chicago, IL 60634
- April 10 – **Alivio Health** – 2021 S Morgan St., Chicago, IL 60608
- April 11 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621
- April 15 – **Cottage Grove Health Center** – 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411
- April 16 – **Provident Hospital** – 500 E. 51st Street, Chicago, IL 60615
- April 17 – **Friend Health** – 5635 S. Pulaski, Chicago IL 60629
- April 21 – **Chicago Family Health Center** – 9119 S. Exchange Avenue, Chicago, IL 60617
- April 22 – **Esperanza Health Center** – 4700 S. California Avenue, Chicago, IL 60632
- April 23 – **Stroger Hospital** – 1969 W. Ogden Avenue, Chicago, IL 60612
- April 24 – **Arlington Heights Health Center** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- April 25 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621
- April 28 – **Blue Island Health Center** – 12757 S. Western Avenue, Blue Island, IL 60406
- April 29 – **Lawndale Christian Health Center** – 3750 W. Ogden Avenue, Chicago, IL 60623
- April 30 – **Provident Hospital** – 500 E. 51st Street, Chicago, IL 60615

CCH Community Advisory Councils

Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center's relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations.

The 2025 Second Quarter topic presentations include updates on the Behavioral Health program and the new Doula Initiative. CountyCare will also provide an update on the plan. In addition, the meeting provides updates on Cook County Health, Community Outreach, and each clinic's programs.

On May 8, 2025, we will host the initial meeting of the Belmont Cragin Advisory Council. The first meeting will be in-person with a facility tour. We will also offer a virtual component for those advisory council members that cannot attend in person. Council members represent the following organizations: Addus Homecare, American Indian Health Services of Chicago, Belmont Cragin united, Elevate, Gift of Hope, Metropolitan Family Services, the National Kidney Foundation of Illinois, and the Northwest Center, among others.

Upcoming CAC meeting dates, including the 2025 schedule:

Provident/Sengstacke: Wednesday at 9:00 AM: April 9, July 9, October 8
500 W. 51st Street, Chicago, IL 60609

Cottage Grove: Tuesday at 1:00 PM: April 22, July 22, October 21
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

Belmont Cragin: Thursday at 1:00 PM: May 8, August 14, November 13

12757 S. Western Ave., Blue Island, IL 60406

Blue Island: Wednesday at 1:00 PM: May 14, August 13, November 12
12757 S. Western Ave., Blue Island, IL 60406

Arlington Heights: Tuesday at 1:00 PM: May 20, August 19, November 18
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

Prieto: Tuesday at 1:00 PM: June 3, September 2, December 2
2424 S. Pulaski, Chicago, IL 60623

Robbins: Tuesday at 1:00 PM: June 10, September 16, December 9
13450 S. Kedzie Road, Robbins, IL 60472

North Riverside: Wednesday at 1:00 PM: June 11, September 15, December 10
1800 S. Harlem Avenue, North Riverside, IL 60546

Englewood: Thursday at 1:00 PM - June 12, September 17, December 11
1135 W. 69th Street, Chicago, IL 60621

DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

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

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- Cook County Health has partnered with LIVE HEALTHY CHICAGO, a collaborative initiative focused on improving cardiovascular health outcomes for residents of Chicago's West and South Sides, including CCH patients. Rush is leading this effort, with the Medical Director of Ambulatory Services at CCH and the CMO for ACCESS serving as co-chairs of the Steering Committee.
- This month, we are pleased to announce that ARPA (American Rescue Plan Act) grant proposal for this initiative has been approved. This is related to ARPA funding through Rush Hospital, marking a significant milestone as we move forward with securing substantial resources to support underserved communities. The focus will be on improving hypertension control and reducing the overall risk of atherosclerotic cardiovascular disease (ASCVD).
- The Quality team updated the Sentact database to assign appropriate staff leadership roles for escalating notifications related to environment of care deficiencies. Additionally, tracer results were uploaded to the Joint Commission Tracer database and shared with clinic site leadership.
- ACHN leadership consistently completes monthly compliance data based on findings from the latest on-site survey. Clinic staff also carry out weekly rounding audits in key areas such as Patient Care, Infection Control, Environment of Care, Medication Management, Lab, PCMH (Patient-Centered Medical Home), and Procedures to maintain continuous preparedness.



Health Equity, Community Health & Integration

- In February 2025, the Patient Support Center answered 47,800 patient calls with an average response time of 64 seconds and addressed 4,500 Nurse Triage calls. Plans are underway to expand triage services to the General Medicine Clinic in Q2. Additionally, the team reduced the average post-hospital primary care wait time from over 30 days to 16 days by optimizing scheduling across two shifts and increasing access to community primary care providers.
- Throughout February, Cook County Health continued hosting the CCDPH Fall & Winter Vaccination Clinics at various ACHN locations, including Arlington Heights, Blue Island, Cottage Grove, North Riverside, and Robbins. This free service, available to everyone regardless of insurance and without the need for an appointment, is part of Cook County Health's ongoing vaccination efforts. In total, 784 individuals were vaccinated for COVID-19 this month, including 2 staff members, 306 non-CCH



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

patients, and 478 CCH patients. Additionally, the CORE Center administered 14 MPox vaccinations this month.

- The New Arrival Clinic at Belmont Health Center has served 33,383 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.
- The Birthday Screening Initiative continues to offer all Cook County residents a free Breast and Prostate Cancer screening during their birthday month. Additionally, a finalized dashboard with Business Intelligence has been implemented to provide an overview of patients with upcoming birthdays who are due for screenings, have scheduled mammograms, and have posted results. A total of 11 external birthday screenings have been completed for patients who called in.
- Although the volume of external patients is low, we have implemented an outreach program and are actively tracking patients' birthdays to ensure they are offered a screening mammogram. Year-to-date, there have been 5,293 eligible patients, of whom, 4,331 had not received a screening in the past two years. As a result, 1,219 screening mammograms were scheduled, 632 patients were seen, 503 results were received, and 340 patients have scheduled follow-up appointments.
- Oral Health has executed a new contract with Progress Lab to streamline the process for patient prosthetics, including dentures.
- The CORE Consumer Advocacy Coordinator participated in Advocacy Day in Springfield on February 25-26, engaging in key discussions and policy initiatives that are most important to people living with and vulnerable to HIV.
- The Cook County HIV Integrated Program (CCHIP) also hosted "PrEP and Pastries" in Blue Island on February 25th, bringing healthcare providers together to discuss expanding Pre-exposure Prophylaxis (PrEP) services and raising awareness of HIV prevention strategies. This initiative supports ongoing efforts to improve PrEP accessibility and enhance linkage to care for individuals at risk of HIV.
- In February, 30 patients were successfully re-engaged in ambulatory care for HIV services after being lost to follow-up for over 12 months. The retention in care rate remains at 74%, with an undetectable viral load rate of 89%. Additionally, 84 individuals in the community received a rapid test through targeted HIV screening, and all 5 newly diagnosed clients were successfully linked to medical care and social services. As the Ryan White fiscal year ended on February 28, 2025, a total of 2,111 HIV tests were completed, 85 individuals were newly diagnosed, 451 patients were re-engaged in care, and 1,318 were linked to the PrEP HIV prevention program.
- The Neurosciences Medical Director presented to the CCH Board of Directors on Health Equity in Neurosciences. Tours of our facilities are underway.
- The Cancer Center service line team was awarded a transportation grant from the American Cancer Society, marking the third such award received.



DIVISIONAL EXECUTIVE SUMMARY

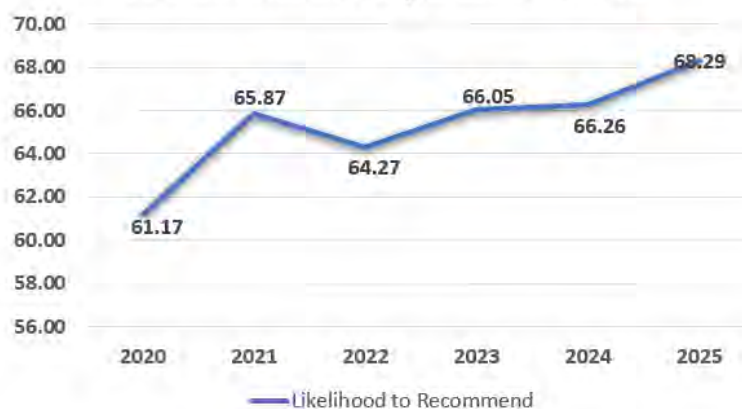
AMBULATORY SERVICES



Patient Experience

- ACHN's overall "Likelihood to Recommend" saw a minimal change this month, with a slight 0.01% decrease from the previous month, dropping to 68.29%. This still remains above the target goal of 67.13%.

ACHN Patient Experience Score



- In February, the specialty team successfully achieved their Press Ganey stretch goals, scoring 69.70% for "CP Address Concerns & Worries" and 70.34% for "CP Explains Problem/Condition." They also exceeded their target for "Staff Worked Together," earning a score of 69.50%.
- The Primary Care team's "Likelihood of Recommending" score for February is 67.92%, which is 1.07% below the target. However, it shows improvement compared to January, with a 1.6% increase.



Growth Innovation & Transformation

- The new Outpatient Psychiatry Center in Bronzeville is set to open, with a final walk-through completed this month. The center will begin accepting psychiatry patients on March 17, 2025.
- The Behavioral Health team launched an initiative to improve adolescent mental health services across ACHN, focusing on streamlining adolescent psychotherapy referrals through the creation of templates and schedules. Plans are also underway to provide specialized training for mental health providers working with adolescents.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

- Weekly meetings are ongoing to coordinate the opening of the North Riverside Dental Clinic which is scheduled to go live on 3/20/25. Following that, Belmont Cragin will be the next clinic to open, with Blue Island set to follow within six months. Project meetings for Belmont Cragin will begin in April. Additionally, bi-weekly meetings with the HR recruiting team are in progress to streamline the hiring process, prioritizing the filling of provider positions for the new dental clinics.
- The oncology team successfully launched the Oncology Dietary and Survivorship clinic templates, with 8 clinical sessions scheduled for each service.



Optimization, Systemization & Performance Improvement

- CORE Research is collaborating with the Clinical Research Office and the Sponsored Programs Office to transition the Multicenter AIDS Cohort Study (MACS) to Cook County Health. MACS, the longest-running cohort study of men living with HIV in the United States, includes patients who are also enrolled in medical care at CORE.
- Access continues to be a primary focus for ACHN as preparations move forward for the opening of the North Riverside Dental clinic. In addition to launching new services, ACHN is working closely with the Medical Director to review provider templates and schedules to improve patient wait times and reduce the backlog of new referrals.
- The Cancer Center service line team began outsourcing Radiation Oncology patients to partnering health systems for therapy due to the ongoing Linear Accelerator replacement project.
- The Behavioral Health leadership team worked closely with Core Leadership on recruitment and hiring initiatives, while also maximizing the use of existing resources to drive efficiencies across the entire behavioral health team.



Workforce: Talent and Teams

ACHN has 243 vacant positions: 10 Administrative Support Staff, 27 Clinicians/Physicians, 15 Management Positions, and 191 Clinical Support Staff. Of the 243, currently 132 roles are in recruitment (14 posted, 13 pending, 33 validations in progress, 20 interviews underway, 28 decision-to-hire packets under review, 24 offers accepted, and 5 on hold).

Human Resources Recruitment



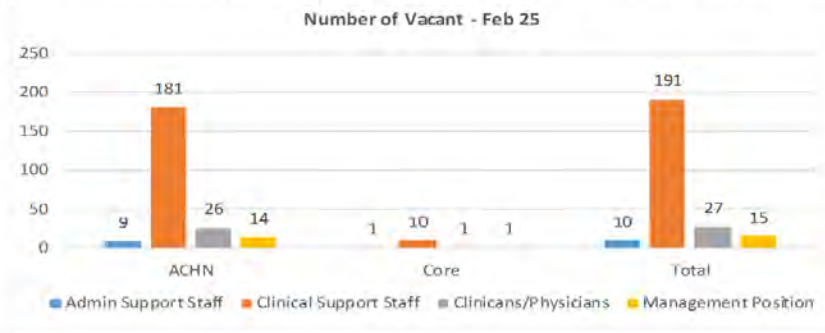
COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

Board Report: Vacant PID's by Role -February

Vacant PID's by Role	Jan-25			Feb-25		
	ACHN	Core	Total	ACHN	Core	Total
Admin Support Staff	7	1	8	9	1	10
Clinical Support Staff	183	9	192	181	10	191
Clinicians/Physicians	27	1	28	26	1	27
Management Position	13	1	14	14	1	15
Total	230	12	242	230	13	243



Fiscal Resilience

- As of February 2025, ACHN is meeting expectations, having used 25% of the budgeted spending projections year-to-date.
- Primary Care: ACHN is below budgeted volumes for February by 2,665 visits and 12.9% below budget year-to-date totaling 51,236 visits in FY2025.
- Specialty Care: ACHN is below budgeted volumes for February by 350 visits and 1% below budgeted volumes year-to-date totaling 90,796 visits in FY2025.
- Primary care experienced significant decreases in volumes likely due to patient concerns about potential federal immigration enforcement activities.
- We have three non-personnel contracts valued at \$500,000 or more. None of these contracts have expired, but amendments are in progress and there are no service gaps.

Budget

Office / Program / Account	FY25 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4893 - Ambulatory & Community Health Network of Cook						
Grand Total	207,499,811	37,899,445	13,103,351	51,002,797	156,497,015	25%



COOK COUNTY
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DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

Procurement

Non Agency Contracts				
Contract Number	Contract Name	Agreement Amount	Expiration	Notes
H17-25-064	Medspeed	\$3,843,844.06	5/31/2025	RFP. Contract award in process.
H22-25-115	Kaizen	\$23,400,000.00	6/30/2025	Amendment in progress.
H21-25-012	Dayspring	\$11,229,019.56	11/30/2025	RFP in process



DIVISIONAL EXECUTIVE SUMMARY

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

Lead Executive: Kiran Joshi, MD, MPH, Interim Chief Operating Officer, Public Health
Reporting Period: February, 2025
Report Date: March 19, 2025

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- The Cook County Department of Public Health's (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 February, the nursing team administered 75 Flu vaccines and 96 COVID vaccines. The clinics have been extended through March 22nd.



Health Equity, Community Health & Integration

- CCDPH has published its Annual 2023 Tuberculosis Surveillance Report. The report provides comprehensive data and analysis on tuberculosis cases and trends within Suburban Cook County. The full report can be accessed [here](#).
- The Cook County Board President Toni Preckwinkle, Cook County Commissioner Dr. Kisha McCaskill, and CCDPH Interim COO conducted a press conference in observance of National Condom Week to generate awareness and promote the importance of Sexually Transmitted Infection prevention. Read more about the press conference [here](#).
- The Community Behavioral Health Unit (CBHU) finalized several Spanish-language, linguistically-responsive, behavioral health resources and services, which can be found [here](#) under the Treatment Resources section.
- CCDPH implemented a Community Health Worker (CHW) pipeline program with the goal of increasing the CHW workforce in Suburban Cook County. The program was launched in partnership with South Suburban College to support students in attaining a CHW Basic Certificate from Sinai Urban Health Institute. The first cohort consists of 12 students from Bremen High School, District 228.
- As a follow up to the environmental scan completed in January, the Community Engagement & Health Education (CEHE) Unit participated in an immigration roundtable led by West Suburban Action Project (PASO). The roundtable identified gaps in services that community-based organizations can offer to serve the populations due to recent U.S. Immigration and Customs



DIVISIONAL EXECUTIVE SUMMARY

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

Enforcement (ICE) activity. Needs pertaining to increased food insecurity, access to education, legal services, and behavioral health services were also identified.

- Using funds from the Community Health Promoter (CHP) grant, the Lead Poisoning Prevention and Healthy Homes Unit initiated a new pilot program to provide Healthy Homes Kits to residents who participated in the lead abatement/Healthy Homes program. The initiative involves distributing 50 kits, which include items such as pillow covers, non-volatile cleaning products, and storage bins for perishables. The program aims to support families in adhering to the [10 Healthy Homes principles](#). A follow-up survey will be conducted after six months to assess the effectiveness of the kits in achieving these goals.



Patient Experience

- The Communicable Disease Unit is currently monitoring several significant infectious disease developments, including the ongoing measles outbreak. As of February 27th, there were 164 cases throughout 9 states and continues to spread. For more information, visit [the CDC Website here](#).

Human Resources Recruitment

As of March 3, 2025, CCDPH has – 14 vacant positions to date (actively recruited) - 11 Request to Hire (RTH) are awaiting budget approval or to be posted/reposted. The remaining positions are being actively recruited (see table below).

FY25 metrics Snapshot, as of March 3, 2025

RTHs Submitted MTD	Current posted	Validation in Progress	Interviews in Progress	DTH Review Underway	Offer Accepted	Vacancies Filled In February	YTD Position Filled 2025
11	1	3	1	3	2	1	14



DIVISIONAL EXECUTIVE SUMMARY

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

33Budget

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4895 - DPH Total	24,102,557	4,042,208	791,545	4,833,753	19,268,804	20%

3/3/2025

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



DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

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

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

Cermak's Patient Care Services presented their poster "Ectoparasites. The Challenges and Successes in a Correctional Setting" at the 2025 Ruth K. Palmer Research Symposium and Ann & Robert H. Lurie Children's Symposium. This is a huge step for Cermak. It is an opportunity to share our knowledge and work as we strive to set the standards for best practices in corrections.



Health Equity, Community Health & Integration

The Cermak HIV Re-entry Grant team hosted their annual site visit with the grant's administration agency, the Public Health Institute of Metropolitan Chicago (PHIMC). The visit went very well as Cermak was highly acknowledged for all the work that continues to be done for this patient population.

Cermak's Health Information Management (HIM) Department is partnering with colleges to provide students with Professional Practice Experience (PPE), Malcom X and UIC Student will be onsite in March and April to shadow HIM professionals to gain knowledge and insight about the HIM profession.



Patient Experience

Cermak and the Cook County Sheriff's Office (CCSO) are in joint preparation for the upcoming Mental Health Awareness Month, May 2025. There will be a variety of activities allowing for participation of both staff and patients.



Growth Innovation & Transformation



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

The Cermak Quality Improvement team continues to work with Service Line Directors on the 2025 Quality and Patient Safety Plan. This includes evaluation and potential modification of the departmental quality indicators and the identification of performance improvement projects.

Dr. Brian Conant was contributory presenter on a panel of experts discussing the subject of “Addressing the Mental Health Crisis Affecting Children and Teens.” The presentation was part of the Northwestern Settlement House Speaker Series. During the event, educators, mental health professionals, policymakers and community leaders discussed challenges and strategies for supporting youth mental health.

Press Ganey presented the fourth of five High Reliability Organization (HRO) leadership seminars to the Cermak Health Services leadership team. The topic covered was “Operational HRO Leadership”. The presentation was well received, and staff were heavily engaged in discussion with the facilitator. The Cermak Quality Improvement Team will lead the development of a huddle/learning board to be accessible by all staff. This board will display newly identified opportunities for improvement, problem resolution that is in process, and problems that have been successfully resolved - for continued measuring and monitoring of success.

Mya Barth, who is a current Mental Health Extern at the JTDC, was selected to receive a scholarship to attend the NCCHC Spring Conference. This was an incredibly competitive process with over 300 applicants.



Optimization, Systemization & Performance Improvement

Cermak Patient Care Services is finalizing the preparation for our 1st Midwest Correctional Health Conference. Frontline staff have been encouraged to submit poster presentations for this event. Currently there are 5 poster presentations. The conference has registered over 80 participants and includes three panelists.

The National Commission on Correctional Health Care (NCCHC) will be conducting a re-accreditation survey of the Cermak Health Services' Opioid Treatment Program on June 23-27, 2025.



Workforce: Talent and Teams

Dr. Chad Zawitz has been selected by the Public Health Institute of Metropolitan Chicago (PHIMC) as the 2025 Illinois Reentry Conference “Health Justice Legacy Award” recipient. This prestigious award aims to honor those who worked tirelessly, not only toward a more equitable and supportive reentry process but



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

also towards the eradication of HIV/AIDS among individuals returning to Illinois communities following incarceration.



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.

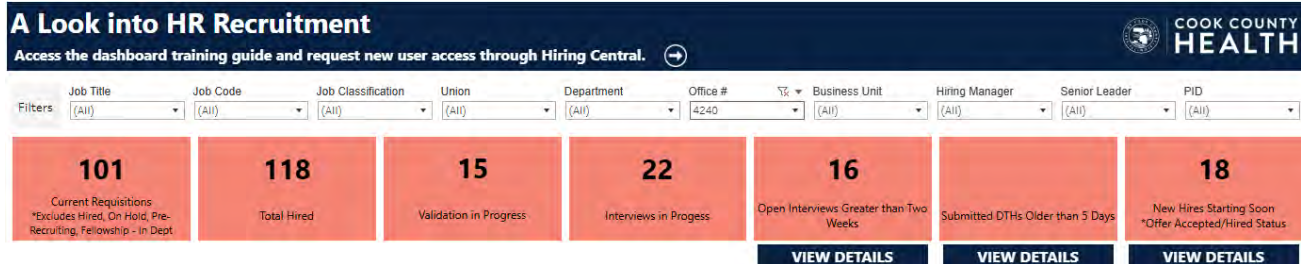


DIVISIONAL EXECUTIVE SUMMARY

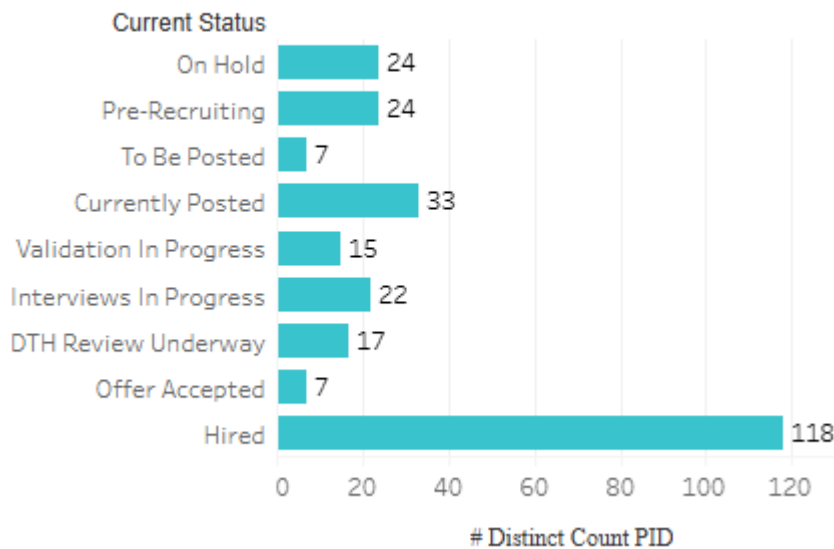
CERMAK HEALTH SERVICES

Human Resources Recruitment

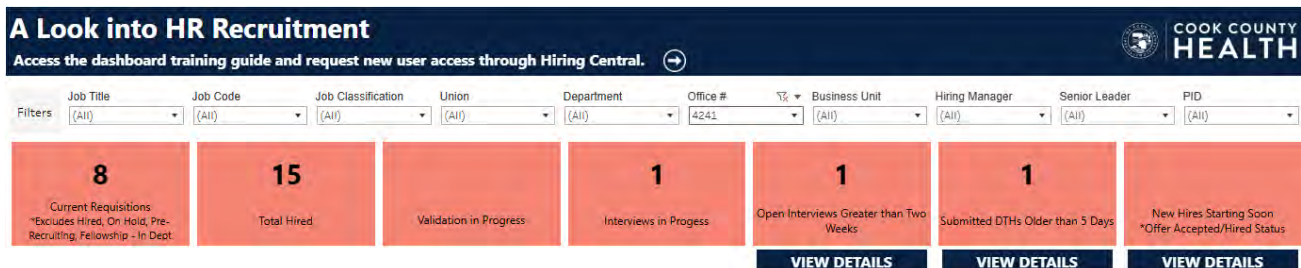
Cermak Health Services



What Stage are my Current Requisitions?



Juvenile Temporary Detention Center

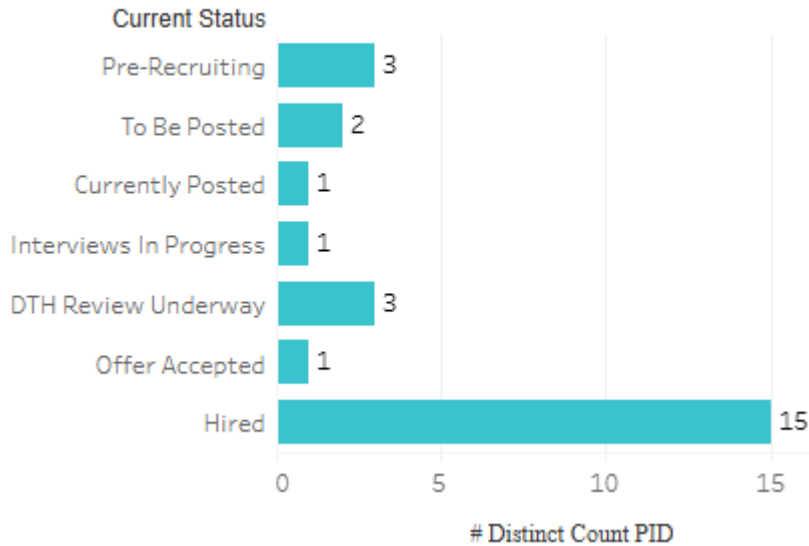


COOK COUNTY HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

What Stage are my Current Requisitions?



DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Budget

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

Office / Program / Account	FY24 Budget	Expense	Obligations (BPA's/PO's)	Funds Available	% Expended
4240 - Cermak Health Services of Cook County					
10155 - Administration (41195.4240.10155) Total	15,796,167	744,703	(30,993)	15,082,457	5%
13500 - Environmental Services (41195.4240.13500) Total	3,146,365	625,309	21,061	2,499,995	21%
13945 - Finance (41195.4240.13945) Total	257,253	52,402	-	204,852	20%
14915 - Human Resources (41195.4240.14915) Total	121,293	15,753	-	105,540	13%
15050 - Information Technology (41195.4240.15050) Total	284,240	59,007	-	225,233	21%
15435 - Laboratory Services (41195.4240.15435) Total	655,207	126,321	20,215	508,671	22%
15805 - Material Management (41195.4240.15805) Total	412,533	63,361	4,148	345,024	16%
15895 - Medical Administration (41195.4240.15895) Total	11,354,537	1,963,583	53,751	9,337,203	18%
17015 - Oral Health (41195.4240.17015) Total	2,554,714	428,203	20,825	2,105,686	18%
17170 - Patient Care Services (41195.4240.17170) Total	45,909,842	7,085,127	1,095,216	37,729,499	18%
17395 - PCS - Emergency Services (41195.4240.17395) Total	-	0	-	(0)	No Budget
17610 - Pharmacy (41195.4240.17610) Total	12,076,105	1,959,139	260,396	9,856,570	18%
18445 - Quality Assurance (41195.4240.18445) Total	1,100,620	194,228	-	906,392	18%
18485 - Radiology (41195.4240.18485) Total	965,483	146,150	-	819,333	15%
16005 - Health Information Management (HIM) (41195.4240.16005) Total	476,149	97,950	-	378,199	21%
16125 - Mental Health Services (41195.4240.16125) Total	18,281,060	2,442,623	26,000	15,812,437	14%
29165 - General Store Inventory (IV) (41195.4240.29165) Total	1,028,882	245,093	23,042	760,746	26%
Grand Total	114,420,451	16,248,953	1,493,660	96,677,839	16%

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	85,472	100	1,258,613	6%
16015 - Medical Services Administration (41197.4241.16015) Total	820,796	157,788	-	663,007	19%
17015 - Oral Health (41197.4241.17015) Total	366,805	70,779	-	296,026	19%
17170 - Patient Care Services (41197.4241.17170) Total	4,120,163	689,246	36,039	3,394,878	18%
10755 - Behavioral Health (41197.4241.10755) Total	4,414,193	693,764	48	3,720,382	16%
Grand Total	11,066,141	1,697,050	36,187	9,332,905	16%



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

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

Lead Executive: Aaron Galeener, Chief Administrative Officer, Health Plan Services
Reporting Period: February 2025
Report Date: March 21, 2025

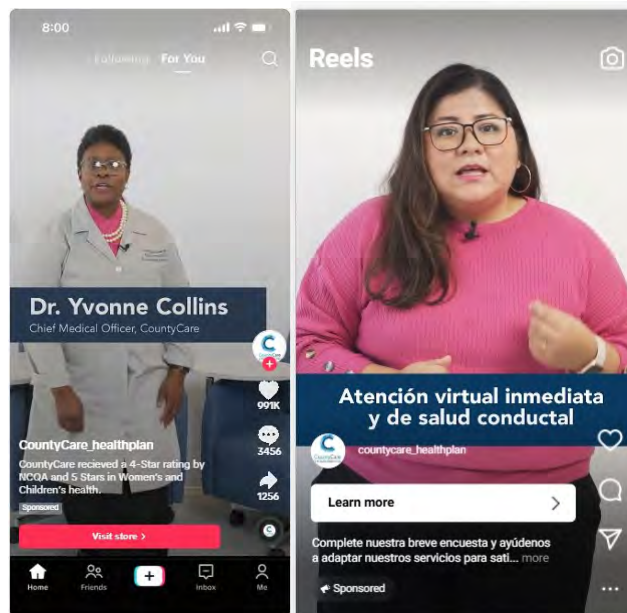
Strategic Initiatives • OKR Highlights • Status Updates



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 that contributes to quality Health Plan Ratings from the National Committee for Quality Assurance. The annual CAHPS survey allows 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 preparation for the survey launch in March, CountyCare created an online marketing campaign to educate members about the importance of the CAHPS survey. From Feb 7th to Feb 28th this campaign has over 560,000 impressions (those who see content) and over 282,000 views (those who engage with content).



Health Equity, Community Health & Integration

Flexible Housing Pool and CountyCare's Housing Strategy

As of 2024, nearly 32% of CountyCare members responded to a health survey that they needed "help with food, clothing, or housing." Over 1,200 responded that they were unhoused or living in a shelter. Housing



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

instability is likely underreported in the health plan data. To help overcome barriers to housing, CountyCare invested \$8 million in the Flexible Housing Pool (FHP) over the past 5 years.

The FHP is a partnership of philanthropic organizations, public entities (city/county/state government), and private entities (hospital systems).

- CountyCare is currently housing 64 members through this investment in the Flexible Housing Pool.
- CountyCare is funding 117 members in transitional housing.
- CountyCare has selected two new housing partners to offer transitional housing, permanent supportive housing, and wraparound services.



Member Experience

New Outbound Call Center

In February 2025, CountyCare successfully onboarded a new outbound call center to perform welcome calls to the health plan, health risk screenings, and help members get connected to preventive care.

This new partner launched in mid-February and is already seeing great connection rates with:

- Over 14,800 call attempts (3 attempts per person).
- 28% of calls successful.

The new outbound call center started with calling new plan members to welcome them to the plan and offer to do a health risk screening. CountyCare will add additional call campaigns in the future, including calling:

- Members to schedule visits to close healthcare quality gaps in care (such as vaccinations, annual primary care visits, cancer screenings, and others).
- Prospective members (those interested in switching to CountyCare).
- Members due for redetermination of their Medicaid benefits.



Growth, Innovation & Transformation

Blood Drive

On February 26, CountyCare cohosted its first blood drive with Cook County Health at Provident Hospital.

- Twenty-one individuals registered and donated blood.
- Seven of those individuals were first-time donors.



**COOK COUNTY
HEALTH**

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

- Eleven units of blood were collected which will benefit thirty-three patients.
- Seven CountyCare staff volunteered for the event to help make it successful.



Optimization, Systemization & Performance Improvement

New Maternal and Child Health Provider Types: Doulas and Lactation Consultants

On December 19, 2024 the Illinois Department of Healthcare and Family Services released a provider notice with information on new maternal and child health providers: doulas and lactation consultants. CountyCare launched the following actions to streamline the onboarding of these new provider types:

- Assigned a project manager to facilitate provider onboarding.
- Distributed a survey to understand the current landscape of these providers.
- Outreached doula groups/organizations on how to enroll as a Medicaid provider.
- Developed a quick start resource guide (a new provider guide and FAQ).
- Hosted a webinar on January 28th for interested doulas and lactation consultants.
- Hosted a maternal and child health community stakeholder committee meeting.
- Provide technical support to any doula or lactation consultant with questions.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

CountyCare
A MEDICAID HEALTH PLAN

**DOULAS & LACTATION CONSULTANTS
MEDICAID PROVIDER TYPES**

Becoming a Medicaid Provider

- 1 CERTIFICATION**
Doulas must first be certified through Southern Illinois University (SIU). Experienced doulas should select the Legacy Pathway. Newer doulas should enroll via the Training Program Pathway. [Doula Certification Requirements](#).
Lactation Consultants must be board certified (IBCLCs, CLCs, or CLSs). Certification must be uploaded at the time of Medicaid provider registration.
Doulas and Lactation Consultants must also have a National Provider Identifier (NPI) in order to enroll. Information about [obtaining an NPI](#) is located on the CMS website. Need to register as Type 1 Provider.
- 2 REGISTER IN IMPACT (DOULAS)**
You can enroll in Illinois Medicaid Program Advanced Cloud Technology (IMPACT) as either a Servicing Provider (Associate with a Group Practice or Facility, Agency or Organization) or a Sole Proprietor (A provider that owns their own practice).
Note: Regarding Advanced Practice Registered Nurses: If you are an advanced practice registered nurse who is also a doula, you can bill using Evaluation and Management codes and do not need to enroll under the new provider type. Any other provider with NPI contact HFS at impact.hello@illinois.gov.
- 3 REGISTER IN IMPACT (LC)**
You can enroll in Illinois Medicaid Program Advanced Cloud Technology (IMPACT) as either a Servicing Provider (Associate with a Group Practice or Facility, Agency or Organization) or a Sole Proprietor (A provider that owns their own practice). Doulas and Lactation consultants will choose Health Support Professional as Provider Type.
- 4 CONTRACT WITH MCO**
To enroll as a provider with CountyCare you can submit a request to contract with us in our [Provider Contracting Portal](#). Note that you must have a valid and active Medicaid Number and NPI in IMPACT prior to requesting to contract. If you have any questions, please contact CountyCareContracting@cookcountyhhs.org. Once you submit a request to contract with CountyCare you will receive an email confirmation. Please allow up to 45 business days to fully process your request. All components of the application must be submitted. You will need to have your NPI handy.
- 5 BILLING**
Doulas & Lactation consultants services are billed electronically on the 837 Professional transaction. Both Doula & Lactation consultants must follow the [standing recommendation](#) issued by The State of Illinois. Taxonomy code for lactation services 174N00000X. Taxonomy code for Doula Services: 174D00000X.

MORE DETAIL REGARDING THE BILLABLE PROCEDURES IS CONTAINED IN THE [DOULA FEE SCHEDULE](#) AND THE [LACTATION CONSULTANT FEE SCHEDULE](#)

O:



Workforce: Talent and Teams

Staff Engagement Committee & Upcoming Staff Town Hall

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. 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. The staff engagement committee has planned and announced the following events in February:

- The first of four Health Plan Services staff town halls will be held in early March. These townhalls provide a forum for sharing critical information on team accomplishments, kudos, upcoming



**COOK COUNTY
HEALTH**

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

changes, and an opportunity to solicit feedback. March's town hall highlighted employee engagement survey results to staff.

- A Health Plan Services breakfast with leadership. This event allows Health Plan Services leadership to hear what matters to staff.
- Monthly mindfulness sessions. These events allow for Health Plan Services staff to take a moment to find peace and rest during their busy workday.
- New engagement programming, including Professional Headshots and Middyay Mingles (a series of events during the lunch hour that allow staff to connect and unwind).
- Quarterly newsletters.



Fiscal Resilience

Threats to Medicaid

On February 12, the United States House unveiled a budget resolution that directed the Energy and Commerce Committee to cut \$880 billion of its programs over the next 10 years. The Energy and Commerce Committee oversees the Medicaid and Medicare programs so there are concerns around cuts to Medicaid. We will continue to monitor any congressional actions.

Human Resources Recruitment

Of the 29 FY2025 positions in recruitment, 7 of the requisitions have been hired, 5 positions have interviews in progress, and 6 new hires are on track to start in the coming weeks. Since last month's update, 4 new team members have been hired. Health Plan Services continues to prioritize staff recruitment to ensure the continued success of the plan.

22	80		5	4	2	6
Current Requisitions *Excludes Hired, On Hold, Pre-Recruiting, Fellowship - In Dept	Total Hired	Validation in Progress	Interviews in Progress	Open Interviews Greater than Two Weeks	Submitted DTHs Older than 5 Days	New Hires Starting Soon *Offer Accepted/Hired Status

Budget

Health Plan Services' February membership of over 413,000 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 February:



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

Office & Account	FY25 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4896 - Health Plan Services						
CONTRACTUAL SERVICE Total	3,275,306,486	926,454,479	61,303,535	987,758,014	2,287,548,472	30%
OPERATIONS & MAINTENANCE Total	30,093	29,280	-	29,280	813	97%
PERSONAL SERVICES Total	49,465,405	9,718,637	-	9,718,637	39,746,769	20%
4896 - Health Plan Services Total	3,324,801,985	936,202,395	61,303,535	997,505,931	2,327,296,054	30%
Grand Total	3,324,801,985	936,202,395	61,303,535	997,505,931	2,327,296,054	30%

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: February 2025
Report Date: March 21, 2025

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- The American College of Radiology has awarded a 3-year accreditation to the Provident Department of Nuclear Medicine.
- In light of the recent workplace violence incident, Provident implemented additional security measures that consisted of wandering all entrants to the ED and installing the Lynx alarm system on desktop computers.
- BLISS, an EVS quality audit tool was implemented February.



Health Equity, Community Health & Integration

- On February 26, 2025, Provident held a well-attended blood drive in collaboration with CountyCare that kept the technicians busy throughout the day.



Patient Experience

- Identified a room as a model for upgrade to start the refresh of the Sengstacke Specialty Clinic. The model will test lighting, bathroom flooring, counter/mirror replacement.



COOK COUNTY
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DIVISIONAL EXECUTIVE SUMMARY

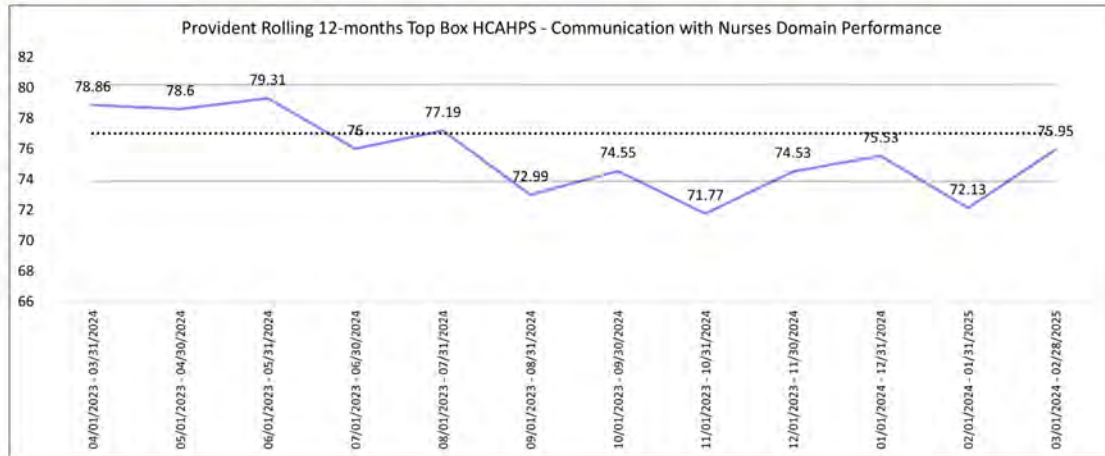
PROVIDENT OPERATIONS

HCAHPS Measures



COOK COUNTY
HEALTH

Rolling 12-months HCAHPS Top Box Score for Communication with Nursing Domain



Data Source: Press Ganey

Higher top box score is favorable

Data by received date rolling 12-months top box scores

- The is the 80th percentile with a stretch goal of 83.



COOK COUNTY
HEALTH

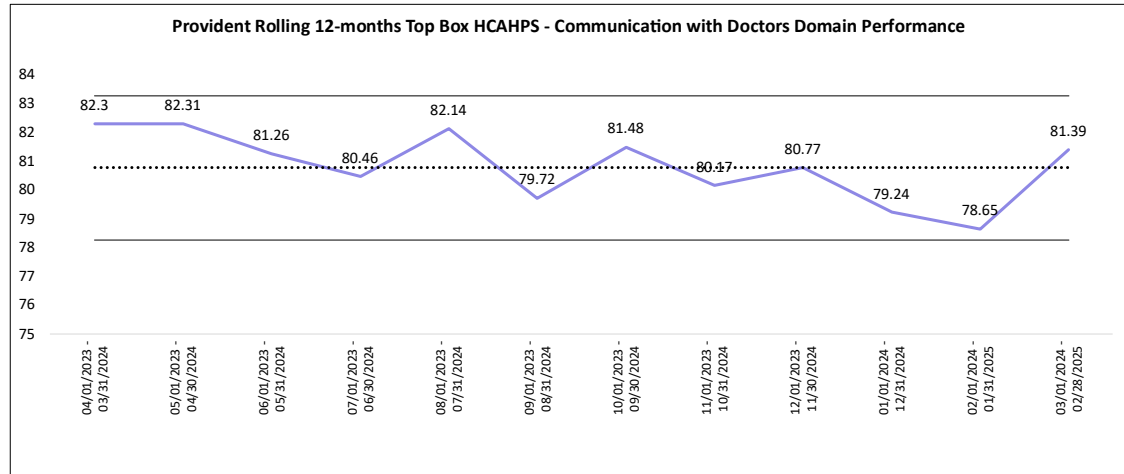
DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS

HCAHPS Measures



Rolling 12-months HCAHPS Top Box Score for Doctors Domain



Data Source: Press Ganey

Higher top box score is favorable

Data by received date rolling 12 -months top box scores

- The goal is the 80th percentile with a stretch goal of 85



Growth Innovation & Transformation

- Pain Clinic started on Wednesdays in February in the Sengstacke Specialty Clinic.



Optimization, Systemization & Performance Improvement

- The Surgery Optimization Group has identified cases for transfer to Provident in General Surgery and Gyne.
- As part of the surgery optimization, case preference cards are being aligned to ensure standard equipment and supplies are at both sites.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS



Workforce: Talent and Teams

- Recruitment is underway for 2 nurse coordinator/manager positions at Provident- 1 perioperative services and 1 Inpatient services.
- The new Director of Nursing-Behavioral Health, Dr. Susan Costello, will start in April.
- Onsite EAP services were provided to the Provident staff after the workplace violence incident.

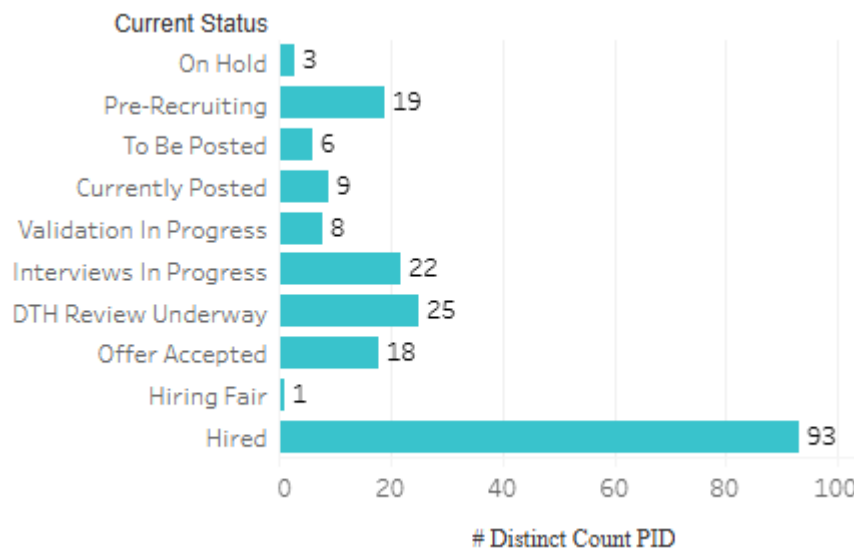


Fiscal Resilience

- **Agency use:** 2024 baseline 102.6 FTE's, February 88.7 FTE's (13.9 FTE reduction).
- **Average Length of Stay** – 2024 Average: 4.8; February 2025: 3.7

Human Resources Recruitment

89	93	8	22	16	2	14
Current Requisitions *Excludes Hired, On Hold, Pre-Recruiting, Fellowship - In Dept	Total Hired	Validation in Progress	Interviews in Progress	Open Interviews Greater than Two Weeks	Submitted DTHs Older than 5 Days	New Hires Starting Soon *Offer Accepted/Hired Status



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS

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	1,191,365	545,658	1,737,022	15,167,123	10.28%
Personnel	29,861,908	5,577,872	-	5,577,872	24,284,036	18.68%
4891 - Provident Hospital of Cook County Total	46,766,053	6,769,237	545,658	7,314,895	39,451,158	15.64%

The actual spend should not exceed 29.23% of the total budget at this point in the year.

Procurement

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: February 2025
Report Date: March 20, 2025

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- The Rehab Department began tracking dysphagia screener data for the Stroke Coordinator.
- The Laboratory will continue to work with hospital infection control team and Illinois Department of Public Health on monitoring of Influenza A (H1N1) viruses, influenza A (H3N2) viruses, and influenza B viruses.
- The Rehab Department created a document summarizing the clinical practice guidelines for lateral ankle sprain for adoption by clinicians which will include treatment interventions, outcome measures and diagnostic tests.
- There were no CAUTI, CLABSI and CDI in the Division of Med-Surg for the month of February.



Health Equity, Community Health & Integration

- The Laboratory's Point of Care Department provides regulatory oversight for tests at the Bronzeville Clinic which is set to open March 2025.
- Imaging has extended hours of service for breast screening exams up to 8 pm Monday through Friday and every Saturday from 8 am to 4 pm. We will have added seventy slots per week with this new schedule.
- Birth equity work continues with partnership and community outreach. The key leaders include Dr Ungaretti and Dhuyvetter partners.



Patient Experience



DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS

- The Laboratory leaders are developing a Laboratory Stewardship committee that will mirror the existing Pharmacy and Therapeutics committee to ensure that laboratory tests are performed on the right patient, at the right time.
- Stroger Press Ganey Rolling 12 months HCAHPS Top Box Score for Rate the Hospital is 72.42 through Feb. 28, 2025.
- Stroger Press Ganey Rolling 12 month % Top Box for Communication with Nursing Domain is 73.54 through Feb. 28, 2025.
- Stroger Press Ganey Rolling 12-month HCAHPS Top Box Score for Doctors Domain is 85.09 which exceeds the goal through Feb. 28, 2025.



Growth Innovation & Transformation

- We continue to see our volume of deliveries exceeding the budget. There were ninety deliveries in February.
- There has been continuous work in Clinic N, including furniture, supplies, setup, and assistance with patient flow. The team have received new tables to assist with patient care.
- Stroger laboratory automation refresh project includes Abbott Architect analyzers validated and moved to the automation line, Hematology DxH analyzers installed and connected to the automation line, updated Beckman Au chemistry analyzers will be delivered in April 2025 then validated and moved to the line system.
- System configuration for CT, CT Sim, Interventional Radiology and MRI has been finalized with Siemens. The Imaging leaders are processing the quotes through procurement and submitting these projects for approval to the upcoming Board meeting in March.



Optimization, Systemization & Performance Improvement

- The Rehab Department reviewed billing practice for Burn Class custom orthotics and identified errors in the billing codes for burn garments. The team is identifying the correct codes to use for appropriate billing.
- Laboratory Throughput initiative to monitor inpatient phlebotomy AM draws for minimal 80% completion by 7 am daily.



DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS

- The Imaging Division has started their Quality initiative to review scheduling delays and develop a plan for improving these services. The team is planning to review these monthly and determine if these changes are providing for a positive outcome.
- There is a roll-out of PACS workstations to help improve reading of imaging exams at the radiologists' homes. This implementation will help to improve morale and decrease our turnaround times for our current radiologist staff.
- We are in the planning process of replacing two linear accelerators, part of the planning will involve transitioning some of our patients to other locations for consistency of their treatment



Workforce: Talent and Teams

- The Rehab Department welcomes a Speech Language Manager, and two Rehab Managers participated in frontline leadership training courses.
- The Laboratory leaders are consolidating Job Codes 1841 and 1842, eliminating outdated job descriptions. Submitted pathology support service and autopsy technician job description to Class and Compensation for review.
- Nursing currently recruiting Director of Med-Surg and Director of Critical Care for Stroger.



Fiscal Resilience

- There is continuous work to reduce the use of agency nurses within the Critical Care Division. The team will have decreased agency by 20 RNs by the end of April 2025.
- The Interventional Radiology Department continues to collaborate with the Revenue Integrity Department. They have initiated our first phase of charge capturing of supplies used on the top ten exams performed in Interventional Radiology.
- The Imaging Division is currently working on MRI Safety codes that were approved in FY25. These charge codes are being evaluated, with the plan is to implement by April 1, 2025. There is an opportunity to add additional revenue with these added charges up to \$500,000 per year based upon current volume.

Human Resources Recruitment

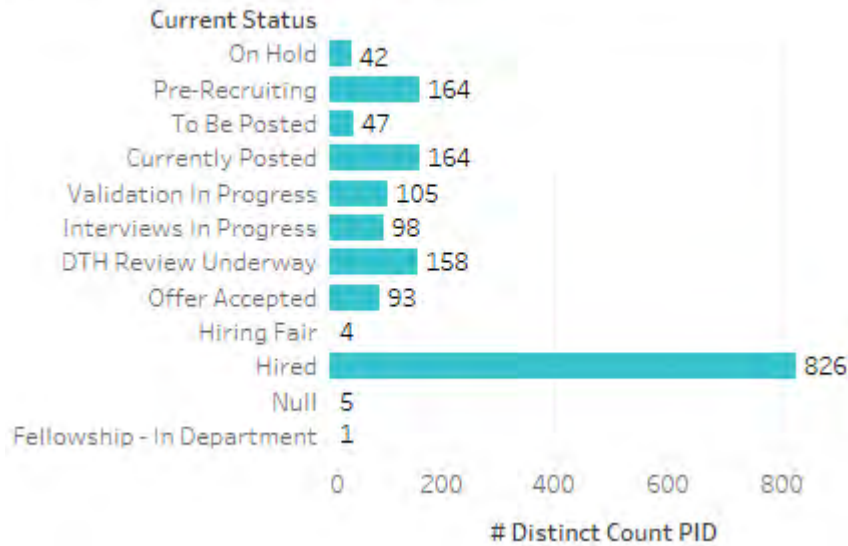
673 Current Requisitions <small>*Excludes Hired, On Hold, Pre-Recruiting, Fellowship - In Dept.</small>	826 Total Hired	105 Validation in Progress	98 Interviews in Progress	25 Open Interviews Greater than Two Weeks	20 Submitted DTHs Older than 5 Days	73 New Hires Starting Soon <small>*Offer Accepted/Hired Status</small>
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DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS

What Stage are my Current Requisitions?



Stroger Budget

Office / Program / Account	FY25 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
Grand Total	1,222,924,976	246,427,529	52,874,609	299,302,138	923,622,838	24%

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 4, 2025

ATTACHMENT #3

Strategic Plan 2026-2028



Agenda and Timeline

- Cancer Service Line Strategy
- Neuroscience Service Line Strategy
- SWOT Feedback



Service Line Strategies

Cancer Center

Urjeet Patel, MD; Medical Director
Erika Radeke, MS; Director of Operations



Purpose of Cancer Center Service Line

MISSION	VISION	VALUES
To provide the highest quality, integrated care across the cancer care continuum for the community we serve	To create a comprehensive cancer institute through clinical and operational leadership alignment, that serves as a fundamental pillar of Cook County Health	<ul style="list-style-type: none">• Health Equity• State-of-the Art Care• Patient Safety• Clinical Excellence• Patient-Centered Experience• Staff Engagement

FY2020: 5-Year Plan

2021	2022	2023	2024	2025
<ul style="list-style-type: none">✓ Build service line structure✓ Hire Director of Operations✓ Fill remaining vacant positions✓ Set Budget priorities for FY 2022✓ Resolve Coc Deficiencies for accreditation○ Stabilize Pathology/Radiology	<ul style="list-style-type: none">✓ Revenue Cycle for clinics and Infusion Center✓ Identify site-specific clinical leads✓ Develop Cancer Survivorship Program✓ Stereotactic Radiosurgery program✓ Operative Standards for Cancer Surgery✓ Robotic Surgery Program✓ Prevention/Screening programs throughout CCH network✓ Prioritize new positions 2023, incl. Med Director	<ul style="list-style-type: none">➤ Oncology Triage Clinic❖ Develop referral network for cancer patients outside of CCH➤ Lymphedema program development❖ Modernization of Breast Center and Mammography➤ Expand Rad Onc Facility and Footprint➤ Subspecialty Accreditation in Breast/Colorectal cancer✓ Reaccreditation Survey by CoC✓ Hire Medical Director	<ul style="list-style-type: none">✓ Collaborative responsibility over revenue cycle➤ Seek additional extra-mural funding through grant programs➤ Establish FNA clinic➤ NCORP Clinical Trials Grant: competitive application➤ Construction of new Cancer Institute➤ Genomics-Based Tumor Board✓ Renewal tumor registry contract○ New Linear Accelerator project	<ul style="list-style-type: none">○ Complete matured org chart○ Expand Quality and Research Divisions✓ Cancer Center Director➤ Fundraising



Other Accomplishments - Cancer Center

FY2020-FY2024

Recruitment of other key positions; Genetic Counselors, Clinical Psychologist, Social Worker, Survivorship APN, Dietician, patient navigators, and data analyst

Implementation of Supportive Oncology Programming (behavioral health, dietary, social work, survivorship)

Ongoing optimization of revenue cycle (Prior Authorization/Patient Registration/No Show Rate Reduction Processes)

Provided Lung cancer screening program navigation resource support

Brought in \$5,745,966 in NIH grant funds and enrolled 624 patients to National Cancer Institute clinical trials

Established administrative structures: leadership council, clinic & multi-disciplinary infusion center operations, Cancer Committee

Partnered with the Department of Medicine & Division of Hematology/Medical Oncology to stabilize service

Reduced 30-day re-admit from 21% to 19.86% (*Goal 18%*)

Received 2024 Patient Choice Award - highest performing clinic in 'Likelihood of Recommending' category

Implemented billing for Genetic Counseling services

Received transportation funds from the American Cancer Society for two years (\$80,000) – third year pending

First patient navigators trained/received certifications from ACS; will launch pilot program for coding/billing navigation services



New Services Added - Cancer Center

FY2020-FY2024

Revenue-Generating Services

- Clinical Psychology (*30 visits/week x 48 weeks = 1,440 new billable visits/year*)
- Clinical Psychiatry (*5 visits/week x 48 weeks = 240 new billable visits/year*)
- Dietary Support (*60 visits/week x 48 weeks = 2880 new visits/year*)
- Genetic Counseling (*Two genetic counselors added new revenue capture of approximately 1500 new billable visits per year (15 patients/week x 48 weeks = 720 new visits/counselor - 1440 new billable visits)*)
- Survivorship (*30 visits/week x 48 weeks = 1,440 new billable visits/year*)

Indirect-Revenue-Generating Services

- Social Work
- Patient Navigators
- Prior-authorization medical assistant



Cancer Center Overall Volume

Location	FY2022	FY2023*	FY2024*
PB Oncology Clinics	24,022	23,476	24,154
Infusion Center	14,785	14,554	14,556
TOTAL	38,807	38,030	38,710

****Annual volume fell due to Hematology staffing shortage in FY23 and FY24***

Planned Activities- Cancer Center

FY2025

Create, publish, and implement cancer-specific operational protocols for clinic and infusion center

Update chemotherapy order templates for oncology in accordance with NCCN Guidelines

Modernize Breast Center and Mammography

NCORP Clinical Trials Grant transition

Purchase ambulatory infusion pumps; optimization of infusion center

Implement reproductive health support in cancer survivorship care

Finalize modernization of Radiation Oncology & launch stereotactic Radiosurgery

Partner with Nuclear Medicine to fully implement Theranostic PSMA PET scans CCH

Partner with Pharmacy and Hospital Administration to open PB Infusion Center Pharmacy

Implement billing for patient navigation for oncology and potentially scale to other departments



Under Evaluation for FY2026-FY2028

Action Items

Launch CAR T-cell Therapy

Obtain subspecialty Accreditation in Breast/Colorectal cancer

Build external partnerships to improve access to care

Establish Oncology Triage Clinic

Expand screening awareness campaign

Improve operational efficiency and fiscal responsibility across service line and continuum of care

Submit competitive renewal of NCORP Clinical Trials grant

Expand Infusion Center geography and volume

Launch Genomics-Based Tumor Board

Establish Lymphedema & FNA clinics



Service Line Strategies

Neurosciences

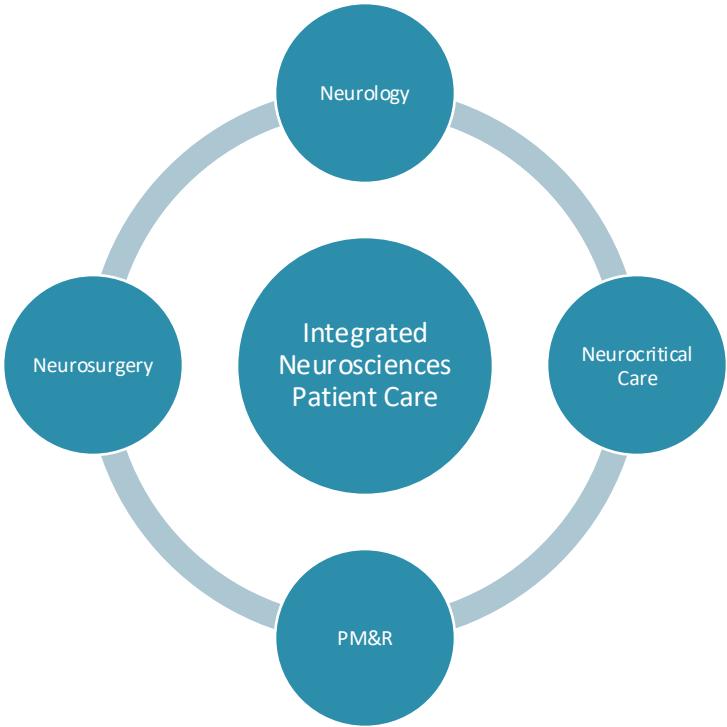
Sohel Ahmed, MD

Annmarie Caulfield, MBA



Purpose of Neurosciences Service Line

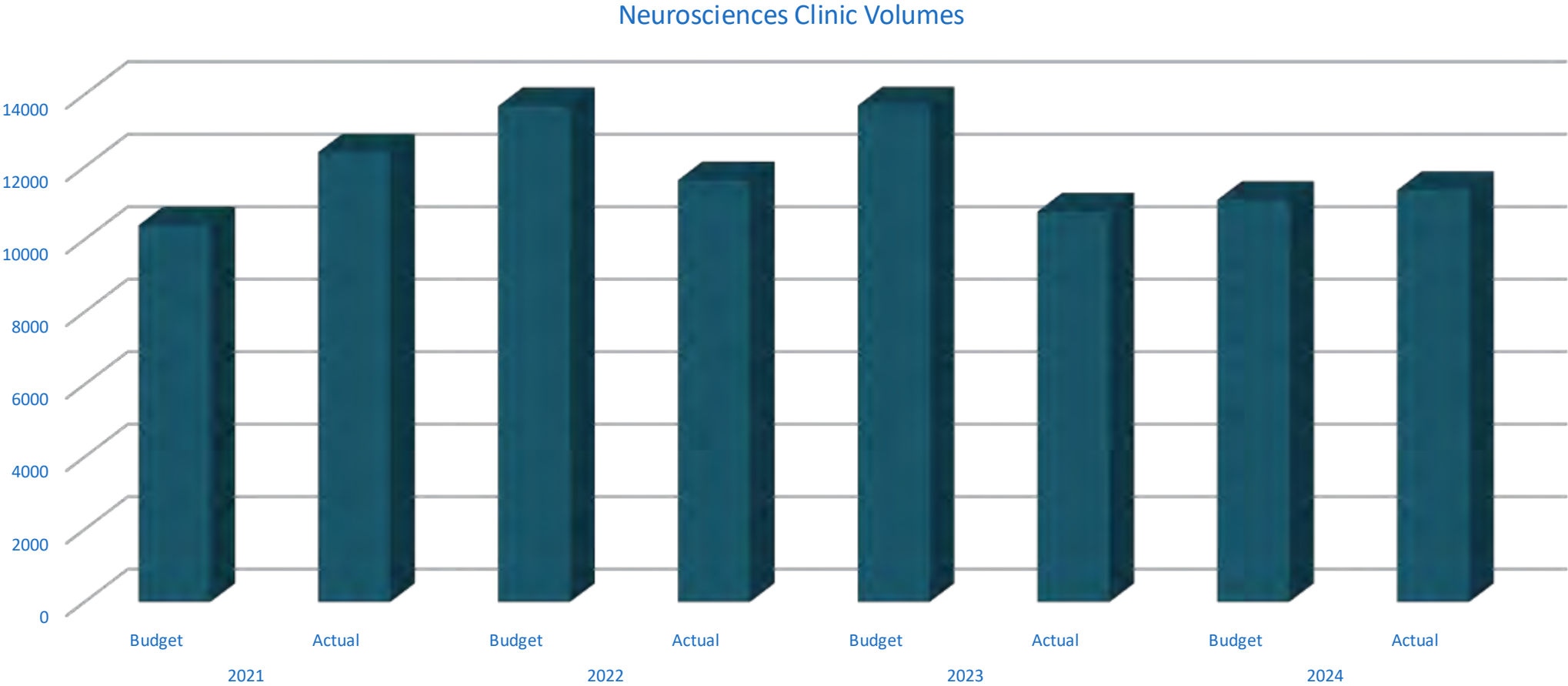
Purpose: To align all clinical and non-clinical sections of neurosciences to the mission and vision of Cook County Health to improve patient care.



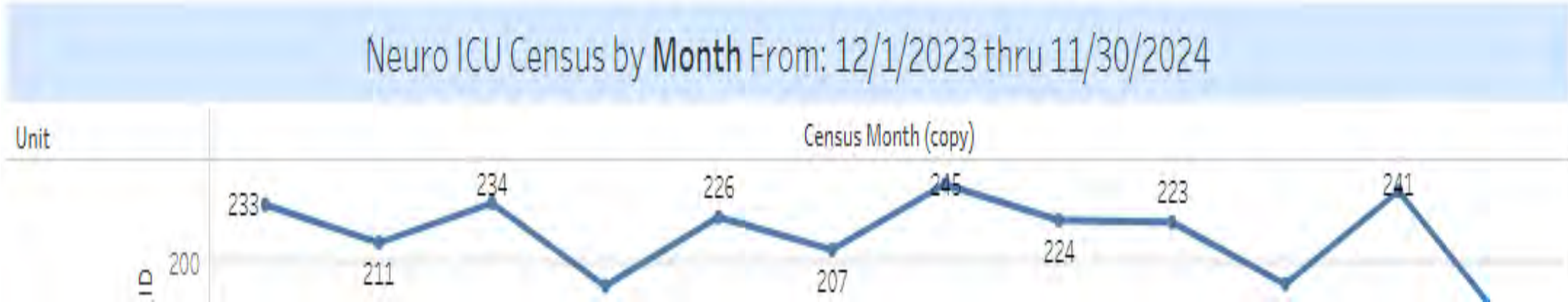
Neurosciences Service Line Goals and Accomplishments -- 2022 - 2024

- ✓ Began neurocritical care service
- ✓ Opened neuro-transfer service
- ✓ Opened tele-stroke services
- ✓ Implemented continuous EEG program
- ✓ Multidisciplinary clinics/service lines
 - ✓ Stroke is implemented
 - Brain recovery & movement disorders on track for 2025
- ✓ Built Provident outpatient clinic
- ✓ Expanded neurosurgery services – VNS program added
- ✓ Stroke floor/neuro-hospitalist service established
 - Apply for “Acute Stroke Ready” at Provident
 - This is on hold while a more accessible MRI is evaluated
- ✓ Hired Service Line Business Director, Medical Director, Neurocritical Care Medical Director & Attendings, Physician Assistants, Neuropsychologist, Neurosciences Social Worker, Stroke Attendings
- ✓ Opened of Neurosciences ICU
- ✓ Received the American Heart Association “Get with the Guidelines Stroke” Gold Plus Achievement Award

Neurosciences Clinic Volumes FY21 - 24



Neurosciences ICU Census FY24



*Neurosciences ICU opened on 12/1/23

Planned Activities- Neurosciences

FY2025

Recruit Neuro IR Medical Director and grow Neuro IR program

Partner with community hospitals to offer tele-neurology and tele-stroke services

Launch Brain Recovery Multidisciplinary Clinic

Expand VNS program for intractable epilepsy and other use cases

Under Evaluation for FY2026-FY2028

Action Item

Open an Epilepsy Monitoring Unit

Achieve TJC Comprehensive Stroke accreditation

Establish Cook County Health Neurology Residency Program



Strengths, Weaknesses, Opportunities and Threats

Community and Employee Feedback



Strengths

- Organizational commitment to the mission
- Community and patients
- Community outreach/engagement; use of social media
- Diversity and dedication of staff; quality of medical staff
- Gains in quality-of-care ratings
- Ability to address critical public health concerns for the most vulnerable populations
- Nursing pathways to excellence work and nursing training programs
- Network of services available to CountyCare members
- Training and pipeline programs, nurse training programs, graduate medical education programs and the Provident scholarship program
- Improved financial position
- Being part of County government

Weaknesses

- Timely access to services
- Reliance on agency staffing
- Administrative processes like hiring and procurement
- Ensuring community connections to services for discharged detainees from the jail
- Role definition, accountability, succession planning, training resources, teamwork
- Having sufficient clinical staff
- Allocation of business managers to clinical teams; providers doing business-related work
- Operating in silos/culture

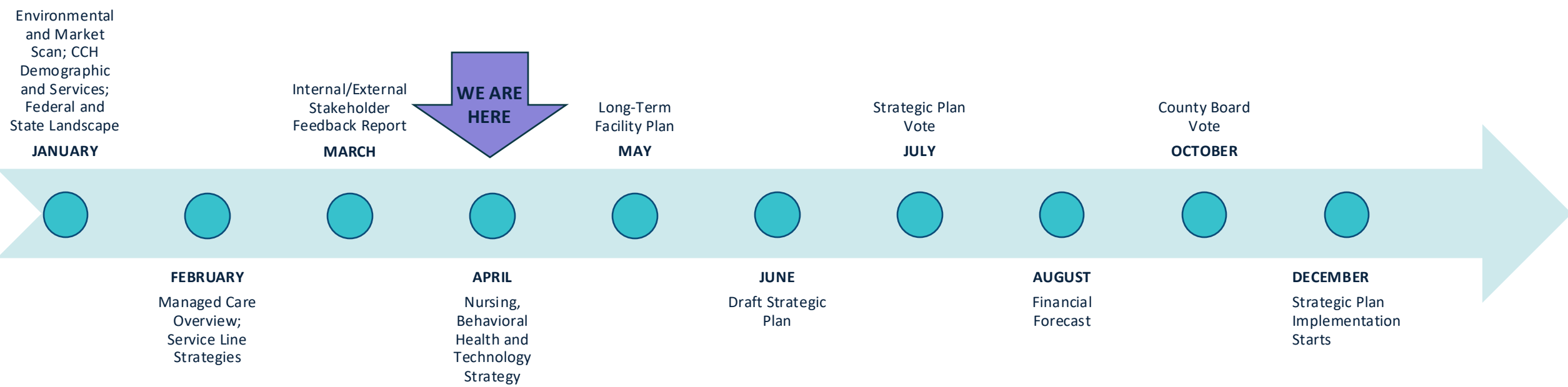
Opportunities

- Focus on population health; preventive health; Implementation of Value-Based Care arrangements
- Broaden ability to address health related social needs (housing, food, etc.)
- Ensure access/navigation to behavioral health resources
- Fiscal improvement opportunities: revenue cycle performance; grants/private donor support
- Diversify health plan products, provide services related to demographic changes
- Further leverage technology including telehealth/virtual health, artificial intelligence
- Leveraging technology for referral partners to allow for improved continuity of care
- Conducting scenario planning based on potential federal reductions to minimize patient/member impact

- Integration across the system; CountyCare utilization of CCH as a provider; Enhance synergy between CCDPH, CountyCare and CCH as a provider
- Expand accelerated hiring programs
- Build clinical research and complete transition from Hektoen
- Leverage partnerships with other healthcare organizations
- Clinical process improvements, utilization management and operational improvements
- Ensure appropriate escalation of concerns within CCH
- Provide services in the community; leverage community-based organizations
- Continued employee engagement and retention programs
- Continued commitment to maintaining a diverse workforce

- Changes to Medicaid eligibility requirements
- Federal policy changes/changes in reimbursement
- Growing uninsured and underinsured population to be served
- Healthcare workforce shortages
- Service reductions other healthcare organizations are making, especially other safety nets
- Reduced access to care for specific populations, including women, LGBTQIA, and immigrants, due to executive actions, changes in laws or closure of community service providers
- Decreasing vaccination rates
- Reduction or elimination in Federal Grants
- Worsening SDOH throughout Cook County
- Cybersecurity

Next Steps



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 4, 2025

ATTACHMENT #4

BOARD OF DIRECTORS MEETING

Employment Plan Office 21st Semi-Annual Report



Functions of Employment Plan & Employment Plan Office

Employment Plan: *manual containing structured processes for hiring and other employment actions applied systemwide*

- Prohibits discrimination
- Contains proactive processes and procedures (prevent opportunity for discrimination)
- Contains transparent processes and procedures (demonstrates compliance with applicable requirements, lawful decision-making)
- Requires collective bargaining agreements to be honored

Employment Plan Office: *a team of CCH employees who oversee and support compliance with the Employment Plan*

- Preparing Plan-related training materials and training employees
- Observing and auditing employment actions to assess compliance
- Developing strategies and procedures to achieve compliance
- Investigating and reporting on complaints of non-compliance with the Plan's procedures
- Providing feedback in the Employment Plan amendment process
- Preparing semi-annual reports

What is New?

Transparency

- ❖ EPO 21st Semi-Annual Report
- ❖ Website
 - Improvements with HR Quarterly Reports (more to come)

Policy

- ❖ Approved use of Accelerated Hiring pilot process for (formerly) Hektoen positions

New Resources

- ❖ Chief Human Resources Officer, Win Buren
- ❖ Direct Appointment job aids (for HR personnel and hiring leaders)
- ❖ Information Sessions: Training Opportunities & Overtime

EPO Monitoring - **HIRING**

Hiring Process	Issue(s) Identified	Resolutions and/or Recommendations
Revised Hiring Process	<ul style="list-style-type: none"> Inadequate documentation on ARP forms 	<ul style="list-style-type: none"> Offered coaching/re-education regarding ARP documentation requirements
Advanced Clinical Positions	<ul style="list-style-type: none"> Missing degree or certification information Missing or incomplete activity/contact logs Missing NPCC forms 	<ul style="list-style-type: none"> Will ensure that final screening process is covered in upcoming annual training of HR personnel
Revised Hiring Fair Process	<ul style="list-style-type: none"> Use of incorrect interview questions Use of paraphrased or otherwise unapproved modified questions (from the HR-approved interview questions) 	<ul style="list-style-type: none"> Offered coaching.
Direct Appointment	<ul style="list-style-type: none"> Tracking and enforcement of MQs that may be satisfied by candidates post-hire 	<ul style="list-style-type: none"> Recommended HR and hiring departments discuss, at onboarding, the distribution of responsibility for ensuring satisfaction of post-hire MQs
Medical Leader Appointment	<ul style="list-style-type: none"> No substantive concerns 	<ul style="list-style-type: none"> Recommended update the Plan list that identifies job titles eligible for the applicable hiring process
Executive Assistant	<ul style="list-style-type: none"> None hired in the applicable period 	<ul style="list-style-type: none"> N/A
Accelerated Hiring	<ul style="list-style-type: none"> Administrative error resulting in late hires DTH forms/NPCCs not signed 	<p>For permanent process, would recommend:</p> <ul style="list-style-type: none"> DTH form tailored to the hiring process Additional forms to demonstrate compliance

EPO Monitoring – NON-HIRING

Policy	Issue(s) Identified	Resolutions and/or Recommendations
Discipline	<ul style="list-style-type: none"> • Possible failure to follow progression • Incomplete documents/missing signatures • Missing attachments • PHI in file materials 	<ul style="list-style-type: none"> • Significant findings shared with HR for resolution • Discipline Resources Tool available
Interim Assignment & Pay	<ul style="list-style-type: none"> • Difficulty evaluating compliance due to policies that do not align • Apparent noncompliance not justified by citation to superseding CBA provisions. 	<ul style="list-style-type: none"> • Updates to policies and forms recommended
Reclassification	<ul style="list-style-type: none"> • Variation in documentation produced • Timeliness of documents produced 	<ul style="list-style-type: none"> • Workflow that provided for standardized documentation and timely production to EPO
Demotion	<ul style="list-style-type: none"> • No substantive concerns • Request for supporting documents 	<ul style="list-style-type: none"> • Request for documents pending
Transfer	<ul style="list-style-type: none"> • No concerns 	<ul style="list-style-type: none"> • N/A
Layoff & Recall	<ul style="list-style-type: none"> • None reported in applicable period 	<ul style="list-style-type: none"> • N/A
Training Opportunities	<ul style="list-style-type: none"> • Close, but not complete compliance with semi-annual NPCC reporting • Non-compliance with tracking requirement 	<ul style="list-style-type: none"> • Information Sessions provided • NPCC noncompliance reported to leadership • Process/tool improvements recommended
Overtime	<p>Close, but not complete compliance with semi-annual NPCC reporting</p> <p>Tracking not reviewed in current period</p>	<ul style="list-style-type: none"> • Noncompliance reported to leadership • Continued effort to achieve full compliance

EPO Investigations

Type	Number
New	12
Resolved	7
*Current Open Count	25

*Reduced from 130 in early 2023



What is Ahead?

Transparency

- ❖ Formal documentation of temporary and permanent amendments dating back to 2022 (incorporation into Plan)
- ❖ Website: HR Quarterly Reports (full compliance)
- ❖ Job aid related to virtual interviews

Policy Updates

- ❖ Continued modernization of Employment Plan and related implementational procedures (including permanent Accelerated Hiring Process)
- ❖ Updates to Supplemental Policies
- ❖ Development of workflow surrounding implementation of Third-Party Providers Policy

Training/Resources

- ❖ Updates to EP training (and job aids) as the Plan and Supplemental Policies are modified
- ❖ Training for Administrative Support (hiring process support)
- ❖ Training for HR Personnel (new and annual)
- ❖ Resources/Support for Training Opportunities & Overtime policies

Thank You!!!





March 14, 2025

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EMPLOYMENT PLAN OFFICE 21ST SEMI-ANNUAL REPORT

Dr. Mikaitis and Inspector General Paxton:

INTRODUCTION

This is the 21st Semi-Annual Report covering the Employment Plan Office's observations and activities between July 1 – December 31, 2024¹, and goals and new initiatives January 1 – June 30, 2025.

As you know, the Employment Plan ("Plan") and Supplemental Policies ("policies") contain employment action policies and procedures developed by Cook County Health ("CCH") over the course of a collaborative process providing for CCH's dismissal from the *Shakman* litigation², that detail system-wide policies, practices and procedures governing CCH hiring and other employment actions.

The procedures are (1) proactive, meaning that they are designed to support compliance with laws prohibiting political and other forms of unlawful discrimination (e.g., age, gender, religion, race) and (2) transparent, meaning that our leaders are required to document their processes and the lawful bases for their decisions.

The Employment Plan Officer ("EPO") is tasked with supporting compliance with the provisions and spirit of the Plan by:

¹ I have occasionally provided more real-time information throughout.

² *Shakman v. Cook County et al.*, 69 CV 2145. The lawsuit, pending for many decades, was brought as a response to the County's use of political patronage as the litmus test for all decision making re employment actions, e.g. hiring, firing, discipline, transfer, interim assignment, salary determination etc.). The County, including CCH, was released from the lawsuit in 2018 following many years of effort to create and implement the Employment Plan. The Plan, designed to create durable and transparent safeguards against future abuses, was drafted in a collaborative process between CCH, the Court, the County and the Plaintiffs.

- Preparing Plan-related training materials and training employees at all levels within the organization,
- Observing and auditing employment actions implemented by Human Resources (“HR”) and department leaders to assess compliance,
- Developing strategies and procedures to achieve compliance (utilizing an understanding of CCH’s business, organizational and staffing needs),
- Accepting, investigating, and reporting on complaints of non-compliance with the Plan’s procedures and responding to requests from the public for redacted reports,
- Reviewing and providing feedback related to any proposed amendments to the Plan prior to implementation
- Referring reports of political contacts and/or unlawful political discrimination to the Office of the Independent Inspector General (“OIIG”),
- Maintaining the Direct Appointment List (list of the positions that may be filled via appointment by the Chief Executive Officer) and reviewing proposed appointments for compliance prior to hire,
- Maintaining a current copy of the Ineligible for Hire List and responding to requests for same from the public, and
- Issuing public reports semi-annually addressing Plan-related activities for the reporting period.

Between January and June of this year, the Employment Plan Office continued to perform the functions detailed above.

EMPLOYMENT PLAN AMENDMENTS

• Updates to Exhibits

The Plan’s General Hiring Process is the most structured of all hiring processes and is the default hiring process unless a position is eligible for an alternative hiring process. Some alternative processes involve lists that a job title must be included on (by virtue of the job description meeting certain criteria) to be eligible for the process. For this reason, the lists must be updated. The criteria and process for inclusion varies from list to list.

The Direct Appointment List (Plan Exhibit 5) was updated once during the period and four (4) new positions were approved for inclusion. The Actively Recruited List (Plan Exhibit 2), the Advanced Clinical Positions List (Plan Exhibit 13), Certified/Licensed Healthcare Professional Positions List (Plan Exhibit 2) and the Department Division & Section Chair of Medical Department of Medical Staff List (Plan Exhibit 12) were not updated.³

³ We discussed with HR the need to review Exhibit 2 and Exhibit 12 for accuracy as neither had been updated for quite some time. Exhibit 12 was updated after close of the reporting period to reflect authority to use the

- **Procedural Amendments**

The Plan is a living document and may be modified by the Chief Executive Officer (“CEO”) as CCH’s needs change. The process requires written notice to the EPO and the OIIG of any proposed changes to provide an opportunity to review and comment on the proposed amendment prior to implementation. This typically takes the form of a version of the existing Plan produced by HR that proposes new or amended language in redline format. In this review process, the EPO and OIIG are looking to ensure that the new or amended procedure proposed is proactive and provides the level of transparency necessary to demonstrate CCH’s compliance with all applicable legal requirements. Once an amendment is approved, the updated document is posted to both CCH’s employees and the public via the CCH website and the Intranet.

Though there were no amendments in the applicable period, it is important to note that two temporary hiring process amendments and one permanent EPO investigation process amendment approved in 2022 have not made it into the official copy of the Plan that is published on the CCH website and Intranet. The EPO and OIIG approved implementation of these processes following a much less formal proposal process than it typically utilized given the circumstances at the time (urgent hiring needs due to pandemic and Great Resignation, along with short staffing in HR) with the understanding that HR would formally document and incorporate the approved provisions into the official copy of the Plan shortly thereafter. Unfortunately, this has never taken place and the inability to access a unified Plan document has caused confusion about what is required and permitted under the Plan.

We continue to raise this as a concern as documentation of all current CCH hiring processes in one unified, public document is necessary not only to provide for adequate transparency but also to support consistent and compliant implementation of all requirements. Also, to the extent that it has now been close to three years since the temporary “revised” processes were implemented, we recommend that CCH assess whether to revert to the permanent Plan processes, permanently adopt the revised processes, or propose other permanent processes.

INVESTIGATIONS

During the preceding reporting period we received twelve (12) new complaints and resolved seven (7) matters. As of the date of the filing of this report, the EPO has twenty-five (25) matters under investigation.

- **Pending Investigations**

The following table represents the data the Board previously requested for inclusion in this report: a list of outstanding investigations along with their respective dates of inception.

process described in VII.B for senior medical leadership positions with titles covered by that section (that had not been added to the list since the most recent previous update in 2017).

Investigation Number	Complaint Date
EPO2022-012	11/28/2022
EPO2023-004	02/01/2023
EPO2023-014	06/30/2023
EPO2023-022	06/26/2023
EPO2023-023	08/02/2023
EPO2023-024	08/25/2023
EPO2023-027	08/30/2023
EPO2024-006	04/29/2024
EPO2024-007	03/13/2024
EPO2024-008	06/13/2024
EPO2024-009	09/27/2024
EPO2024-011	08/05/2024
EPO2024-012	09/04/2024
EPO2024-015	10/28/2024
EPO2024-017	10/21/2024
EPO2024-018	11/01/2024
EPO2024-019	12/04/2024
EPO2025-001	01/04/2025
EPO2025-004	02/10/2025
EPO2025-006	02/13/2025
EPO2025-007	02/18/2025
EPO2025-008	02/18/2025
EPO2025-009	02/18/2025
EPO2025-010	02/06/2025
EPO2025-011	02/27/2025
EPO2024-010 ⁴	09/27/2024
EPO2024-014 ⁵	09/27/2024

We continue to prioritize catching up on the backlog of open investigations that accrued over time when our office was understaffed combined with competing priorities that arose due to the pandemic and the Great Resignation⁶. Along with the goal of resolving all new investigations within one hundred eighty (180) days, we have committed to resolving the oldest seven (7) investigations by the close of the current reporting period.

⁴ Resolved via Incident Report issued in current reporting period.

⁵ Resolved via Incident Report issued in current reporting period.

⁶ For some time, we prioritized working with HR to develop the temporary/revised processes that are still in place, as well as the job aids and training those changes necessitated.

- **New Investigations**

The newly opened investigations concern various allegations including, but not limited to, interview protocols, hiring decisions, nepotism, retaliation, HR process regarding applicants, and falsification of documents.

- **Closed Investigations**

The EPO is empowered to resolve complaints in a variety of ways in order to best serve all stakeholders. Although some complaints are resolved via EPO Incident Reports containing findings and recommendations for corrective action, many are resolved where the complainant has concerns about matters not involving the Employment Plan (e.g. harassment, toxic work environment, mismanagement, waste or fraud) and, with the complainants' consent, we make the appropriate referrals. Still other investigations may be closed where the complainant, subject or necessary evidence is no longer available. While we always communicate with every complainant to fully assess their concerns, we refer matters to appropriate authorities for resolution where we ultimately determine that the Plan is not implicated. Those authorities include Corporate Compliance, the EEO, the OIG or CCH management.

- **Outstanding Recommendations - Past EPO Semi-Annual Reports:**

- o EPO2020-029: In a report issued on June 28, 2024, we did not sustain a complainant's allegation that her lay-off was retaliatory. Part of what supported this finding was the evidentiary determination, which required interviews due to deficiencies in the documentation, that the individual who was alleged to have retaliated had not made the decision to include the complainant's job title in the lay-off. Because the form used in conjunction with the policy does not provide space for the decision-maker to identify the bas(es) for selecting the job titles impacted by the layoff, we recommended a revision to the applicable form to provide that information. We believe this would provide transparency where, as here, an impacted employee who is the sole employee in an impacted job title questions whether the decision was personal/retaliatory and not based upon an operational or budgetary reason as permitted by the policy. We also recommended additional spaces for NPCCs to be executed by individuals involved in the lay-off process after discovering through the investigative interviews that not all involved in the process had signed NPCCs (e.g., a leader coordinating the process and the leader-who remains to be unidentified-who ultimately made the decision to include the complainant in the layoff).

HR failed to respond within the timeframe permitted under the Plan to respond and we followed up several times over the course of 2024. HR responded on January 24, 2025, declining to modify the form on the grounds that the form is sufficient.

- o EPO2023-029: In a report issued on November 28, 2023, we recommended that HR develop a standard operating procedure for its staff and a related job aide for hiring managers for use when filling Direct Appointment positions. This recommendation was made to provide support necessary to prevent recurrence of the type of process

violations identified through that investigation. In its required response to the report, HR stated that it *intended* to follow the recommendation. By the conclusion of the applicable reporting period, more than a year after issuing that report, the recommendation had not been implemented.

We wanted to highlight this delayed implementation to support our new recommendation that HR strictly adhere to the requirement regarding such responses. The Plan requires HR's timely response (30 days/60 with extension) to report whether they have implemented the recommendation or taken some other action rather than expressing an intention to act at some later time.

TRAINING

Previous semi-annual reports have outlined the multiple trainings that our office circulates or conducts in conjunction with HR: Employment Plan Training [overview for all staff]; Employment Plan Interviewer Training [for management and leadership]; Supplemental Policies & Procedures Training [for management and leadership]; and HR Training [for HR personnel].

The information below pertains to each type of training conducted:

- **Employment Plan Training**

This training, which provides a broad overview of the purpose, function and requirements of the Plan, is offered to new employees and included in annual training. It is up to date.

- **Interviewer Training**

CCH leaders are required to attend this in-person training within their first ninety (90) days and before participating in our hiring processes. This training is also offered to other eligible employees and agents with applicable approvals. During the applicable period, there were fourteen (14) in-person sessions, one hundred thirty-seven (137) employees were trained.

Annual training is required thereafter to maintain eligibility. Annual training will be offered and required in summer/early fall 2025 and confirmed in the EPO's next semi-annual report.

- **Supplemental Policies and Procedures⁴ Training**

Training on the Supplemental Policies, like training on our hiring processes, is required of all new leaders and annually thereafter. This training is also offered to eligible agents with applicable approvals. During the applicable period, there were twelve (12) in-person sessions, and one hundred seventy-eight (178) employees were trained.

Annual training will be offered and required in summer/early fall 2025 and confirmed in the EPO's next semi-annual report.

- **HR Staff Training**

New HR staff are required to receive comprehensive training on the Plan and supplemental policies within their first ninety (90) days, on any updates to the Plan and/or policies, and annually. During the applicable period, there were three (3) in-person sessions and fifty-one

(51) employees and third-party providers⁵ were trained. We identified that required training for some HR personnel is overdue, and achieving training compliance is a priority. HR leadership has committed to conducting trainings within the next month that will result in a catch-up.

Annual training for HR staff is overdue and is also a priority. We are actively engaged with HR leadership to finalize content and the schedule. Status will be provided in the EPO's next semi-annual report.

HIRING & EMPLOYMENT ACTIONS

Offering guidance on correct implementation of the Plan (and on how to address and/or resolve errors or other unexpected circumstances in a manner consistent with Plan principles) is a big part of what we do. We also observe/monitor employment actions in progress to assess for compliance and assist by providing direction and guidance as processes unfold. This prevents non-compliance in real time and serves as a form of training to prevent future non-compliance. We additionally monitor compliance with Plan requirements via review of documents. Our practice is to recommend corrective measures and/or advise the HR staff appropriate to assist with corrections, where appropriate.

Because the volume of hiring and other employment actions that we oversee is so high, we do not monitor and/or audit every employment action. Outside of processes we are brought into because of questions or concerns raised, we mostly implement monitoring and document review projects involving sampling designed to allow us to gain insight into where we can enhance trainings and resource materials to support HR and hiring department leaders.

These Employment Plan Office activities are summarized below.

HIRING

- **Revised Hiring Process**

The Revised Hiring Process is one of the two temporary hiring processes that was approved in 2022 that has not yet been formally documented and published in the Plan. This process was designed to speed up hiring, by requiring hiring departments to validate/screen for most General Hiring (entry level) positions and by streamlining interview documentation and the selection processes for both entry-level (General Hiring) and Actively Recruited positions.

- **Application Review Panel Packets**

We reviewed twenty (20) Application Review Panel (ARP) forms approved by HR. These forms are completed by the hiring department in the process of identifying individuals to interview. The result is their proposed interview list. Significantly, only those who meet all minimum qualifications ("MQs") for a position may be recommended, notations must be provided to provide transparency regarding the panels' determinations not to interview qualified applicants, and HR verifies that applicable requirements are met before approving the interview list.

Through this project, we identified noncompliance in six (6), or thirty percent (30%) of the packets. Noncompliance often took the form of missing information regarding candidate determinations or the basis for exclusion of candidates. We offered coaching to the respective departments and HR regarding the foregoing documentary omissions.

In the applicable period, we became aware of a great catch from the recruitment team. The Recruitment & Selections Analyst overseeing a particular requisition identified that a hiring department had scheduled interviews prior to completing the applicable validation and screening process that results in an approved interview list, and intervened before the interviews took place.

- Decision to Hire Packet Review

We randomly selected thirty-four (34) Decision to Hire (“DTH”) packets approved by HR during defined timeframes within the reporting period. These packets are compiled at the end of a hiring process to include the job posting, applications, and all documents involved in the interview and selection process and therefore provide for a comprehensive review of a hiring process. Through this project, there were four (4) requisitions in which either noncompliance was identified or questions were raised. Our concerns surrounded issues such as lack of interview notice to the EPO and OIG, inconsistencies with interview panelists during interview sequences (leading to selection meeting compliance issues), interview panelists who were not eligible to serve in this capacity, and missing interview notes or interview evaluation forms. We addressed these concerns directly with the hiring departments where possible and otherwise communicated these concerns to recruitment to prevent recurrence.

- Interview & Selection Meeting Monitoring

During the reporting period, we conducted real-time monitoring of thirty-three (33) interviews within ten (10) requisitions (3 of which were second-round interviews). We observed noncompliance in one (1) of the sequences where interview panelists did not ask the HR-approved interview questions verbatim as per the Employment Plan. We offered coaching in this instance.

We also monitored seven (7) selection meetings which flowed from the interview sequences identified above. No noncompliance was observed during the selection meetings.

Based upon our observations, we identified two areas for improvement that we intend to address with HR in the coming weeks: testing during interviews and interview question approval.

- Testing. We observed activities in interviews that constituted (or could appear to constitute) testing, despite that the Notices of Job Opportunity (postings) for the positions did not identify that testing would be incorporated into the hiring process. We intend to engage with HR to ensure a shared understanding regarding what constitutes testing to ensure that applicants receive notice of testing as well as the passing score/level of proficiency that must be demonstrated to be eligible for the posted position.

- Interview Question Approval. During interviews for a particular position, we observed that the hiring manager had received HR approval of a very large number of interview questions. Although there is no cap on the number of questions that may be asked, the expectation is that the interview panel will ask all candidates all questions approved by HR. Here, the panel asked only a portion of the questions. While it is fortunate that they asked the same questions of all candidates, we do not believe it is a best practice to secure approval for questions (which are populated on the Interview Evaluation Forms) that the interview panel will not ask. This creates potential for confusion that could result in a violation of the Plan. We recommend that recruitment ensure that hiring managers understand that they are to work from a discrete list of interview questions when an unusually large number are submitted for approval.

- Notable Miscellaneous EPO Observations & Guidance

- Through communications with a hiring department, we learned that the department was holding on to its Decision to Hire paperwork (rather than submitting it to HR) to provide a candidate additional time to submit documents proving eligibility for the position. Under the Plan, candidates are afforded only a small window of time post-interview to submit documents before disqualification is required. We provided the hiring department with guidance on the documentation necessary to memorialize the candidate's disqualification for failure to submit necessary documents in the applicable timeframe.
- One issue identified by EPO staff during the applicable period is that it can sometimes be challenging to evaluate certain compliance points when these activities are conducted virtually. We are working on a job aid to ensure that hiring departments clearly understand expectations in terms of measures to support the EPO's ability to optimize its observational capabilities under these circumstances (e.g., cameras remain on). Once implemented, this aid will be included in training handouts.

- **Advanced Clinical Positions**

The Advanced Clinical Positions hiring process is used to recruit and hire physicians and other clinical positions with job descriptions that meet the criteria for this. CCH may place positions with job descriptions that meet criteria for this fast-paced hiring process onto the applicable Plan list to verify authorization to use the process.

- Decision to Hire Packet Reviews

We sampled and reviewed twelve (12) requisitions resulting in DTH packets for positions filled via the Advanced Clinical Positions hiring process that were approved throughout the reporting period. As explained above, these packets are compiled at the end of a hiring process to include the job posting, applications, and all documents involved in the interview and selection process and therefore provide for a comprehensive review of a hiring process. We observed noncompliance in four (4), or twenty-five percent (25%), of the DTH packets. Noncompliance took various forms, including missing degree or certification information,

missing or incomplete activity/contact logs, and missing NPCC forms. We intend to cover final screening process in the upcoming annual training of HR personnel.

- Review of ACP List Compliance

After identifying several positions that had been filled via the ACP process despite failing to appear on the ACP List, which specifies the positions which may utilize this hiring process, we took a closer look to determine whether there was a pattern of noncompliance with the List. In a sample of fourteen (14), we identified four (4) that were filled via the ACP process without being on the ACP List. This concern was raised with HR leadership to ensure proper maintenance of the List, as well as HR's consistent adherence to the requirement to verify a position's eligibility for an alternative hiring process before implementing it. We will cover this with recruitment staff in the upcoming annual training of HR personnel.

- DTH Packet Targeted Reviews

The EPO occasionally identifies non-compliance in an active hiring process that is corrected. Such noncompliance may take the form of a failure to give notice of interviews, posting discrepancies etc. Where noncompliance is observed early in a process, we often conduct a full review of the final DTH packet at the conclusion of the hiring process, examining the packet comprehensively for all compliance points. We do this to verify the absence of any later noncompliance. In the reporting period, we completed two reviews under these circumstances.

- The first review was triggered by the hiring department's failure to provide notice of interviews. Our later review of the DTH packet revealed noncompliance in the activity log, specifically that it was missing critical information associated with the decisions regarding whom would be interviewed. Fortunately, no additional noncompliance was observed, and we offered coaching to the department in question regarding the activity log and interview notice requirements.
- The second targeted review yielded no additional concerns.


- Notable EPO Observations & Guidance

We noted the following good catch by HR: a hiring manager copied us on an email to a recruiter seeking to re-post a position with a clear intent to create an opportunity to hire a specific individual who had not applied to the initial posting. The recruiter responded appropriately and avoided a Plan violation.

- **Hiring Fairs**

The Revised Hiring Process is one of the two temporary hiring processes that was approved in 2022 that have not yet been formally documented and published in the Plan. This process constitutes a modification of the Plan's Hiring Fair Process and was designed to streamline volume hiring and provide the ability for applicants to apply, be screened, and receive contingent offers (if selected) all in one day.

During the applicable period, CCH held five (5) hiring fairs which included several departments. The EPO actively monitored three (3) hiring fairs. Prior to each fair, our office



reviewed the requests and supporting documentation to ensure that Plan-compliant fairs had been planned before approving them. Occasionally, we identified concerns which HR was able to rectify prior to each fair. Additionally, we made ourselves available to provide guidance or support as issues or questions arose. Finally, we evaluated and approved HR-proposed modifications that arose prior to many of the fairs. Modifications included the removal of PIDs (vacancies) no longer appropriate for the fair, the addition of PIDs, interview panelist substitutions and the like. We prioritized proposed modifications in order to respond in real time (same day) to each proposed modification.

While we are not staffed to monitor every hiring fair in person, we do conduct in-person monitoring, in conjunction with follow-up review of fair documentation, in a sampling of the fairs as part of our efforts to gauge overall compliance. Specifically, we monitor the functions related to: (a) registration, (b) interviews, (c) administrative verification, and (d) contingent offers. Each of these four areas of a hiring fair involves several administrative processes governed by the Plan and related HR procedures.

Following the fair dates, we examined records to assess compliance with recordkeeping requirements and to ensure that hiring fair documentation was itself compliant.

Fairs were mostly compliant, but we noted occasional noncompliance in interviews and related documentation. Regarding interviews, we observed several instances in which interview panelists either asked the wrong interview questions (usually questions approved for other hiring fair positions) or paraphrased or otherwise modified the HR-approved interview questions. It is important to ask the questions HR approved for the applicable position not only to ensure that all applicants are evaluated consistently but also because (due to the fast pace of the hiring fair process) the questions approved for a given position are designed to seek verification of the candidates' possession of the minimum qualifications for the position. Regarding documentation, there were several instances where DTH forms were not signed, and not all hiring-related documents were uploaded to the proper storage location following the fair.

We have since offered our feedback to HR to improve compliance in these areas and we look forward to seeing progress in future hiring fairs.

- **Accelerated Hiring**

As you may recall, Accelerated Hiring is a process that was proposed as a 6-month pilot in summer 2023. Though the Plan contained a hiring process for temporary hires when certified emergencies exist, there was a desire to permanently hire nurses on an expedited basis given the significant shortage that existed at that time. This process allowed CCH to hire applicants who demonstrated possession of all necessary qualifications in their applications without having to interview. That pilot was extended for an additional six months, meaning that such hiring extended into the early part of the applicable reporting period. Given the urgency of implementation, as well as the anticipated short-term of this process, this office did not require HR to produce a DTH packet for each hire following the practice used for our non-emergency hiring.

We reviewed a sample of two (2) requisitions that resulted in the execution of Decisions to Hire (the form that is a pre-requisite to making an offer). We chose the two because, at first glance, the electronic dates reflected for certain files appeared to reflect possible activity beyond the approved pilot period.

- Two late hires were identified. We determined that this was an administrative error and not substantive. The hires had properly applied within the pilot period and met all eligibility requirements. HR leadership explained that they acted immediately upon discovering that one employee continued to extend offers to candidates who had applied for vacancies assigned to the pilot following expiration of the pilot period.
- One requisition lacked documentation necessary to evaluate whether applicants were screened and made offers in the order set forth in the process. We intend to provide EPO recommendations to HR leadership to provide greater transparency relative to this critical compliance point should CCH choose to permanently adopt accelerated hiring.
- One concerning pattern identified was that the Decision to Hire forms were not signed. These forms are intended to be signed by the ultimate decision-maker and include critical NPCC language. Given that the decision-making process for this hiring process is different than the other hiring processes for which the form is used, we intend to engage HR leadership to discuss EPO recommendations for form modification should CCH move to permanently adopt accelerated hiring.

- **Direct Appointments**

Under the Direct Appointment process, the CEO may appoint individuals to the high-level, specialized professional positions that have been approved by the OIIG to appear on Exhibit 5, one of the Plan lists described above. Certain criteria must be met for a position to be eligible for inclusion on the list, and the appointee must meet all MQs identified in the job description.

In total, there were thirteen (13) direct appointment hires in the applicable period. We identified a couple of minor administrative errors that were quickly corrected.

Aside from our standard review of the qualifications of *new* appointees, we completed a targeted review to verify the qualifications of earlier appointees (and a statutory appointee) since, from time to time, these job descriptions permit a hire to obtain a minimum qualification within a certain time after hire. Going back to 2020, we identified that twenty-two (22) of the applicable job descriptions permitted satisfaction of at least one minimum qualification post hire.

- We quickly determined that all but six (6) of the appointees had satisfied all requirements prior to hire. Of the six (6) that did not, our inquiry to HR for post-hire documents revealed that one was past due on a training requirement and another one's training deadline was imminent and could not be met by the timeframe provided for in the applicable job description. This demonstrated that, prior to our inquiry, neither HR nor the hiring department had tracked and ensured satisfaction

of these post-hire MQs. Both employees were afforded additional time to satisfy these MQs.

- A third employee who also had a post-hire training requirement was found to have met the training requirement, but we incidentally identified in that review that it did not appear that the minimally required professional license had been secured prior to the commencement of employment as required. Our independent check yielded no evidence that the employee possessed the required license. Following our inquiry to HR, HR verified that the employee had never secured the professional license. CCH leadership determined that the employee could not continue in the position under those circumstances.

To ensure that post-hire MQs will be satisfied in hiring processes with MQs such as these, we recommend that HR and the hiring department discuss their relative responsibilities for ensuring satisfaction of post-hire MQs as the employee is onboarding.

- **Medical Staff Appointments**

This hiring process, which is similar to the process used for direct appointments, is used when our CEO and Board of Directors appoint a candidate to lead a department, division or serve as a section chair of the medical departments of the medical staff. Four (4) DTH packets were produced. We reviewed the packets produced and did not identify anything of concern.

- **Executive Assistant Appointments**

This hiring process is also similar to that used for direct appointments. A main difference is that the hires are appointed by the executive they are hired to serve rather than our CEO. No Executive Assistants were hired in the applicable period.

- **Emergency Hires**

The Plan contains a provision that permits CCH to hire up to one hundred (100) employees into positions on a temporary basis for up to 180 days total (if a 60-day extension is needed), without following one of the Plan's hiring processes, upon certification by the CEO that there is an emergency. While no specific process is required, CCH is prohibited from hiring based upon Political Reasons & Factors.

Early in the applicable period, we received a certification identifying an emergent need to hire up to one hundred (100) temporary employees into seventy-five (75) job titles⁷. We were advised that CCH did not ultimately utilize the Emergency Hiring process.

⁷ The certification explained that the need to hire emergently was related to the planned transition of CCH's grants portfolio from Hektoen Institute of Medicine, CCH's long-standing third-party grants manager. The emergency hires were needed to retain as many of the ancillary staff employed by Hektoen, whose positions Hektoen was eliminating, to ensure continuity of service as the grants transition and until CCH can initiate hiring processes to permanently fill the ancillary positions at CCH. For the most part, this temporary ancillary support was ultimately provided by a vendor. Once the transition from Hektoen is completed, CCH will hire permanent employees to provide these services via an applicable Plan hiring process.

Later in the applicable period, we received a 50-day extension request to keep one emergency hire who had been hired for anticipated 120 period in the previous reporting period. This did not represent a violation of the Plan. We subsequently verified that the emergency hire separated prior to the conclusion of the extension and the hiring process to permanently fill the vacancy has been completed.

- **Settlements & Awards**

Under the Plan, CCH may comply with any judgment, negotiated settlement of a claim, complaint or arbitral award that requires CCH to take an employment action with respect to a specific individual or individuals that would otherwise be contrary to the requirements of the Plan.

Late in the applicable period, we learned of three (3) union grievances that resulted in settlement awards requiring CCH to offer to convert current contractors to permanent employees so long as they satisfied all requirements, such as meeting all qualifications of the position. Absent valid settlement agreements, this type of non-competitive permanent hiring would violate the Plan.

It was publicly reported, just shortly prior to issuance of this report, that over 200 conversion offers had been made (with a significant majority resulting in acceptances), twenty-nine (29) had already onboarded, and that just over one hundred (100) more were scheduled to be onboarded in March and April of 2025. Much conversion-related work remains as of the issuance of this report. We will conduct a review at the conclusion of these processes to verify adherence to the limited exception provided for in the grievances. We will include our review in the next EPO semi-annual report.

A request to HR to produce copies of all other settlement agreements or awards that would justify employment actions within the applicable period that would otherwise be contrary to the requirements of the Plan is pending. We intend to engage HR and their legal team to discuss a workflow that will provide us with an opportunity to more routinely review and assess employment actions implemented subject to this exception.

- **Letters of Recommendation**

The Plan requires the EPO to review all letters of recommendation (“LORs”) submitted by applicants and candidates and forward any that constitute a Political Contact to the OIIG. Hiring departments are trained to forward LORs to us upon receipt (as opposed to after the hiring process) so that a determination may be made as to whether the recommendation is a Political Contact that must be reported to the OIIG. Only valid recommendations may be considered by our hiring teams. No letters were submitted in the applicable period.

OTHER EMPLOYMENT ACTIONS (SUPPLEMENTAL POLICIES)

- **Demotion (#02.01.20)**. One (1) demotion was reported to us for the applicable period, and we did not identify anything of immediate concern in the documents submitted. We issued a supplemental request to HR to produce documents cited on the form to support the

approval (EEO report) and to demonstrate the employee's qualification for the demoted position (resume/CV). This request is currently pending.

- **Discipline (02.15.15)** We reviewed a sampling of sixty-three (63) discipline packets⁶, including all thirty-three (33) terminations executed during the applicable period.

When we review discipline, we identify anything inconsistent with the Disciplinary Action Policy, the related personnel rule, and/or HR's implementational procedures. Some of what we identify includes actual or apparent violations that do or could impact validity of the discipline issued, while others are more administrative in nature - meant to support HR's tracking and maintenance of discipline.

Some of the findings, which we consider more administrative in nature, include failing to complete certain data fields on the applicable form (e.g., the employee's employee identification number). The more significant deviations we sometimes see include failing to secure the appropriate approvals (or failing to document that requisite approvals were secured) before issuing to the employee, failing to provide all required documents to HR (e.g., evidentiary statements, Hearing Officer Decision) so that its file is complete and so that compliance may be verified, failing to follow the required progression of discipline, citing an employee for infractions inconsistent with the findings of a Hearing Officer, or including Protected Health Information (PHI) protected by the Health Insurance Portability & Accountability Act.

Based upon our review, we identified the following:

Discipline July -Dec 2024	Total
Total Sample Reviewed	63
Total Terminations (all terminations were reviewed)	33
Concerns Identified	Total
Hearing Officer Decision not attached, where applicable	2
Pre-Disciplinary Notice not attached, where applicable	7
Witness signature not provided, where applicable	8
Late submission to HR (after 5 days)	11
Other supporting documents not attached, where applicable (e.g., timecard for attendance discipline)	6
Failure to verify Management Assessment completed	3
Union Affiliation not completed, where applicable	1
Hire date not provided	5
Missing or late Department Head approval of discipline	2
Protected Health Information included	1

Failure to identify policy infractions on form	1
Termination letter not attached, where applicable	1
EEO Report/ OIG Report not attached, where applicable	3
Investigatory Meeting Notice not attached, where applicable	1
HR Business Partner co-signature missing, where required	1

Though a team within HR conducts its own independent review of the completed discipline packets submitted to HR, these reviews may take place at different times than ours. We directed questions or concerns related to our most significant findings to the applicable team within HR so that they could follow up with issuing supervisors if necessary and as appropriate to correct non-compliance and provide guidance to support future compliance.

- **Grade 24 Positions: Classification (#02.01.21) and Salary Adjustments (#02.01.22)**

Grade 24 positions are high-level positions that are not subject to a designated salary schedule. The processes for setting and the adjusting the salaries are set forth in two of the Supplemental Policies.

- o Classifications

One of the two policies addresses how the salaries of new and vacant existing Grade 24 positions are set. An array of factors⁷ (including review of relevant market data) are considered when setting the salaries for these high-level/highly skilled positions. Based upon consideration of the factors, HR's Classification & Compensation team submits a recommended salary range (via a form) which must be approved by the CHRO. Approved forms are submitted to my office and the OIG when they are included in hiring packets. We most frequently see these forms in Direct Appointment hiring packets - which also include a separate form identifying the salary for the individual hire. We did not identify any concerns with documentation provided on the forms included in the Direct Appointment packets, or any of the thirty-one determination forms produced outside of those hiring processes.

- o Adjustments

The second policy governs how salaries of these positions may be adjusted and what factors may be considered in entertaining a request. Like the classification process, the process is initiated using a request form, and a review of market data is often involved. The CHRO evaluates the request and makes a recommendation to the CEO for review and approval.

Ten (10) Grade 24 salary adjustments for the applicable reporting period were produced for our review.

- Seven (7) of the requests for adjustments produced were for medical leaders. All were based upon alignment with the current market and/or internal equity. All were approved by the CEO based upon HR's recommendation following the completion of market studies and internal analysis.

- Three (3) of the adjustments were for non-physician leaders, and all were approved by the CEO based upon HR's recommendation following market and internal analysis.

The market data and HR's analysis resulting in the recommended adjustments were not included with the document production. We also noted in one instance, where the request was based upon the need to add additional duties to the job description, the update to the job description that would justify the increased salary was not included. We have addressed with applicable HR staff that we would like to see the production of documents in connection with salary adjustments to be standardized to include production of all supporting documents and data (e.g., market data, internal data (equity assessment), HR's analysis of market and internal data and other relevant factors, updated job descriptions) so that we can verify the existence of documentation necessary to provide adequate transparency regarding the decision-making process. HR was agreeable.

We identified that copies of adjustment determinations were not produced to the OIIG as required by the policy. It is our recommendation that they be produced promptly⁸.

- **Interim Assignment (#02.01.16) and Interim Pay (#02.03.01)**

- **Background**

These policies govern the processes by which employees may be temporarily assigned the duties of another position, qualify for and earn interim pay, and the duration of same. They have been utilized much more heavily and for longer periods of time in the face of the hiring and staff retention challenges encountered since the onset of the pandemic and the Great Resignation.

In the past several EPO semi-annual reports, I have addressed concern with patterns of apparent non-compliance and the EPO's ability to assess and report compliance with these policies. The facts that the two policies do not align⁹ and that requests are approved despite vague and incomplete documentation on the forms submitted present significant challenges from a compliance oversight perspective. HR leadership has always acknowledged the need to address these policies and the applicable forms, but has not yet been able to do so. We hope that with the applicable HR leadership positions now fully staffed that these policies will be addressed soon.

We have routinely found these assignments, which are meant to be temporary (pending return of an employee on leave or pending the permanent hire of an employee into an identified vacancy), to significantly surpass the initial 6-month assignment period. While extensions are permitted in 3-month increments when justified, we find that many assignments are extended multiple times without any documentation regarding *why* the vacancy had not been filled since the last extension (e.g., that there has been recruitment

⁹ The Interim Pay Policy has been due for an update since 2014 and at least every three years thereafter.

activity that has not yet resulted in a hire). In many instances, we have found no documentation to suggest recruitment activity for a permanent hire had ever commenced¹⁰.

Also, in instances in which an employee has been assigned some “additional duties” from another position rather than receiving the assignment of an interim job title, reference to the official job title from which the duties were taken were not provided (with an applicable job description) and we were unable to assess whether the assigned employees are qualified to perform the duties and whether the duties themselves warrant additional pay under the policy (50% or more of the duties of a higher level job). We also found instances in which Interim Pay is approved retroactively even though the department did not submit the request to HR in advance as required¹¹.

Another pattern is the approval of Interim Pay for union employees, even though the Interim Pay Policy is expressly limited to non-union employees. As you know, full compliance with the Plan and policies is mandatory absent a superseding CBA requirement. The approval memos and forms for these employees use language such as “Per the CBA,” without identifying which CBA applies and a citation to the specific superseding provision. Without that information, we are unable to assess whether apparent non-compliance truly violates the policy or whether the approval was dictated by a superseding CBA authority.

The Employment Plan Office is not staffed to make inquiries and/or conduct investigations for each document review we complete when we are not able to ascertain compliance in the documentation produced. For some time, I have advocated that the forms for *all* employment actions require citation to any superseding CBA authorities to provide necessary transparency to anyone wishing to assess compliance. It has always been our position that, for every employment action, the applicable form (and required attachments) must demonstrate full compliance with applicable Plan requirements and that it should not be necessary to engage in investigative activity. I continue to recommend a review and update of the policies (and related forms).

Given the foregoing, and while confirming that many of our concerns persist, I am happy to report that we have seen some improved transparency in the documents provided for more recent assignments, and HR leaders have expressed genuine interest in addressing the concerns we have identified.

- Findings

In the applicable period, we received forty-three (43) Interim Assignment packets:

- Eleven (11) new assignments

¹⁰ The EPO is not staffed to open an investigation for every Interim Assignment that, on the face of the documents, is not clearly compliant. That said, we have at times looked outside of the four concerns of the paperwork produced for assignments with multiple extensions to see if there is any evidence of an intent or effort to fill a position – and come up empty handed.

¹¹ Timely submission and approval by HR is important, especially for new assignments, as there is a screening component and an employee should not be assigned, even temporarily, to perform duties he or she is not qualified to perform.

- Thirty-two (32) extended assignments
- Twenty-one (21) exceeded a year – thirteen (13) of which exceeded two years
- Fourteen (14) union employees earning Interim Pay
- Twenty-five (25) involved “additional duties”

- **Layoff/Recall (#02.01.17)**

HR reported that there were no lay-offs or recalls for the period covered by this report.

- **Reclassification of Positions (#02.01.11) & Desk Audits (#02.01.19)**

Reclassification is the process utilized when the duties of a position, series of positions, or a group of different positions (the principal job duties of which are substantially equivalent) have diminished, increased or otherwise changed due to circumstances not related to the performance or identity of any individual holding the position(s). We received twenty-nine (29) packets for requests for reclassification that were either approved or denied and either produced automatically or in response to our request for documents related to activity in the applicable period.

- In September 2024, we received a file containing denials of reclassification requests made for twenty-five (25) employees in the same union job title. The forms reflected that the denial determinations were made between October and December of 2023. HR’s justification for denying the requests was that what the leader was requesting an upgrade for the position (as opposed to a reclassification) – something that would have to be addressed through collective bargaining.
- The reclassification request for one of the other employees had been submitted to HR in late 2022 and was approved by HR in the summer of 2024 based upon a job evaluation demonstrating that the employee’s position had evolved. A list of reasons was provided to explain the lengthy review period, part of which were budgetary and part of which were more related to bandwidth. Despite the approval, it was determined that the reclassification could not be implemented without violating the employee’s CBA. The leader who submitted the request was directed to limit the employee’s responsibilities to those within her current job description.
- We noticed variation in the process-related documentation that was produced for each reclassification process. This resulted in the apparent failure of some participants to sign NPCCs as required. Also, while market data was produced, the packets lacked documented analysis to provide adequate transparency regarding analysis resulting in the final recommended range.

We have addressed with applicable HR staff that we would like to see the production of documents in connection with desk audits and reclassifications to be standardized to provide for more timely (closer to contemporaneous) reporting post-determination to ensure that compliance is evaluated and included in the EPO semi-annual report for the

reporting period during which a determination was made¹². Also discussed was the possible modification of an existing form to capture all NPCCs that must be executed for a desk audit/reclassification process in one place.

- **Third-Party Providers (02.01.18)**

This policy governs the retention and performance of those contracted to perform recruitment functions. No new Third-Party Provider contracts were executed during the applicable period. However, we learned of one contract that was executed in the most recent prior reporting period that did not follow all policy requirements (e.g., the inclusion of certain language in the contract and the execution of NPCCs). We determined that the circumstances surrounding this particular contract were unusual and resulted in an unintentional oversight. Though we did not learn of the contract until *after* the services had been provided, we evaluated the hiring process that involved the contracted services and did not identify any concerns with the service provided.

In past EPO semi-annual reports, we have recommended that HR develop a workflow to ensure that our office receives timely notice of the approval to develop a contract for procurement. This would not only to allow us to ensure that the contracts themselves are compliant with all requirements and that all required NPCCs are executed but would also to enable us to ensure that all individuals who provide service under the contracts receive required Plan training within the timeframe set forth in the Plan. We have historically found it difficult to provide oversight to ensure training given that we are not involved with contractor onboarding, are not physically stationed near HR, and many of the contractors work remotely.

I am happy to report that we are currently working with a project manager in HR who is leading the development of a workflow that will ensure that we receive timely notice and access to all information necessary to ensure compliance with this policy's requirements.

- **Training Opportunities (02.01.13) & Overtime (02.01.14).**

These policies exist to ensure that overtime and training opportunities are equitably distributed. Department heads are required to track how individuals are notified of opportunities, the criteria for selection, and who received the training opportunity or overtime (where foreseeable and not assignment-specific).

Unlike the other supplemental policies, NPCCs for these policies are not collected each time overtime or training is offered or assigned. Rather, NPCCs are collected semi-annually in an electronic format.

- **NPCCs.** NPCCs for both policies, circulated to two hundred thirty-one (231) department heads systemwide, were due most recently on December 15, 2024. As of the drafting of this report, just ten (10) were outstanding. This represents a greater

¹² HR staff also advised us that its internal protocol had been revised to prevent recurrence of a review period as lengthy as the one example contained herein.

level of compliance than we have seen at this stage in recent years. We still expect those who have not yet done so to meet policy requirements.

- **Training Opportunities.** Despite recent annual training (which included a review of this policy) and a new offering of informational sessions to support our leaders with implementational guidance, our review of the logs that were attached by those department heads who answered “yes” that they had assigned trainings covered by the policy in the applicable period showed that a substantial portion of our leaders still struggle with understanding what the policy requires.

Out of all the leaders who responded, just over twenty reported that they had assigned covered training and uploaded the required tracking log. A number this low suggests a failure to understand the requirements of the policy resulting in failure to maintain proper records. As detailed below, we intend to solicit HR’s partnership in finding a solution to improve training, ease the administrative burden, and improve compliance.

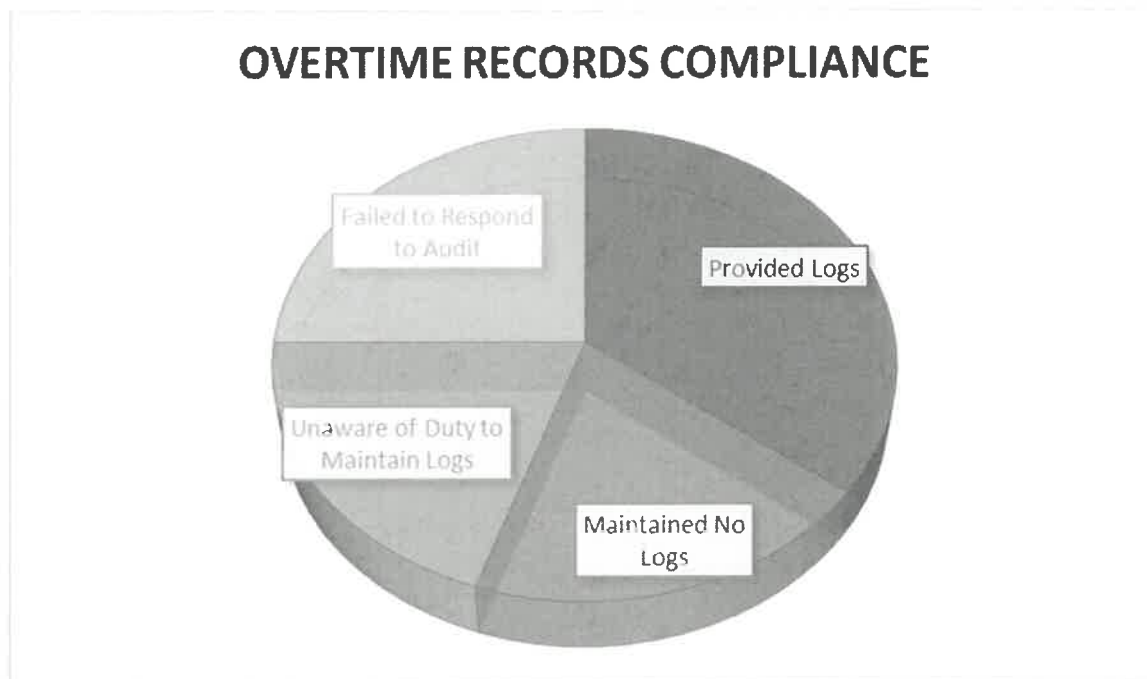
- **Overtime.** This policy governs the use of overtime for the small population of non-union employees who are eligible to earn overtime. It applies to foreseeable overtime assignments and contains various requirements such as prior management approval, opportunity for eligible employees (without any disciplinary suspensions in the preceding 12 months) to volunteer and that management shall equitably distribute overtime opportunities among staff. For our purposes, among the most essential requirements of the policy is that managers keep records of to demonstrate compliance with substantive requirements. The policy requires tracking on a designated log which was designed to streamline and simplify the managers’ task of creating and maintaining records demonstrating compliance with the policy.

To audit compliance with the policy, we identified a sampling of non-union employees who received overtime pay during the period of July 1, 2024, through September 30, 2024. From there, we identified the leaders responsible for offering and approving the overtime and maintaining records to demonstrate compliance. We then submitted requests to those leaders for copies of the logs and other required documents.

The results were mixed, as detailed below. Importantly, rudimentary recordkeeping compliance was rather poor. Less than half of the managers maintained any record at all¹³. Many of the logs which were maintained included basic information such as the date of the overtime and the names of those assigned but were missing important information regarding the nature of the work, notice of opportunity and employee screening and selection procedures. Several managers acknowledged awarding

¹³ The sample included a small number of employees whose overtime pay was de-minimis and usually the result of a late swipe-out. We have excluded those cases.

overtime but incorrectly believed they were exempt from compliance with the policy. Still others failed to respond to multiple records requests¹⁴.



Given the lack of record-keeping associated with the assignment of the overtime covered by this policy, it was difficult to assess compliance in other areas of the policy, namely whether advance notice was being given so all employees could volunteer, how employees were selected, whether employees were screened for disciplinary history or even whether the work performed was part of the duties normally assigned to the employee performing the overtime.

Based on the foregoing, we believe the log currently utilized to track implementation of this policy is insufficient to demonstrate compliance. The log, while helpful, is somewhat vague and would be improved with added detail in the form of checkboxes or other tools which enable the managers to log all required information.

We recommend that the log be modified to include sections for recording all information necessary to demonstrate compliance with the policy's requirements. We intend to work with HR on an acceptable update.

- **Transfers (#02.01.12)**

This policy requires leaders to provide notice to HR and the EPO when an employee or employees have been transferred (temporarily or permanently) to another work location within his or her assigned department and to provide information regarding the reason for

¹⁴ Failure to tender records requested by the EPO is a violation of Supplemental Policy 01.01.14 and the Employment Plan which we will address outside this report.

the transfer(s) and the bases for selecting the individual(s) transferred. One (1) such transfer was reported for the applicable period, and we did not identify anything of concern.

INELIGIBLE FOR HIRE LIST

The Ineligible for Hire List (List) is a list created, updated, and maintained by HR documenting former employees and contractors who separated from CCH (either through termination, resignation in lieu of termination or demobilization) for any of several reasons detailed in the Plan. The List is routinely reviewed by HR in hiring processes as part of validating the eligibility of candidates, and individuals on the list are ineligible to be hired at CCH for a period of five (5) years.

Several times during the applicable period, the CHRO reviewed terminations, resignations in lieu of termination, and contractor demobilizations to evaluate whether inclusion on the List was warranted. This resulted in five (5) List updates that were circulated. Overall, thirty (30) individuals were added and twenty-eight (28) were removed at the expiration of a 5-year period.

The Plan allows those identified for addition to the List to appeal the determination. Zero appeals were submitted during the applicable period.

Under the Plan, HR is required to provide notice to individuals who have been identified for inclusion on the List before their names are added and circulated to the recruitment team for use in the validation process. We identified a vulnerability in the administrative process that could result in individuals not actually receiving this notice *in advance*. After sharing this observation and concern with HR, HR updated its process to better ensure compliance with the advance notice requirement.

WEBSITE

The Plan specifies certain content and information that our website must contain, making it a primary required mechanism to provide transparency regarding our implementation of the Plan. Though significant improvement has been observed and reported in recent past EPO semi-annual reports, the following issue remains:

- **Quarterly Reports**

In previous semi-annual reports, I advised you the Quarterly Reports the Plan requires HR to produce did not include specific types of required data. This was due, in large part, to the fact that the report template did not include fields to capture all required data. After several discussions with HR leadership over time, technical and process-related factors limiting the ability to compile and report on the required data were addressed and we have seen dramatic improvement in the reports that have been generated. Transparency to the public is that much better for it. Just one data point remains to be included into the fabric of these reports: settlement agreements and awards resulting in employment actions that would otherwise violate a Plan requirement (e.g., the agency conversions described above).

We will continue to work closely with HR and its legal team to ensure compliance with this requirement. With the settlement-required agency conversions described above now under

way, a significant percentage of CCH hires in Q1 and Q2 of 2025 will be administered pursuant to the settlements and awards exception rather than Plan approved hiring processes. Updating the template and reporting settlement agreements and awards should be prioritized so that the upcoming Quarterly Reports will accurately reflect all hiring activity for those periods and the periods that follow.

The tables below synthesize the activity reported in the Quarterly Reports for Q3 and Q4 of 2024, which covers all but the final month of the applicable reporting period. The data for December 2024 will be captured in the Quarterly Report for Q1 of 2025.

HR Q3	New Hires	Rehires	Lateral Transfers	Promotions
Actively Recruited (ARP)	45	5	2	12
General Hiring	15	4	4	4
Direct Appointments	5	0	0	2
Advanced Clinical Positions (ACP)	6	1	1	4
Hiring Fairs	36	0	0	1

HR Q4	New Hires	Rehires	Lateral Transfers	Promotions
Actively Recruited (ARP)	107	8	10	19
General Hiring	38	0	13	12
Direct Appointments	1	0	0	2
Advanced Clinical Positions (ACP)	24	4	0	0
Hiring Fairs	26	0	0	1

NEW & UPCOMING

- **New**
 - **Chief Human Resources Officer (“CHRO”), Win Buren**, started in November 2024. He is off to a great start! He has been actively engaged with our team, and I am confident that we will continue to work well together to achieve our mutual compliance-related goals.
 - **Direct Appointment job aids.** Pursuant to an EPO recommendation, and with EPO support, HR developed job aids for both HR and hiring leaders to support compliance with Direct Appointment hiring. As of the issuance of this report, they have been finalized.

- **Hiring Manager Checklist.** An update to the comprehensive checklist for use by hiring leaders in implementing our most frequently utilized hiring process was recently finalized, in conjunction with HR, and will be available to leaders imminently via EPO training handouts, routine HR emails, and on Hiring Central.
- **Department Head Information Sessions.** For the first time, the EPO offered virtual information/support sessions for department heads relative to their responsibilities under the Training Opportunities and Overtime policies given our historic observations which revealed the need for additional guidance and support. Because this offering was not widely utilized and because the same types of noncompliance continued to be observed, we have decided it is necessary to go back to the drawing board.
- **Upcoming**
 - **Updates to the Plan.** As of the issuance of this report, we are actively engaged with HR leadership regarding: (1) a proposal to amend the Plan to include a permanent accelerated hiring process, (2) a proposed process exception (allowable under the Plan provision for Grant Funded Positions with EPO and OIG approval) to expedite hiring for vacancies created in connection with the transition of CCH's grant portfolio from Hektoen, and (3) the development of methods to attract and hire individuals impacted by lay-offs (such as those being implemented by the federal government).
 - **Training for HR Personnel.** This office and HR have prioritized a coordinated effort both to implement administrative efficiencies that will result in more timely Plan training for HR personnel and contractors and introduce new training content covering workflows that will address HR's implementation of the Supplemental Policies.
 - **Hiring Process Training for Administrative Support.** We developed training content for those who assist with administrative functions related to hiring (e.g., scheduling and facilitating interviews, providing required notices for monitorable activities, collecting documents, producing required documents to HR) and shared it with HR leadership. The next step is for HR to test the training with administrative personnel who have experience supporting hiring processes so that their feedback may be incorporated into the final product. We believe that offering this type of training to administrative support personnel will result in both improved compliance and a reduction in the overall time to fill positions.

EPO RECOMMENDATIONS

I have included several recommendations throughout this report. We recommend hope that the following may be achieved prior to conclusion June 2025 to be covered in the next EPO semi-annual report:

- **Unification of the Plan.** By updating the Plan to include formal documentation of all temporary and permanent amendments that were approved in 2022 and publishing it on the CCH website, HR will ensure that CCH is providing required transparency and

provide the resource necessary to ensure consistent implementation of all Plan requirements.

- Amending the Interim Assignment and Interim Pay Policies. Updating the policies and forms will ensure clear, defined, enforceable rules and that the documentation generated will be sufficiently transparent.
- Developing Workflows for HR's administration of the Plan and Supplemental Policies. Implementing standardized workflows for the HR staff that implement Supplemental Policies will ensure consistency and compliance.
 - We recommend highest priority be given to validation process and HR's implementation of the following Supplemental Policies: discipline, interim assignment and interim pay, reclassification/desk audit, grade 24 classification and adjustment, lay-off and recall, and third-party providers.
- Developing a Job Aid for each of the CBAs. By developing job aids for each CBA that details all provisions in the CBA that supersede an Employment Plan, Supplemental Policy or Personnel Rule requirement, HR and hiring managers will have ready access to the information necessary to properly implement employment actions governed by CBAs. These tools would also provide the EPO with the information necessary to assess whether apparent noncompliance with a Plan or policy requirement constitutes a violation or is a permissible process adjustment required to honor an applicable, superseding CBA requirement¹⁵.
- Updating all Employment Action Forms. As above, we believe it is critically important to update all employment action forms to require citation to specific conflicting CBA requirements when the documents produced for the employment action do not align with an applicable Plan or policy requirement.
- Improved Support for Implementation of Training Opportunities and Overtime Policies. By coordinating to develop processes to increase understanding and reduce administrative burden on leaders related to tracking and document maintenance required by the Training Opportunities and Overtime policies, implementation will be streamlined and compliance will improve.

CONCLUSION

We have work ahead of us but continue to move in the right direction. We will continue to work collaboratively with HR and other CCH leaders to support compliance and to formulate creative solutions to reduce the time-to-fill positions.

I will report further progress in September.

¹⁵ To our understanding, there are over twenty (20) individual CBAs, and superseding provisions often require employment actions that are a blend of CCH and CBA process. Without this type of guide, we are vulnerable to inefficient and noncompliant processes.

Sincerely,



Kimberly A. Craft

EMPLOYMENT PLAN OFFICER

cc: CCH Board of Directors *via* Deborah Santana, Secretary of the Board
Jeffrey McCutchan, General Counsel
Win Buren, Chief Human Resources Officer
LaShunda Cooperwood, Office of the Independent Inspector General

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 4, 2025

ATTACHMENT #5

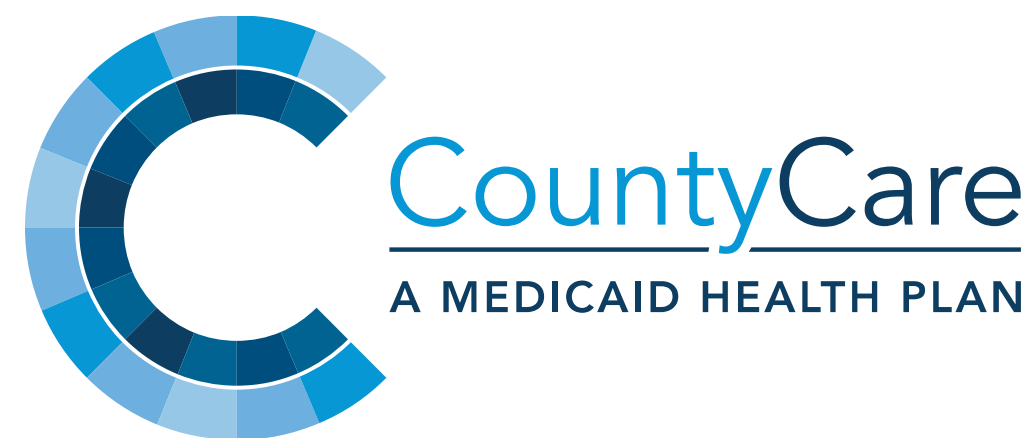
Health Plan Services Update

Prepared for: CCH Board of Directors

Cristina Turino

Interim Chief Operating Officer, Health Plan Services

March 28th, 2025



Metrics

Current Membership

Monthly Membership as of March 5th, 2025

Category	Total Members	ACHN Members	% ACHN
FHP	224,871	9,799	4.4%
ACA	102,746	10,649	10.4%
ICP	31,359	4,521	14.4%
MLTSS	9,877	-	0%
SNC	7,690	331	4.3%
HBIA	16,518	2,842	17.2%
HBIS	4,678	1,157	24.7%
HBIC	14,283	1,120	7.8%
Total	412,022	30,419	7.4%

ACA: Affordable Care Act

FHP: Family Health Plan

ICP: Integrated Care Program

MLTSS: Managed Long-Term Service and Support (Dual Eligible)

SNC: Special Needs Children

HBIA/HBIS/HBIC: Health Benefit for Immigrant Adults/Seniors/Children

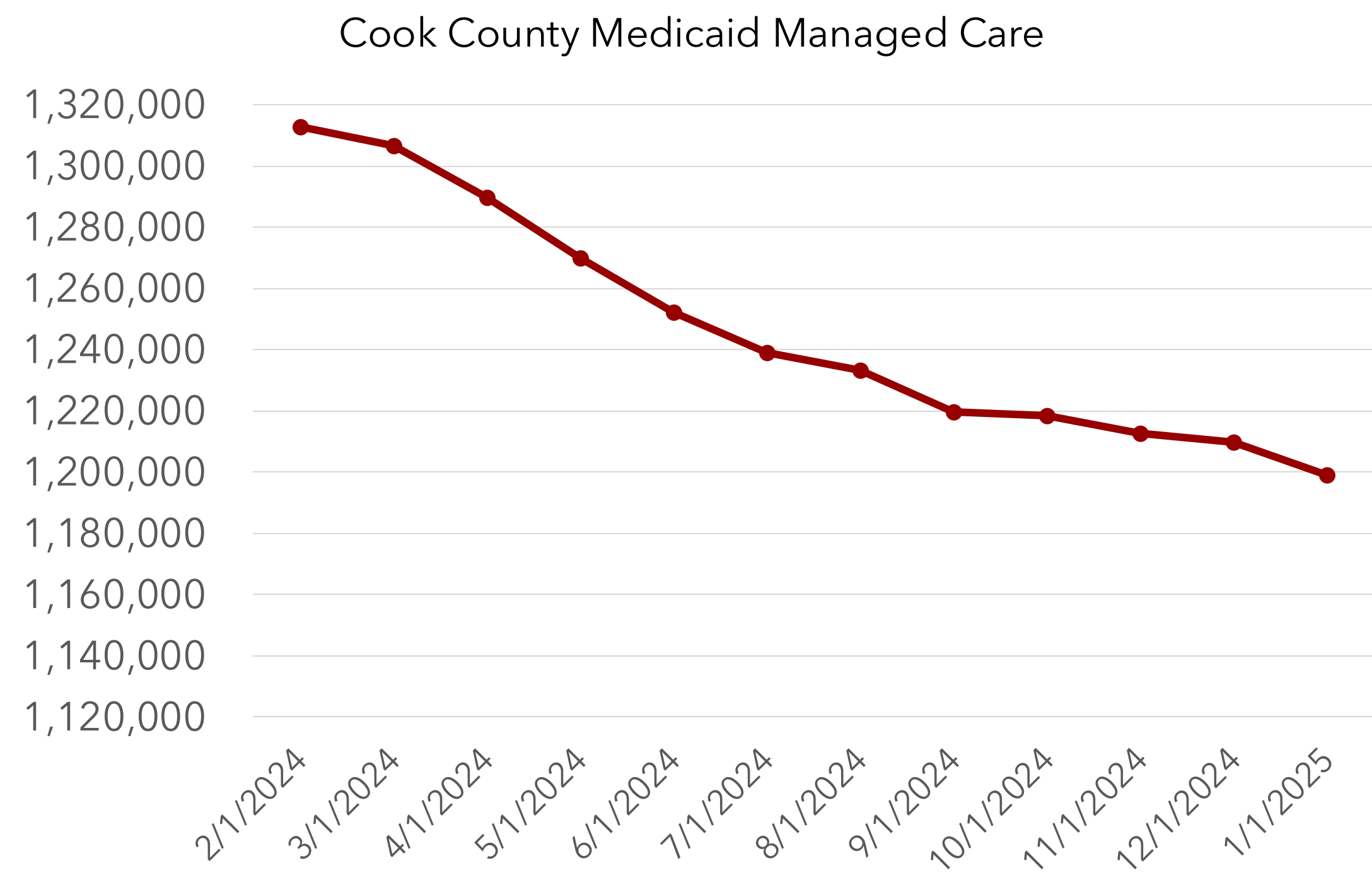
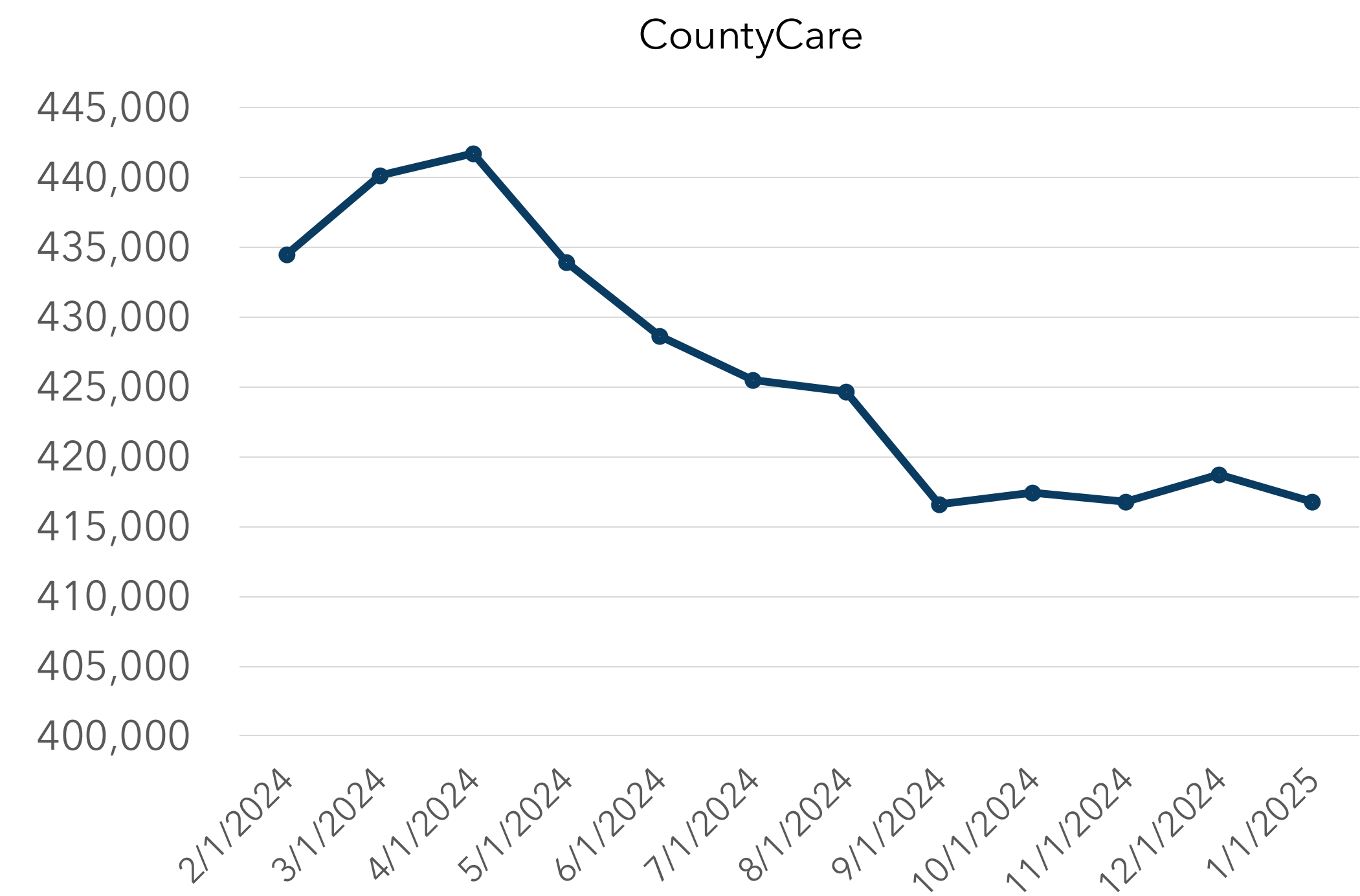
Managed Medicaid Market

Illinois Department of Healthcare and Family Services January 2025 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	416,758	34.8%
Blue Cross Blue Shield	332,993	27.8%
Meridian (a WellCare Co.)	251,897	21.0%
IlliniCare (Aetna/CVS)	107,813	9.0%
Molina	81,917	6.8%
YouthCare	7,857	0.7%
Total	1,199,235	100.0%

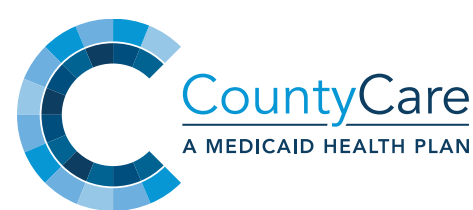
IL Medicaid Managed Care Trend in Cook County

Charts not to scale

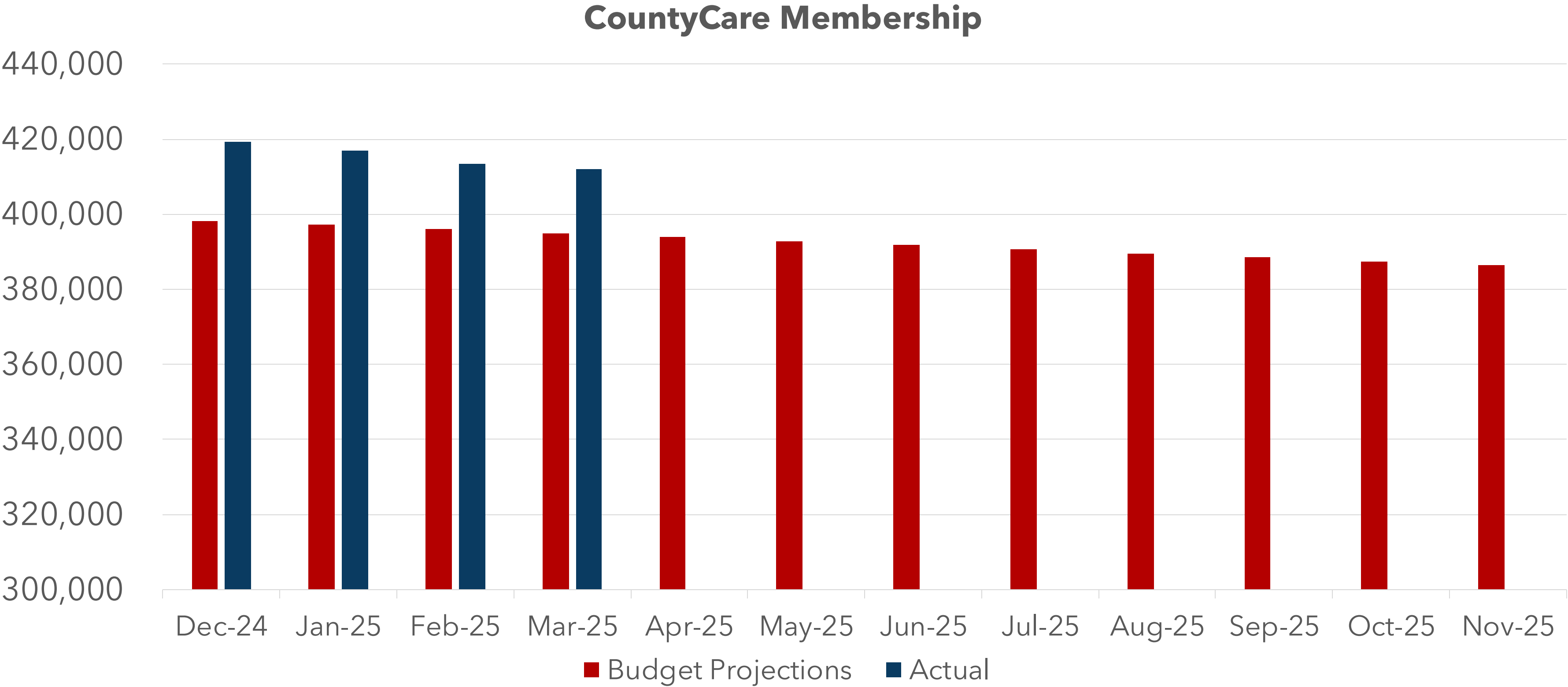


- CountyCare’s enrollment **decreased** 0.46% in January 2025 and is lower than Cook County’s **decrease** of 0.86%.

Source: [Total Care Coordination Enrollment for All Programs | HFS \(illinois.gov\)](#)



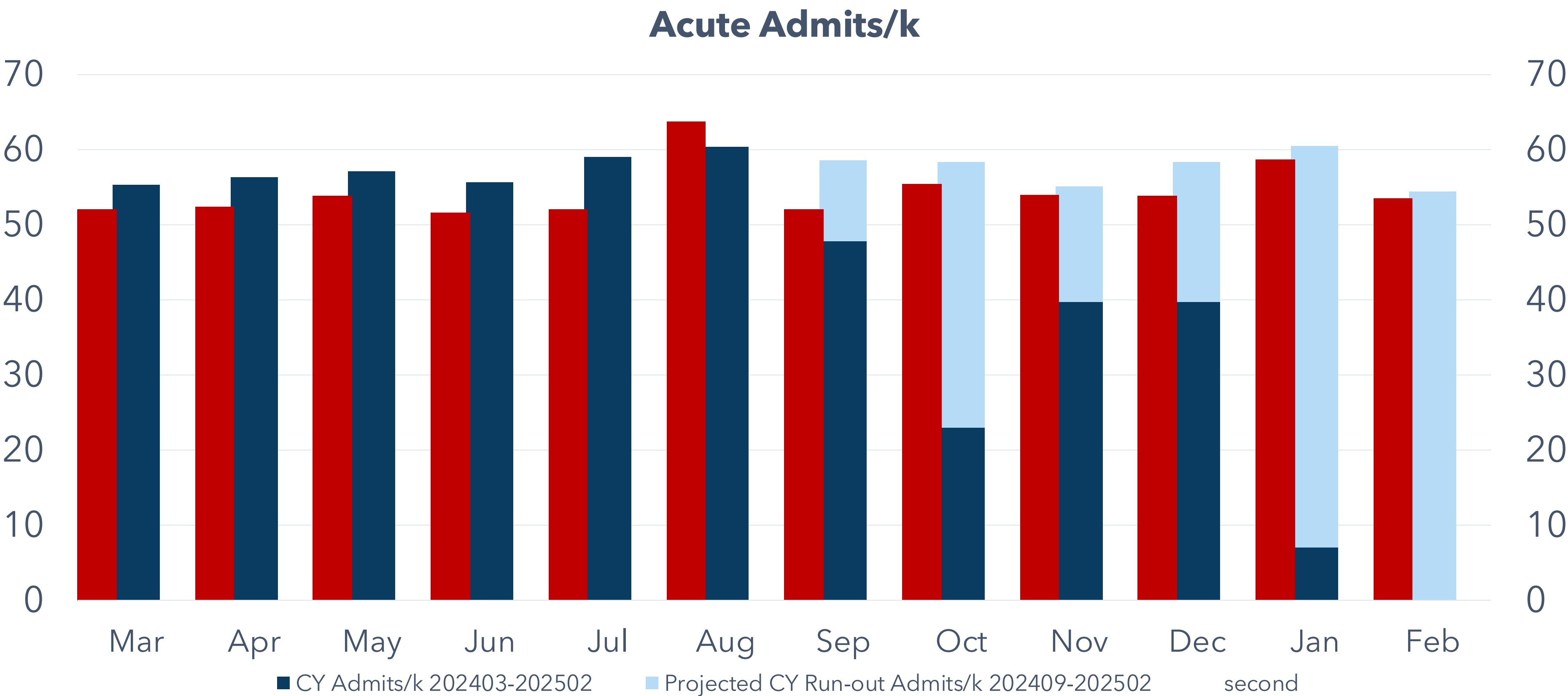
FY25 Budget | Membership



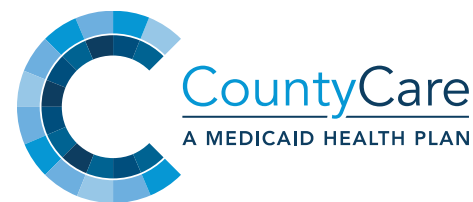
Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Dec 2024	Jan 2025	Feb 2025
Member & Provider Services Call Center Metrics				
Inbound Call Volume	N/A	50,847	55,946	49,629
Abandonment Rate	< 5%	0.99%	0.55%	0.39%
Average Speed to Answer (minutes)	1:00	0:13	0:07	0:04
% Calls Answered < 30 seconds	> 80%	90.9%	95.5%	97.8%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Current v Prior Year: IP Acute Admits/1000



Updated monthly, paid through February 2025
All acute and surgical cases + approved acute authorizations
Domestic admissions are not included since they do not require Prior Authorization



Claims Payments

Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	\$ 109,814,352	\$ 53,445,721	\$ 46,955,452	\$ 9,290,569	\$ 219,506,093
Q2 2020	\$ 116,483,514	\$ 41,306,116	\$ 27,968,899	\$ 18,701,664	\$ 204,460,193
Q3 2020	\$ 118,379,552	\$ 59,681,973	\$ 26,222,464	\$ 71,735	\$ 204,355,723
Q4 2020	\$ 111,807,287	\$ 73,687,608	\$ 61,649,515	\$ 1,374,660	\$ 248,519,070
Q1 2021	\$ 111,325,661	\$ 49,497,185	\$ 4,766,955	\$ 37,362	\$ 165,627,162
Q2 2021	\$ 131,867,220	\$ 49,224,709	\$ 566,619	\$ 213,967	\$ 181,872,515
Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Q4 2021	\$ 125,581,303	\$ 90,378,328	\$ 112,699	\$ 1,114,644	\$ 217,186,974
Q1 2022	\$ 144,241,915	\$ 12,166,101	\$ 2,958,928	\$ 2,183,828	\$ 161,550,772
Q2 2022	\$ 120,267,520	\$ 735,088	\$ 2,476,393	\$ 4,676,897	\$ 128,155,898
Q3 2022	\$ 105,262,634	\$ 16,617,110	\$ 59,407	\$ 15,171	\$ 121,954,322
Q4 2022	\$ 142,815,499	\$ 62,495,024	\$ 2,403,391	\$ 2,056,097	\$ 209,770,011
Q1 2023	\$ 110,831,299	\$ 7,841,360	\$ 3,067,736	\$ 443,885	\$ 122,184,280
Q2 2023	\$ 149,387,487	\$ 31,299,177	\$ 1,319,945	\$ 346,575	\$ 182,353,184
Q3 2023	\$ 191,389,015	\$ 38,673,162	\$ 743,469	\$ 97,943	\$ 230,903,588
Q4 2023	\$ 181,111,957	\$ 75,730,673	\$ 1,511,954	\$ 20,819	\$ 258,375,403
Q1 2024	\$ 194,081,254	\$ 5,307,661	\$ 33,846,206	\$ 160,417	\$ 233,395,538
Q2 2024	\$ 187,157,359	\$ 89,900,410	\$ 14,514,430	\$ 124,785	\$ 291,696,984
Q3 2024	\$ 197,855,507	\$ 111,681,778	\$ 31,617,580	\$ 6,927,131	\$ 348,081,997
Q4 2024	\$ 196,233,453	\$ 113,669,848	\$ 21,596,967	\$ 120,655	\$ 331,620,923
Week of 2/23/2025	\$ 214,695,869	\$ 62,768,444	\$ 657,676	\$ 41,508,018	\$ 319,630,007

- *0-30 days is increased for an estimated \$80.5M of received but not adjudicated claims
- *Medical claims only-does not include pharmacy, dental, vision or transportation claims
- *The amounts in the table are clean claims