

CCH Monthly Report



Item #: 24-1421

September / 2024



COOK COUNTY
HEALTH

Administrative & Legislative Updates

Presented to the Cook County Health Board on 8/23/24



COOK COUNTY
HEALTH

Legislative Updates – Local

- Cook County Health’s work to address food insecurity began in 2015 with a two-question food insecurity screening, which was later adopted by all CCH primary care sites and incorporated into the CountyCare health risk screening tool. CCH patients who screened positive received a voucher to access fresh produce from the Greater Chicago Food Depository’s Fresh Truck.
- Since its inception, CCH’s Fresh Truck partnership with GCFD has resulted in more than 500 visits to CCH health centers providing fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to over 50,000 households, representing more than 165,000 individuals.
- Over the next several months, CCH and GCFD will be pivoting to a different model to connect patients with fresh and nutritious food. This includes piloting an onsite food pantry at Belmont Cragin Health Center and a medically-tailored meals program based initially at Provident Hospital that will further align the health conditions identified by CCH providers with food-related resources following a provider visit. These efforts are funded by an ARPA award to CCH from Cook County; these funds will also support a full-time Food Security Manager, based in the Office of Diversity, Equity, and Inclusion. We are also exploring other models that work best for our patients and look forward to sharing more when details are available.
- The Cook County Board was on recess in August.

Legislative Updates –State

- The Fall 2024 Veto Session is scheduled for November 12-14 and November 19-21. The consecutive weeks of fall session follow the November 5 elections. Legislators may also return to Springfield for “lame duck” session days in early 2025, prior to the swearing in of the members of the 104th General Assembly.
- The [House Health Care Availability and Accessibility Committee scheduled another subject-matter only hearing on Pharmacy Benefits Managers \(PBMs\)](#), this time focused on specialty drugs, on September 11. This is the third PBM hearing that has taken place this calendar year and follows discussions about prescription drug prices and pharmacy networks.

Spring Session Summary

**Indicates CCH/CCDPH priority for 2024 spring session*

- **Health Equity and Access to Care**
 - [SB251](#) / PA 103-0589 – FY2025 state budget totaling \$53.1B. The budget bill is 3300+ pages, and items of interest are noted below:
 - \$629M in the Illinois Department of Healthcare and Family Services (HFS) budget to continue Medicaid-like coverage (HBIA/S) for immigrant adults 42+ years, which does not lift the enrollment freeze that has been in place since 2023*
 - \$3M in the Illinois Department of Public Health (IDPH) budget for scholarships, loan repayment, and administrative costs for the Equity and Representation in Health Care Act*
 - \$15.8M to Illinois Department of Financial and Professional Regulation to support implementation of a new professional licensing system
 - \$60M to Illinois Department of Human Services for Illinois Welcoming Centers, which services immigrants (increase from \$25M)
 - \$1M to DHS for a pilot program to distribute infant diapers to qualified individuals
 - \$20M to Illinois Department of Insurance for “costs associated with implementation of a healthcare feasibility study recommendation”
 - \$7.5M to HFS to support establishment and operations of a state-based Health Insurance Marketplace and coordination with Medicaid
 - \$25M to HFS to support the Medical Debt Relief Pilot Program (\$10M for deposit into the program fund and \$15M for grants and administrative costs)

Legislative Updates –Federal

FY 2025 Budget and Appropriations Process

- Before leaving town August 2, for its traditional summer recess, Congress did continue to work on the FY 2025 appropriations, which begins October 1. On August 1, the Senate Appropriations Committee marked up four bills, including the massive Labor, Health and Human Services and Education (LHHS) bill, on a bipartisan basis, setting the stage for negotiations with the House and the White House over final FY 2025 funding. The LHHS bill would provide annual discretionary funding to health programs of interest to CCH.
- Under the Committee’s proposal, the HHS Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources and Services Administration (HRSA) would receive a combined increase of \$215 million for substance use and mental health programs.
- The Centers for Disease Control and Prevention (CDC) would also see sustained or increased funding for programs which support local health departments, including \$365 million for the Public Health Infrastructure and Capacity, a \$15 million increase over fiscal year 2024. This program aims to strengthen public health infrastructure and workforce at the state and local level in order to improve preparedness and response to emerging public health threats.
- The bill would maintain funding for reproductive health programs, including Title X and the Teen Pregnancy Prevention Program, which would be eliminated under the House version of the bill. The bill would also increase funding for maternal health across CDC, HRSA, and NIH with a \$34 million increase for programs aimed at improving maternal mental health, preventing pregnancy-related deaths, and supporting best practices to improve maternal health outcomes.
- The Senate Committee’s bipartisan proposals are in contrast to the House version of the bill, which advanced on party lines, which would cut funding for HHS by seven percent below current year levels. The Senate version avoids controversial issues, while the House version would impose new restrictions on abortion, gender affirming care, and other “hot button” health policy issues.
- Most stakeholders expect Congress to pass at least one continuing resolution (CR) before September 30 to fund agencies at current year levels and avoid a government shutdown until after the November elections or even into the new year, allowing a new Administration and Congress to make final decisions on FY 2025 funding priorities.

Welcome

New Hires

Benjamin Laughton, Chief Nursing Informatics Officer

Efrat Stein, Director of Public Health Communications

Reed White, Compliance Officer

Jaqueline Zavala, Senior Operations Manager, Health Plan Services

Afeefah Khan, Food Security Program Manager



COOK COUNTY
HEALTH

Congratulations

Promotions

Pierre Nunez, Chief Correctional Psychologist

Kalyani Perumal, Chair of the Division of Renal Disease Nephrology

Joseph Price, Executive Director of Ancillary Services

Danielle Smith, Nursing Service Business Operations Manager

Bronzeville Health Center

Coming in 2025

On August 7, Cook County Health announced that it will be opening a new community health center in the city's Bronzeville neighborhood by early 2025.

Anchored by CCH's historic Provident Hospital, Bronzeville Health Center will offer family medicine, behavioral health, and rehabilitation services, including physical therapy, occupational therapy, and speech therapy.

The 26,000 square foot facility is projected to see 85,000 visits in its first year and will include 44 exam rooms and a gym space for therapy services.



COOK COUNTY
HEALTH

Bud Billiken Parade

On August 10, thousands of people attended the Bud Billiken parade to celebrate the start of the back-to-school season.

Cook County Health was proud to provide medical support along the parade route. The health system and CountyCare also participated in the parade.

Thank you to everyone who supported this celebration!



Progress

CCH ARPA Expenses and Budgets



■ Total Expenses to date ▨ Remaining Expenditures

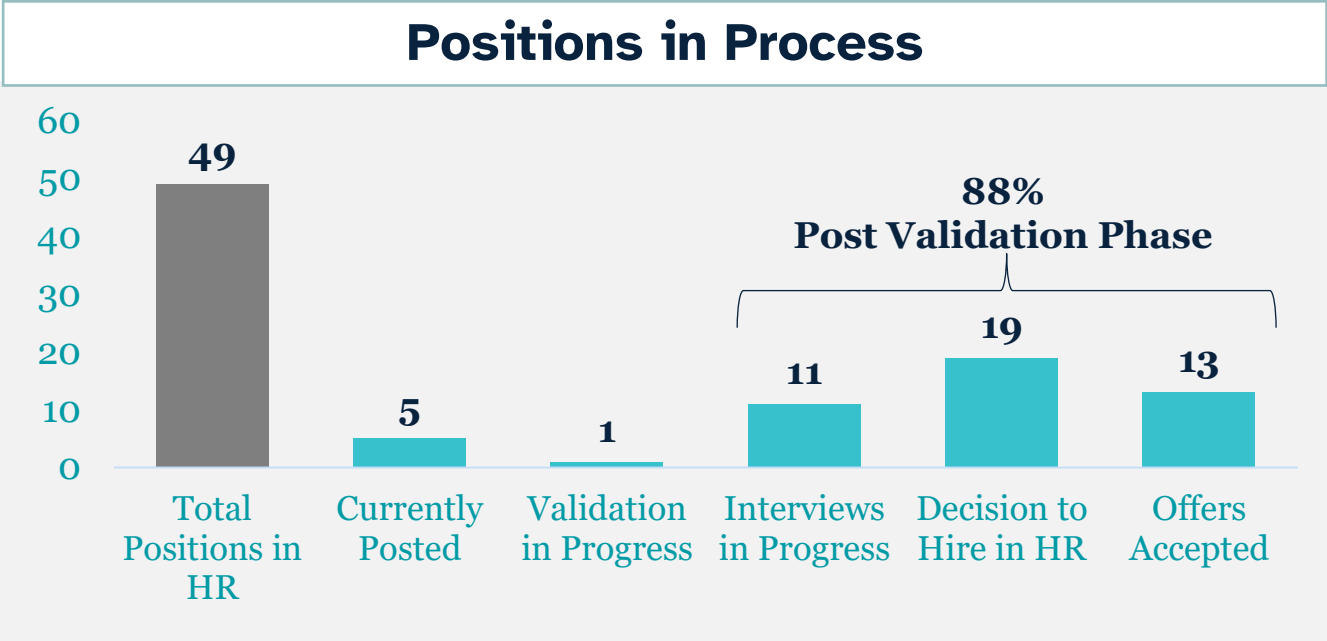
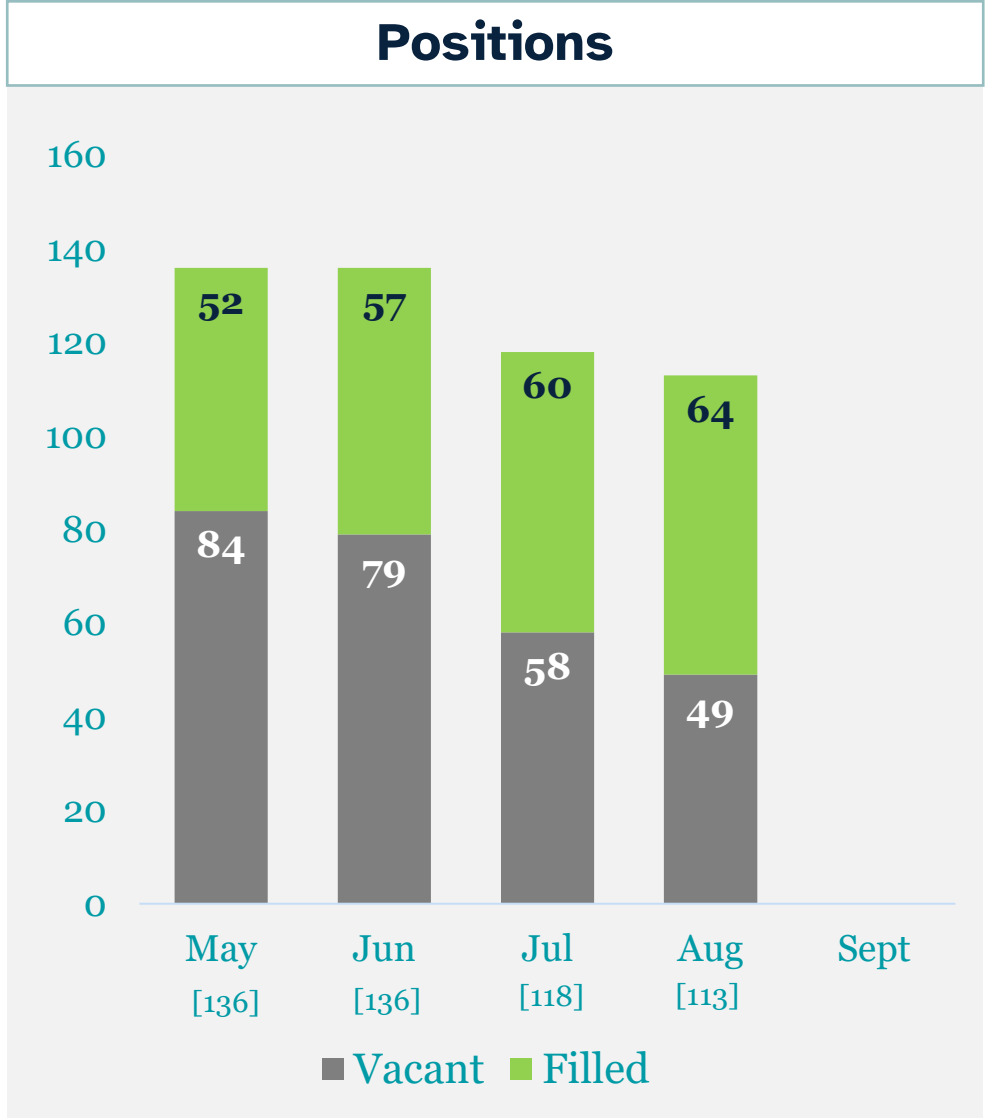
CCH ARPA Obligation



■ Total Obligation to date ▨ Remaining Obligation

*Expenditure and Obligation as of 8/19

ARPA Hiring Progress to Date



Reasons why some positions were not filled:

- No applicants
- Candidates declined position
- Timing constraints

CCH will not forfeit ARPA funding:

- Redirect to subrecipients
- Redirect to contracts
- Use to support existing personnel in 2026

Next 2024 Activities

Hiring ARPA Positions

- Finalize hiring of any vacant positions and plans to repurpose funds to support ARPA initiatives

Cook County ARPA Program Sustainability Review

- The program sustainability working group will be determining next steps for the County's approach in sustainability beyond FY26

Complete Obligation of Funds by End of December

- Finalize pending contracts and subrecipient agreements by December 31, 2024
- 53 new subrecipients within the Behavioral Health Services program will be stood up by end of 2024

Brand Refresh



COOK COUNTY HEALTH

Accessible. Exceptional. For All.



Owning the blue

Accent colors

Atkinson Hyperlegible
QG EFpqirO0



Food As Medicine

Total Budget: **\$2,087,298**
Total Expense as of 8/19/24: **\$445,288** (21% of total)
Obligation Percentage as of 8/19/24: **63%**
Positions Filled: 2
Positions Vacant: 3

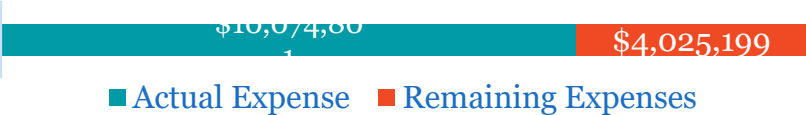


■ Actual Expense ■ Remaining Expenses

Program Overview	Cook County Health (CCH) will expand efforts to identify and address food insecurity among patients, while also improving their health outcomes. Food insecurity during the COVID-19 pandemic disproportionately affected minority populations, including individuals who identify as Black and Latinx. Specific interventions include piloting food pantries at CCH facilities and providing medically-tailored meals to patients who have diet-related chronic conditions. Food as Medicine interventions can lead to improved health outcomes, and CCH will document impact on patients' clinical outcomes, utilization, and behavior change and partner with payers to sustain this work.		
Hiring Status	CCH's new food security manager started 7/28 and will oversee food as medicine work throughout Cook County Health, including piloting of an onsite food pantry and a medically tailored meals program. The ARPA budget also includes funding for two dietitians and two health equity coordinators – one dietitian started 7/21 and interviews are being scheduled for the two coordinator positions.		
Program Metrics & Outcomes	Belmont Cragin Food Pantry constructed	8,515 food boxes, holiday turkeys, and emergency meals provided by FoodSmart in 2023	Subrecipient agreement with Greater Chicago Food Depository executed

Housing for Health

Total Budget: **\$14,100,000**
Total Expense as of 8/19/24: **\$10,074,801** (71% of total)
Obligation Percentage as of 8/19/24: **91%**
Positions Filled: 1
Positions Vacant: 3



Program Overview

Housing for Health will improve the health of Cook County Health patients and CountyCare members who are at risk for homelessness by funding supportive housing through the Flexible Housing Pool, providing care to patients who need it post-discharge clinical support and are at risk of homelessness, and establish a Homeless Housing Navigation program to intercept at-risk patients in the emergency room to help them apply for longer-term housing options.

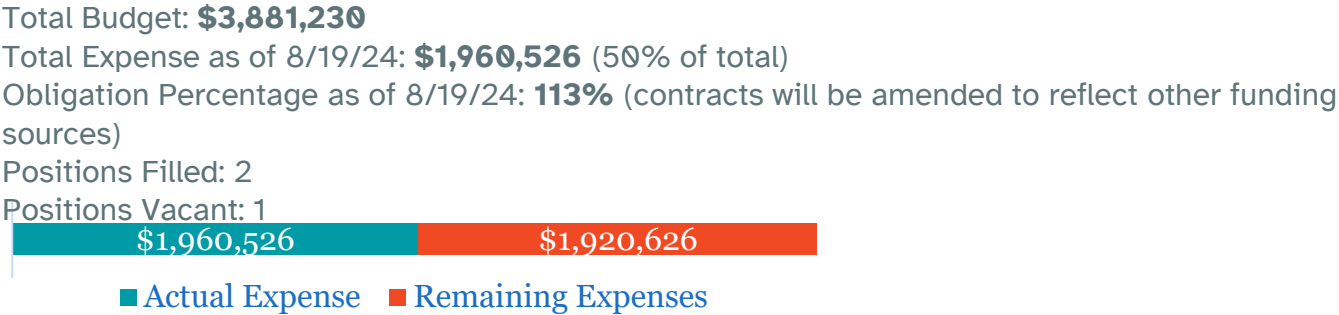
Hiring Status

Hiring Status: The second Behavioral Health Specialist position was eliminated due to timing of hiring. The team will move forward splitting the time of the filled Behavioral Health Specialist across all housing programs as needed. Funds allocated for other clinical staff, such as the Nurse Coordinator position, will be reallocated to programming to continue to fund the nurse position from outside staffing agency that Housing Forward contracted with for RISE operations.

Program Metrics & Outcomes

% of patients (total) connected to additional healthcare services	% of enrolled patients who complete clinical stay (MRC)	# receiving stability services
99%	40%	281

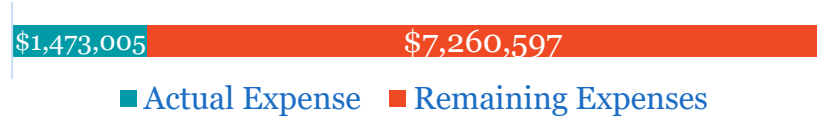
Lead Poisoning Prevention



Program Overview	The Lead Poisoning Prevention Fund supplies funding for the Cook County Department of Public Health's lead program, supporting staff who work to prevent and address children's lead exposure in suburban Cook County, as well as lead hazard remediation for low to middle-income families. ARPA dollars will extend the work of the Department for an additional four years allowing continued services to families with lead-exposed children, including lead exposure prevention education, lead risk assessments to identify lead-based hazards in the home, and remediation of identified hazards to remove or control them and protect children.		
Hiring Status	Two positions have been hired. One role was filled for several months early in 2024, but the staff member resigned, which means it is not at risk for elimination per the Department of Treasury guidance. The Request to Hire documentation is in process to replace this role.		
Program Metrics & Outcomes	# of applicants approved for lead hazard remediation	# of units where lead hazards were identified	# of units where lead hazards were removed
	61	103	50

Opioid Overdose and Substance Use Prevention

Total Budget: **\$8,733,602**
Total Expense as of 8/19/24: **\$1,473,005** (17% of total)
Obligation Percentage as of 8/19/24: **71%**
Positions Filled: 2
Positions Vacant: 2



Program Overview	The opioid overdose prevention initiative expands on existing prevention activities to address the impact of COVID-19 on opioid and substance use disorder in suburban Cook County. The initiative includes 1) distributing naloxone, especially for people who are justice-involved and are especially vulnerable to overdose; 2) bolstering capacity for harm reduction services in the South and West suburbs where harm reduction non-profits are few and far between; and 3) expanding initiatives to leverage existing and new data sources to inform prevention efforts. Research shows a strong connection between poverty and overdose risk and increases in opioid overdose deaths for middle-aged African American men in suburban Cook County. Establishing services that can meet people where they are at will help address root causes of these disparities. WGN Chicago: Newly unveiled Narcan mobile unit in Cook County is a lifesaver on wheels.		
Hiring Status	We are in the process of hiring a Program Coordinator and Epidemiologist IV to support our data analysis work. Unspent personnel funds will be redirected to contractual or internally to other CCDPH ARPA projects.		
Program Metrics & Outcomes	# of clients referred to additional support services	# of naloxone kits given out by subrecipients	# of persons receiving naloxone trainings
	6,527	7,934	5,975

Mental Health Hotline

Total Budget: **\$1,485,000**
Total Expense as of 8/19/24: **\$284,503** (19% of total)
Obligation Percentage as of 8/19/24: **100%**



Program Overview

The Cook County Department of Public Health and NAMI Chicago will expand an existing mental health support line in the City of Chicago to provide support and referral for suburban Cook County residents. The hotline will be staffed seven days a week and will provide emotional support; refer callers to mental health treatment, substance use, and other resources; and provide intensive case support for callers with significant needs through its clinical support program. The suburban hotline is initially funded until May 2023, ARPA dollars will provide service to suburban cook county residents until the end of 2025.

Program Metrics & Outcomes

of referrals provided to callers from suburban Cook County

1,669

of callers

707

of emergency assistance instances provided per type

12

Building Healthy Communities

Total Budget: **\$6,084,123**
Total Expense as of 8/19/24: **\$5,212,755** (86% of total)
Obligation Percentage as of 8/19/24: **86%**



Program Overview

Cook County Department of Public Health's (CCDPH) Building Healthy Communities Initiative is an overall community engagement strategy that builds the power and capacity of grassroots, community-based organizations (CBOs) to advance community solutions toward racial and health equity. Working with grassroots organizations is critical in reaching priority populations and building trust with communities for sustainable, transformative change. CCDPH awarded \$4 million of NT041 ARPA to 23 CBOs to maintain and expand services that address mental health, reduce food insecurity, and promote youth development in suburban Cook County municipalities most impacted by COVID-19 between December 2022-November 2023. CCH also awarded \$1 million of NT041 to 13 CBOs serving the City of Chicago for mental health, food insecurity and positive youth development during the same time frame.

Program Metrics & Outcomes

# of additional meals served, distributed, or delivered	# of participants or people serviced by beneficiaries	# of referrals by beneficiaries to federal nutritional assistance programs	# of referrals to mental health services
981,673	156,376	64,691	1,515

Good Food Purchasing

Total Budget: **\$4,497,976**
Total Expense as of 8/19/24: **\$447,608** (10% of total)
Obligation Percentage as of 8/19/24: **43%**
Positions Filled: 1
Positions Vacant: 0



Program Overview

The Good Food Purchasing Program (GFPP) is a procurement strategy that directs institutional food purchasing toward five core values: local economies, environmental sustainability, valued workforce, animal welfare, and nutrition. GFPP provides a metrics-based, flexible framework to assess progress of public institutions as they work to become a recognized Good Food Provider. In 2018, Cook County approved a resolution promoting GFPP and requires all Cook County food-procuring departments and agencies to participate including: Cook County Health, Cook County Juvenile Temporary Detention Center, and Cook County Sheriff's Office. This program can support transforming the local food system into one that is transparent and racially equitable by investing in local food producers and businesses of color and ensuring safe and fair working conditions for frontline food chain workers, while also increasing access to healthy, local food for Cook County meal recipients.

Hiring Status

As of 8/12, the offer accepted by candidate for Grant Administration Manager (50% on NT042 and NT043) – tentative start date is 9/9/2024.

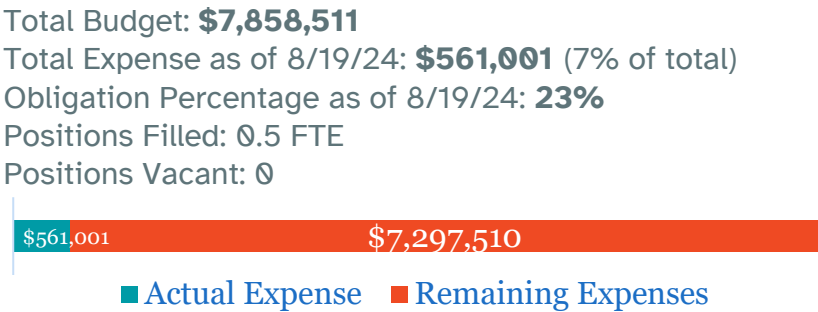
Program Metrics & Outcomes

# of GFPP trainings (e.g. food chain workers or others within our communities)	# of hours of technical and strategic assistance to non-County governmental Institutions	# of relationship building events (buyer and supplier events)	# of good food assessments completed for County Depts	\$ of micro-grants distributed to suburban Cook BIPOC producers, suppliers, and cooperatives
24	155.25	5	1	\$112,540

*Expenditure and Obligation as of 8/19

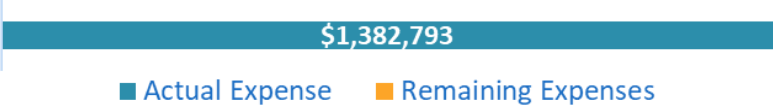


Suburban Cook County Worker Protection Program



Program Overview	The Suburban Cook County Workers Protection Program will continue to equip employers and workers, including temporary and gig workers, with the information, resources, and supports to minimize the transmission of diseases, including COVID-19, in workplaces. The program will work to advance sustainable tri-directional, worker-centered systems for education, reporting and compliance, and support policy changes that promote worker rights, health, and safety for precariously employed workers.		
Hiring Status	We have a 0.5FTE Grant Administration Manager role assigned to this work that will be funded through 2026. An offer letter was sent and accepted. Anticipated start date for this staff person is September 9th, 2024.		
Program Metrics & Outcomes	# of workers reached, educated, or trained 93,433	# of community/worker-led solutions 271	# of violations tracked 278

Hyperlocal Vaccination Program & In-Home Vaccination Program



Program Overview	The Cook County Department of Public Health's (CCDPH) Hyperlocal and In-Home Vaccination Program is ensuring that Cook County residents have access to crucial vaccinations. The Hyperlocal Vaccination program will continue mobile clinics for COVID-19 vaccination, including boosters and annual influenza vaccinations. The funds will also support community engagement, education, and outreach needed to develop and promote mobile vaccination clinics in high-risk communities, including those with low vaccination rates and a high COVID-19 Community Vulnerability Index. The In-Home Vaccination Program will fund vaccination providers to continue in-home vaccinations for COVID-19 vaccination, including boosters and annual influenza vaccinations.		
Hiring Status	This program is completed and was closed out in 2023.		
Program Metrics & Outcomes	# of mobile vaccination clinics stood up 1,215	# of people vaccinated at mobile clinics 14,943	# of individuals who received outreach and educational efforts 6,646

Community Health Workers

Total Budget: **\$1,935,815**
Total Expense as of 8/19/24: **\$6,695** (1% of total)
Obligation Percentage as of 8/19/24: 89%



Program Overview	The Cook County Department of Public Health’s (CCDPH) Community Health Worker Initiative leverages community health workers (CHWs) to improve access to healthcare, social resources, and health education in suburban Cook County. Funding supports development and maintenance of a suburban Cook County CHW learning collaborative in which community-based organizations and healthcare partners who employ CHWs can resource and information share. Funding will also support training, resource development, and coalition building amongst suburban Cook organizations employing CHWs to improve the health literacy of our public health system.
Hiring Status	<p>This funding will be used to sustain the following positions, which are currently funded through 08/30/2025 via a CDC Grant.</p> <ul style="list-style-type: none">• Attending Physician – COVID-19 Health Equity Lead• Associate Program Director (at 50% time)• Program Coordinator• Five Community Health Promoters <p>All positions are filled.</p>
Program Metrics & Outcomes	Funding for NT884 will be leveraged beginning in September of 2025. Reported metrics will include: # of resource referrals and # of educational interventions made by CHWs, reported by type; # of Learning Collaborative meetings held, reported separately for CHW collaboratives and CHW Supervisor collaboratives; and # and type of health literacy trainings and resources provided to suburban Cook organizations.

Behavioral Health Expansion

Total Budget: **\$22,080,664**
Total Expense as of 8/19/24: **\$2,824,819** (13% of total)
Obligation Percentage as of 8/19/24: **73%**
Positions Filled (NT885/896): 7
Positions Vacant (NT885/896): 0



Program Overview	The Cook County Department of Public Health (CCDPH) is increasing the capacity of their mental health services while increasing access for Cook County residents. CCDPH will expand behavioral health prevention and community-based treatment programs in priority communities of suburban Cook County. Key areas of focus will include suicide prevention (including school-based screening), counseling and treatment, and youth-focused programs, including restorative justice and school discipline reform. Twenty-four organizations, including community-based organizations and school-based partners are funded through this effort.		
Hiring Status	The last Community Engagement Manager position was recently filled, no vacancies.		
Program Metrics & Outcomes (for NT885 & NT886)	# of clients referred to additional support services 3,070	# of communities reached 1,338	# of hours of technical assistance provided 828

Emergency Preparedness

Total Budget: **\$3,869,826**
Total Expense as of 8/19/24: **\$344,943** (9% of total)
Obligation Percentage as of 8/19/24: **9%**
Positions Filled: 5
Positions Vacant: 2



Program Overview	The Cook County Department of Public Health (CCDPH) will expand its Emergency Preparedness and Response Unit. Providing the opportunity to fill positions that weren't available during the pandemic including Volunteer Management, Healthcare local readiness and logistics, and Coordination in planning. The initiative will enhance the agency's capacity in preparedness planning and response. While CCDPH has made great strides towards ensuring the health and safety of all Suburban Cook County residents, the COVID-19 pandemic shed light on gaps in infrastructure and systems, especially related to communication and coordination, and opportunities for the agency to strengthen current relationships and engage in new ones to address the needs of communities and populations disproportionately impacted by COVID-19 and those who are underserved.		
Hiring Status	The Manager of Inventory Control, Manager of Emergency Operations, Emergency Response Coordinator-Healthcare, and a Program Coordinator Training and Exercise have all been hired. There is a request to hire for a Manager of Planning, and Interviews are being scheduled for a Program Coordinator Planning. Any unspent funds will be used to 1) fully support the current EPRU positions at 100%. 2) To support Integrated Solutions Consultants to assist with desired initiatives and 3) support other CCDPH internal initiatives (Building Healthy Communities, Good Food Purchasing or Behavior Health).		
Program Metrics & Outcomes	# of participants or people serviced 10,705	# of referrals 1,014	# of schools reached 436

Crisis Intervention

Total Budget: **\$506,083**

Total Expense as of 8/19/24: **\$292,144** (58% of total)

Obligation Percentage as of 8/19/24: **61%**



Program Overview

The Crisis Intervention Pilot Program for Cook County will provide an alternative to law enforcement officers responding to people in behavioral health crises. The program will hire an administrator, generate a small stakeholder team charged with program development, document a system to appropriately triage non-emergency calls, dispatch a response team skilled in prevention and behavioral health and reduce the number of calls where law enforcement officers are sent to respond to non-violent situations. The response team consists of a crisis or street health intervention specialist and a medic trained to respond, deescalate, and redirect persons to wrap-around services.

This program has been re-focused on the deliverables below based on recommendations from the 2022 CCDPH/JAC Co-led Alternatives to Health Intervention and Response Task Force.

Program Metrics & Outcomes

CCDPH has collaborated with OBH and contracted a vendor to conduct a county-wide Behavioral Health Workforce Assessment. The report is nearly complete and a symposium is planned for 10/1

CCDPH has contracted with a vendor to conduct an assessment of the crisis response space in suburban Cook County. The vendor has started work and a report is expected in 2025.



Contact Tracing Initiative



Program Overview	The Cook County Department of Public Health has completed this project conducting COVID-19 contact tracing for congregate settings like nursing homes, schools and other spaces at risk of high-risk and high-volume exposures (e.g., factories) through 12/31/2022.		
Program Metrics & Outcomes	# of linked cases to CCDPH from IDPH who are >=65 years as part of congregate living facilities to outbreaks	# of schools requesting Technical Assistance (TA) through email box	% of cases linked to outbreaks within 5 business days
	2,390	654	87%

Office of Behavioral Health

Total Budget: **\$74,120,964**

Total Expense as of 8/19/24: **\$4,829,269** (7% of total)

Obligation Percentage as of 8/19/24: **12%**

Positions: 17 onboard, 8 with start dates, 5 additional acceptances and 9 additional Decisions to Hire Submitted

Positions Vacant: Currently 34, but most of these will be filled



■ Actual Expense ■ Remaining Expenses

Program Overview

To meet the growing behavioral health needs of Cook County residents, Cook County Health (CCH) has created the Office of Behavioral Health. This office will be responsible for improving the countywide behavioral health ecosystem and for enhancing access and quality with CCH's systems of behavioral healthcare.

Hiring Status

The Clinical Triage and Stabilization Center (CTSC, Provident Hospital) and OBH are anticipated to have sufficient staffing.

Program Metrics & Outcomes

Hosted Behavioral Health Summit (attended by approximately 300 stakeholders)
Crain's Chicago Business: Cook County allots \$44 million to mental health efforts (Cook County Behavioral Health Services)--metrics will be tracked for all 53 awardee organizations.



ACHN Behavioral Health

Total Budget: **\$5,198,268**
Total Expense as of 8/19/24: **\$2,812,967** (54% of total)
Obligation Percentage as of 8/19/24: **52%**
Positions Filled : 18
Pending start date: 2



Program Overview

Cook County Health (CCH) is increasing the capacity of their mental health services while increasing access for Cook County residents. CCH will enhance community behavioral health care and access by adding additional licensed behavior health therapists and social workers to each of CCH's Ambulatory Care sites. The program is also providing behavior health therapists with ongoing training and professional development. This will ensure that the staff has the comprehensive skills needed to effectively treat the complex and diverse set of mental health issues. CCHs focus will be on expansion of existing direct behavior health services in our community clinics and strengthen the integration and collaborative care across CCH and communities.

Hiring Status

18 out of the 20 positions have been filled. The remaining position is scheduled to be onboarded August 26.

Program Metrics & Outcomes

of patients serviced by a behavioral health provider

6,507

#Training Hours Provided

235

of visits provided

13,696



Healing Hurt People

Total Budget: \$4,533,527
Total Expense as of 8/19/24: \$705,367 (15% of total)
Obligation Percentage as of 8/19/24: 16%
Positions Filled: 8
Positions Vacant: 5



Program Overview	Healing Hurt People (HHP) is a trauma-informed violence intervention program for survivors of urban intentional violence. HHP works to advance the notion that unaddressed psychological trauma is a key driver of the cycle of violence, fueled by the structural violence of racism and stigma. HHP's goals are to reduce re-injury, retaliation, and criminal justice involvement by having a positive impact on trauma recovery, mental health, drug use, and help participants achieve independence, work, education, and create a strong future. The expansion of this program will allow the program to serve participants in some of the hardest hit communities in the city.		
Hiring Status	As of the end of July 2024, all ARPA positions have either been filled (8) or are in the HR queue with decisions to hire in process (5). If there is salvage from the remaining vacant positions, we will repurpose the funds for other assistance for patients and families.		
Program Metrics & Outcomes	<div># of patients connected to HHPC services</div> <div>245</div> <div>Inpatient and Community-based work</div> <div>(Jan-July 2024)</div>	<div># of patients admitted to Trauma Unit identified as intentionally injured by community violence</div> <div>679</div> <div>Capacity: 36% of admissions</div> <div>(Jan-July 2024)</div>	<div># of patients attending SELF ("Safety, Emotions, Loss & Future") peer support groups</div> <div>19</div> <div>112 sessions, 896 hours</div> <div>(Jan-July 2024)</div>

Vaccine Incentives

Funds have been fully obligated and expensed

Program Overview

Cook County Health (CCH) will provide a \$100 incentive gift card for any individual who received a dose of the COVID-19 vaccine at a CCH community health center or community event hosted by the Cook County Department of Public Health. Additionally, CountyCare will implement a one-time \$25 reward loaded onto a member's Over the Counter (OTC) Rewards Card to buy approved health and personal care items at participating stores.

Program Metrics & Outcomes

of members receiving the
COVID-19 vaccine
(CountyCare)

65,814

Increase in first dose
vaccination rates in priority
populations and
communities and protect them
from severe illness,
hospitalization,
and death from COVID-19
(CCDPH)

380

of gift cards distributed

24,780



Care Coordination HACC

Total Budget: **\$5,788,506**
 Total Expense as of 8/19/24: **\$3,338,995** (58% of total)
 Obligation Percentage as of 8/19/24: **100%**



Program Overview	<p>The County requested that CCH provide programmatic oversight over this ARPA award. The Housing Authority of Cook County (HACC) will provide full-time behavioral health specialists at all HACC affordable housing properties. Many HACC residents have complex behavioral health needs that threaten their ability to live independently and negatively affect quality of life for themselves and others. This proposal aims to reach some of the County's most marginalized and isolated residents by bringing services directly to them and allowing them to build ongoing relationships with service providers. Consistent service by a trusted professional will help many of these individuals remain stably housed and participate fully in their communities.</p>		
Program Metrics & Outcomes	# of residents meeting with staff members 2,666	# of residents connected to external services 1,206	# of residents receiving additional preventative/standard healthcare 174

Youth Juvenile Justice Collaboration

Total Budget: \$7,087,357
Total Expense as of 8/19/24: \$1,974,781.08
Obligation Percentage as of 8/19/24: **100%**
Filled Positions: 2



Program Overview

This program aims to reduce violence and minimize justice involvement of youth who have experienced violence or trauma or are at high risk of exposure to violence. Services include trauma-informed care coordination for 500 justice involved youth per year over three years. Care coordinators will match justice-involved youth with the appropriate community-based services according to their individual goals identified in an intake and assessment process, with a goal of minimizing future justice involvement for arrested youth. In addition to providing care coordination and direct services for youth and their families, funds will support data tracking and analysis, continuous quality improvement, and the development of an evaluation plan.

Program Metrics & Outcomes

Total Referrals	Youth Successfully Graduated	Top 3 Referred Services:
169	75%	Counseling Workforce Development Mentoring

Audit & Compliance Metrics



Presented to the Cook County Health Board on 8/23/24



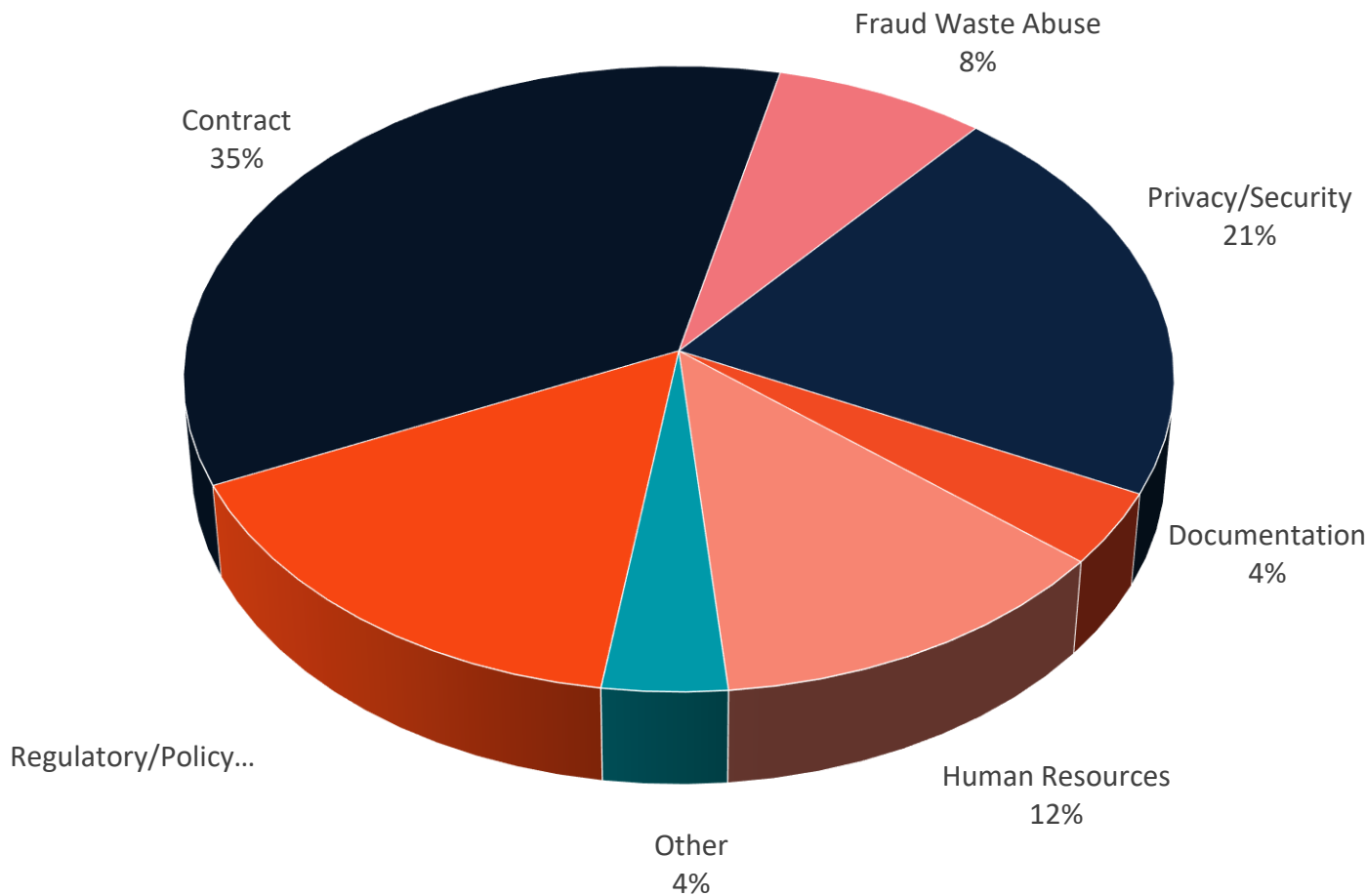
COOK COUNTY
HEALTH

Q1-Q2 CFY 2024

Contacts by Category

CCH System Compliance Program

12/01/2023 – 05/31/2024

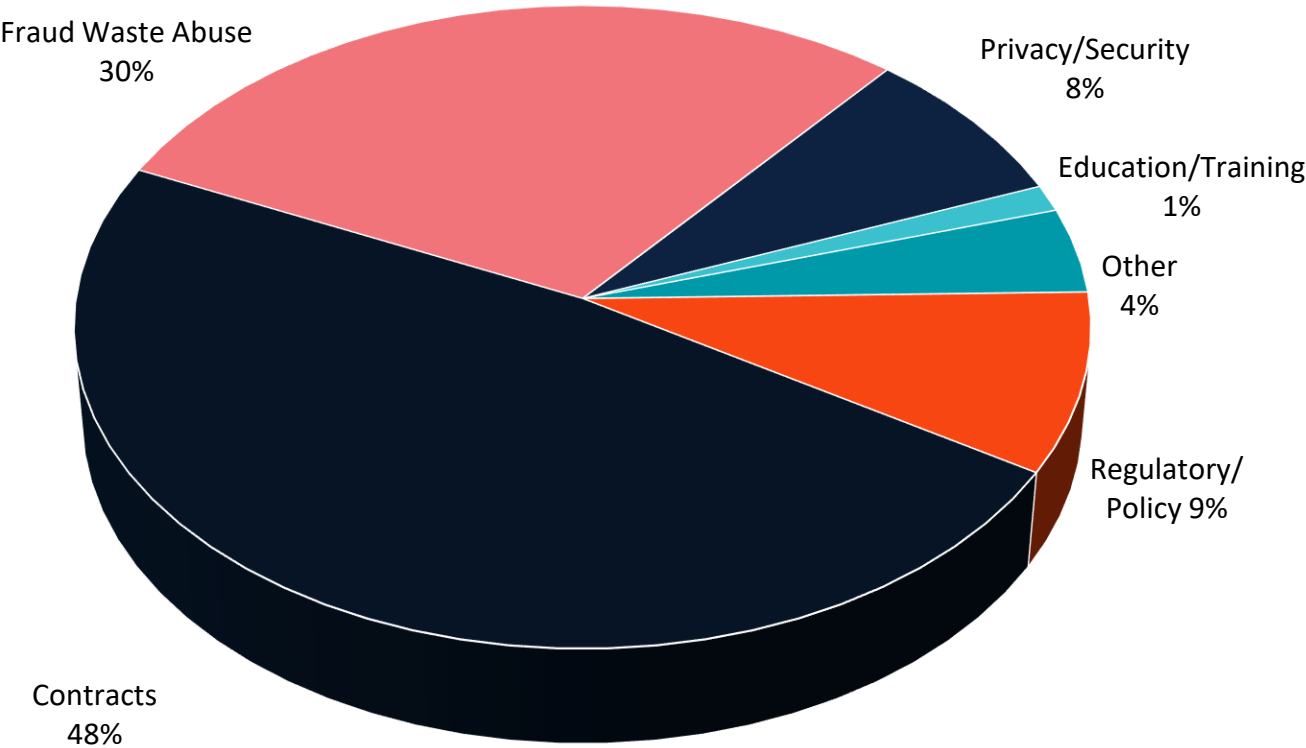


Categories	2024		2023
	Count & % of Total Contacts		% of Total Contacts
Contracts	179	35%	51%
Privacy/Security (HIPAA)	107	21%	15%
Regulatory/Policy	80	16%	12%
Human Resources	63	12%	9%
Fraud, Waste & Abuse	38	8%	4%
Documentation	19	4%	6%
Other (Quality, Research)	19	4%	2%
	505		

Q1-Q2 CFY 2024

Contacts by Category

CountyCare Compliance Program



12/01/2023 – 05/31/2024

Categories	2024		2023
	Contact Count & % of Total Contacts		% of Total Contacts
Fraud Waste & Abuse ¹	110	30%	38%
Privacy/Security (HIPAA)	30	8%	11%
Contracts	181	48%	40%
Regulatory/Policy	34	9%	6%
Education and Training ²	5	1%	0% ²
Other (Conflict of Interest, Documentation, Human Resources, Quality)	16	4%	5%
	376		

¹ The majority of Fraud Waste & Abuse activity is directly attributed to the Department of Healthcare and Family Services (HFS) Office of Inspector General provider notifications and requests for information.

² This category was not previously tracked separately in past years

CountyCare Compliance Recoveries

State Fiscal Year (S-FY) 2023 through S-FY 2024 Q3

Retrospective Recoveries

S-FY	Reporting Period	Overpayments Identified ³	Overpayments Collected
2023	07/01/2022 -06/30/2023	\$ 4,427,873	\$ 6,968,262

S-FY	Reporting Period	Overpayments Identified	Overpayments Collected
2024	<u>Q1</u> 07/01 -09/30/23	\$ 1,226,051	\$ 836,559
2024	<u>Q2</u> 10/01 – 12/31/23	\$ 5,577,235	\$ 368,058
2024	<u>Q3</u> 01/01 – 03/31/24	\$ 3,464,387	\$ 3,058,361

Proactive Preventative Loss

S-FY	Reporting Period	Overpayments Avoided
2023	07/01/2022 -06/30/2023	\$ 1,676,545

S-FY	Reporting Period	Overpayments Avoided
2024	<u>Q1</u> 07/01 -09/30/23	\$ 30,490
2024	<u>Q2</u> 10/01 – 12/31/23	\$ 145,463
2024	<u>Q3</u> 01/01 – 03/31/24	\$ 378,316

³The **Overpayments Identified** column indicates the currently outstanding amount that has been paid to a provider for identified inaccurate codes. These amounts may be supported through additional review of documentation submitted by the provider or may be offset if a provider elects to bill a corrected claim. The amount that is identified as an overpayment may also change if the provider is able to successfully appeal the audit/investigations findings (for example, if they are able to produced additional documentation to support their claim).

Status of Recent Vendor Privacy/Security Incidents

- **Superior Ambulance:**
 - Impact: final data still being finalized
 - Status: awaiting final data, then notices will be mailed to all affected patients and all required regulators will be noticed
- **MHN/MHNU:**
 - Impact: fewer than 700
 - Status: all member notices mailed, all regulators noticed. Substitute notice to be removed from CountyCare website on July 15, 2024
- **Dialysis Care Center/Gaia**
 - Impact: ~176 patients
 - Status: all patient notices mailed, all regulators noticed. Receiving weekly status reports on call center and any returned mail
- **Change Healthcare:**
 - Impact: unknown at this time. CountyCare's vendor Avesis notified that CountyCare member data likely impacted
 - Status: opted in to Change providing notices on our behalf, per guidance and permission from OCR
- **Perry Johnson & Associates:**
 - Impact: ~1.2 million patients
 - Status: all patient notices mailed, all regulators noticed

Ramping Up Privacy Education

Recognizing an uptick in privacy issues across the healthcare landscape, Compliance has increased targeted privacy education on a monthly basis including:

- CountyCare Lunch and Learn to review privacy nuances for the health plan Part 2 memo to affected areas/providers on new Part 2 regulations
- Review of psychotherapy note processes and staff education on requirements for mental health and psychotherapy notes and release of information
- Education for department leaders on new Filming/Recording policy updates
- Email reminders and education for Smartsheet users
- HIPAA refresher training for lab managers

Finance Metrics



Presented to the Cook County Health Board on 8/23/24



COOK COUNTY
HEALTH

Executive Summary: Statement of Financial Condition – June 30, 2024

- On an accrual basis, interim financials show that CCH ended June with a **\$144.9M favorable** variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses shows a **\$94.0M favorable** variance to budget. Differences in accrual versus cash basis are primarily due to the timing difference related to recording of revenues received and expenses paid.
- Revenue Commentary:
 - **Favorable** NPSR variance to Budget due to higher than budgeted volumes/revenues
 - **Favorable** capitation variance to Budget due to higher than budgeted CountyCare membership
- Expenditures:
 - CountyCare claims **unfavorable** variance to budget due to higher than budgeted membership
- CountyCare:
 - CountyCare financials at budget
 - Membership just over 429,000, which is 21.2% greater than budgeted

Financial Results – June 30, 2024

Dollars in 000s	FY2024 Actual	FY2024 Budget	Variance	%	FY2023 Actual
Revenue					
Net Patient Service Revenue (1)	\$674,182	\$621,534	\$52,648	8.47%	\$668,486
Government Support (2)	\$222,559	\$216,599	\$5,960	2.75%	\$232,129
Adjusted NPSR	\$896,741	\$838,133	\$58,608	6.99%	\$900,616
CountyCare Capitation Revenue	\$1,961,915	\$1,577,319	\$384,596	24.38%	\$1,811,895
Other	\$29,652	\$12,833	\$16,819	131.06%	\$4,183
Total Revenue	\$2,888,308	\$2,428,286	\$460,023	18.94%	\$2,716,693
Operating Expenses					
Salaries & Benefits	\$442,607	\$506,424	\$63,817	12.60%	\$412,748
Overtime	\$30,948	\$26,558	(\$4,390)	-16.53%	\$28,811
Supplies & Pharmaceuticals	\$128,484	\$101,498	(\$26,985)	-26.59%	\$91,152
Purchased Services & Other	\$406,464	\$431,400	\$24,936	5.78%	\$386,947
Medical Claims Expense (1)	\$1,798,030	\$1,424,366	(\$373,664)	-26.23%	\$1,633,143
Insurance	\$17,435	\$17,658	\$222	1.26%	\$36,973
Utilities	\$7,486	\$8,719	\$1,233	14.14%	\$7,784
Total Operating Expenses	\$2,831,454	\$2,516,623	(\$314,831)	-12.51%	\$2,597,558
Operating Margin	\$56,854	(\$88,337)	\$145,192	-164.36%	\$119,136
Non-Operating Revenue	\$97,667	\$97,998	(\$331)	-0.34%	\$83,872
Net Income (Loss)	\$154,522	\$9,661	\$144,861	1499.48%	\$203,007

Notes:

- (1) CountyCare Elimination represents the elimination of intercompany activity – Patient Service Revenue and Medical Claims Expense for CountyCare patients receiving care at Cook County Health.
- (2) Government Support includes DSH, BIPA, & Graduate Medical Education payments.
- (3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

Cook County Health

Volumes: June, 2024

Key Revenue Indicators

Patient Activity Stroger	2024 YTD Actual	2024 YTD Budget	%	2023 YTD Actual	2022 YTD Actual		Jun 2024 Actual	Jun 2023 Actual
Average Daily Census *	325	287	13.4%	300	265		326	325
Emergency Room Visits	52,690	47,311	11.4%	48,199	45,153		7,351	7,131
Surgeries	6,819	6,954	-1.9%	6,675	6,559		1,012	1,011

Patient Activity Provident	2024 YTD Actual	2024 YTD Budget	%	2023 YTD Actual	2022 YTD Actual		Jun 2024 Actual	Jun 2023 Actual
Average Daily Census *	21	21	0.0%	19	10		21	17
Emergency Room Visits	15,248	15,026	1.5%	15,330	12,170		2,224	2,257
Surgeries	1,782	1,896	-6.0%	2,106	1,635		260	297

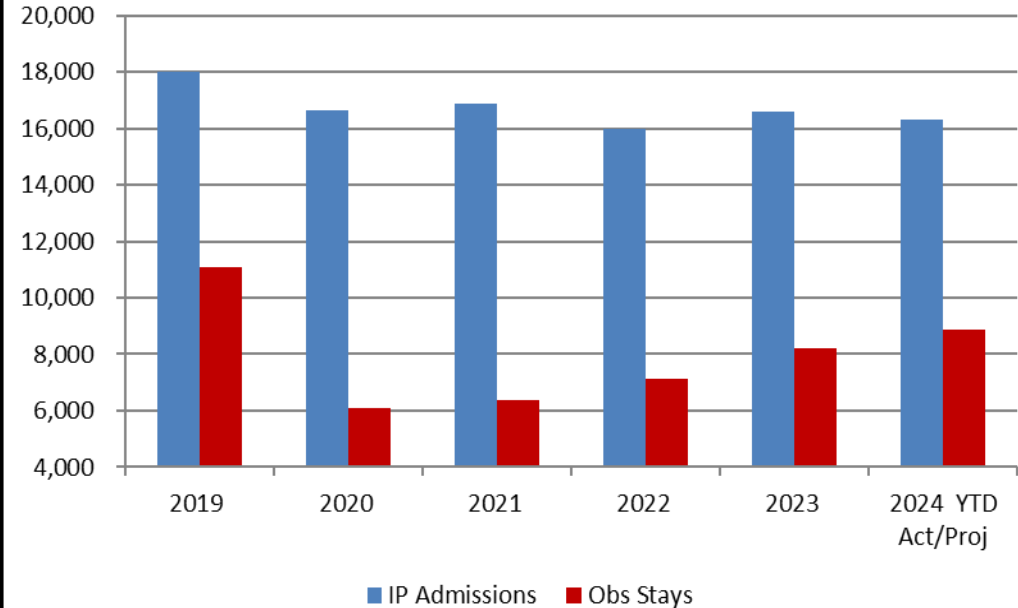
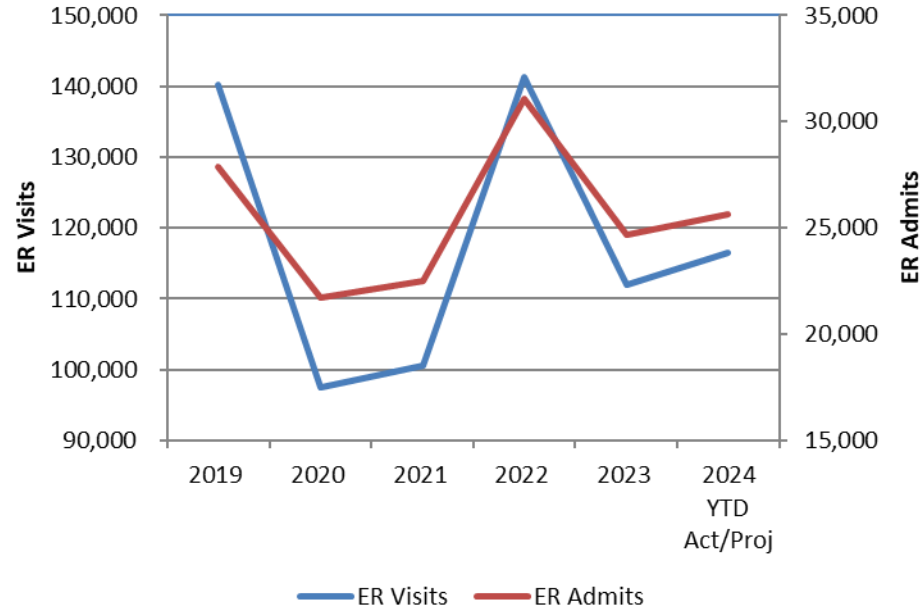
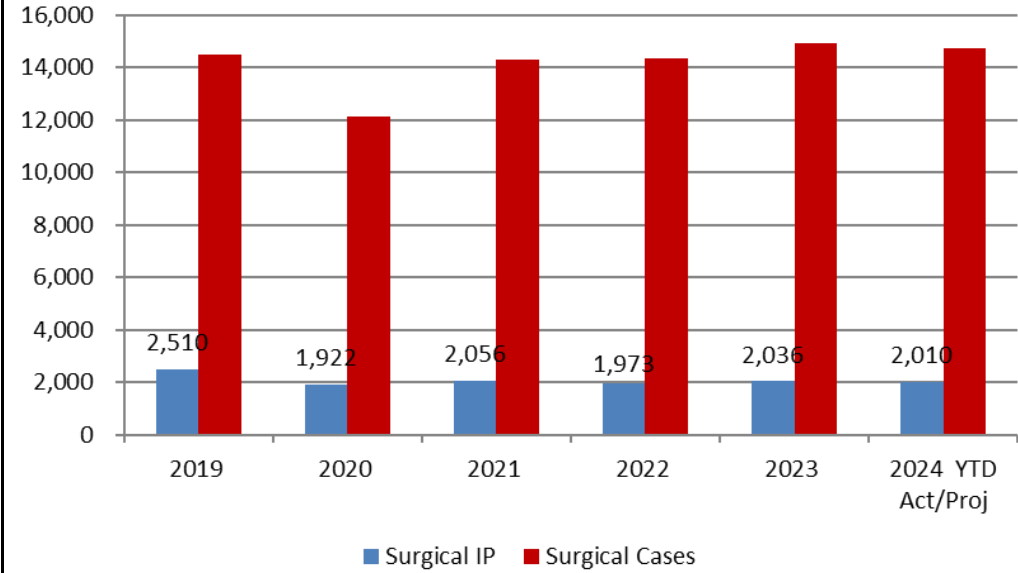
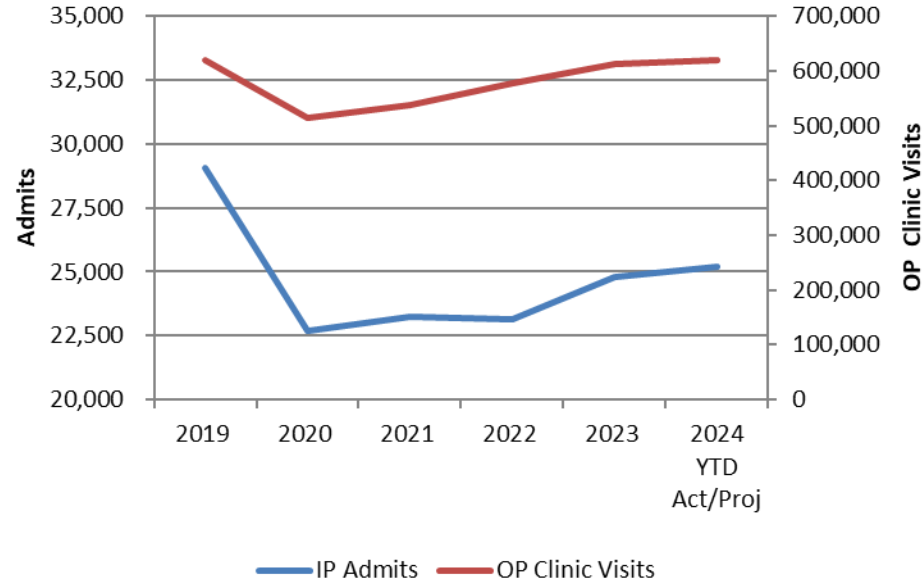
Patient Activity ACHN	2024 YTD Actual	2024 YTD Budget	%	2023 YTD Actual	2022 YTD Actual		Jun 2024 Actual	Jun 2023 Actual
Primary Care Visits	139,157	137,137	1.5%	139,899	126,313		17,592	20,367
Specialty Care Visits	222,760	215,918	3.2%	221,144	211,043		29,143	32,184

CountyCare Membership	2024 YTD Actual	2024 YTD Budget	%	2023 YTD Actual	2022 YTD Actual		Jun 2024 Actual	Jun 2023 Actual
Membership Count	434,450	354,293	22.6%	452,341	429,167		429,253	457,535

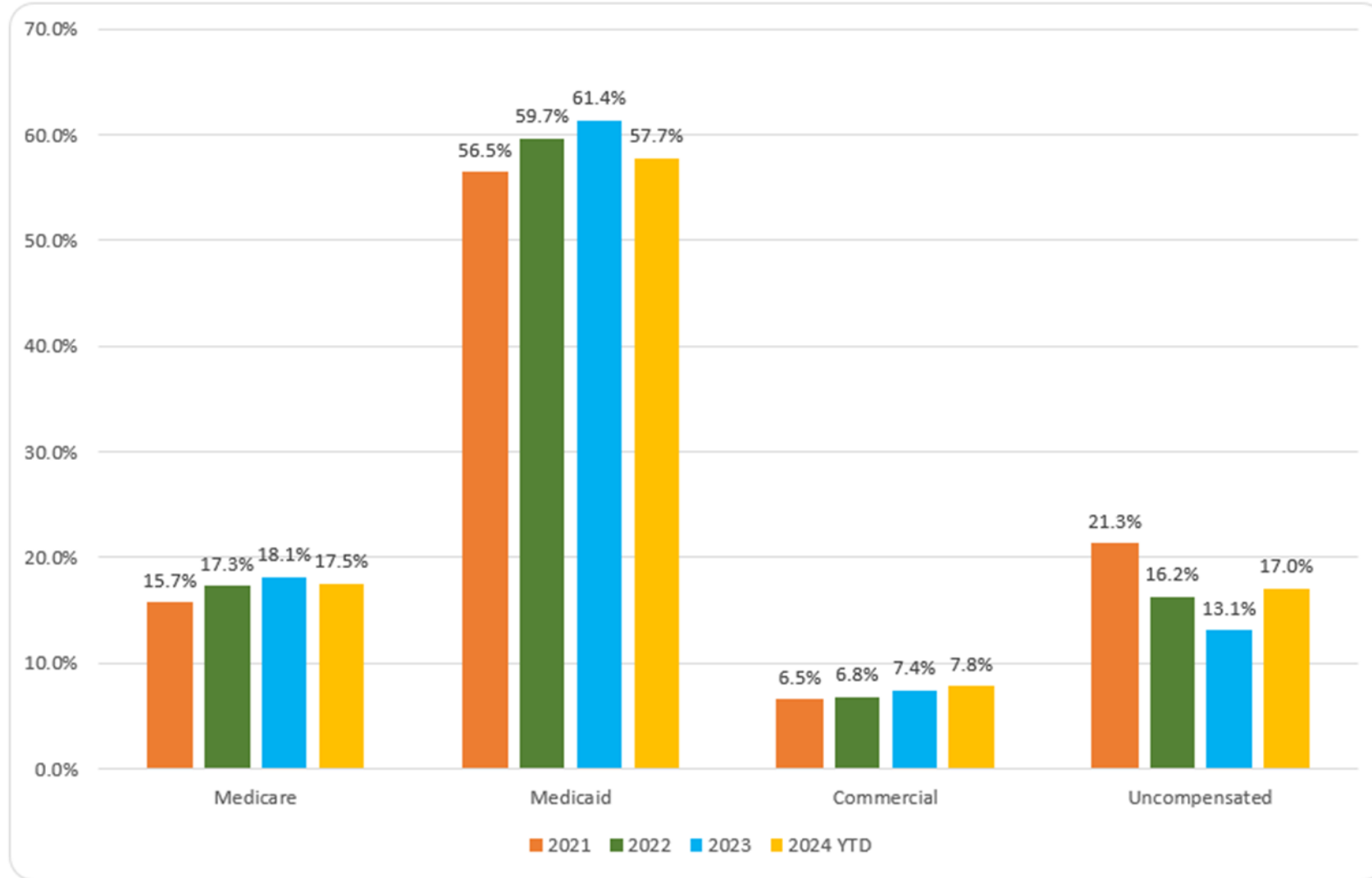
* Includes IP + Observations

Cook County Health

Operating Trends



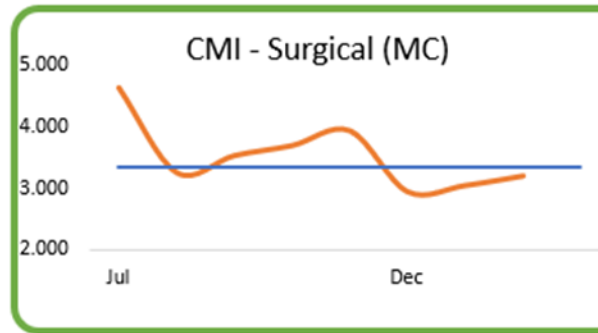
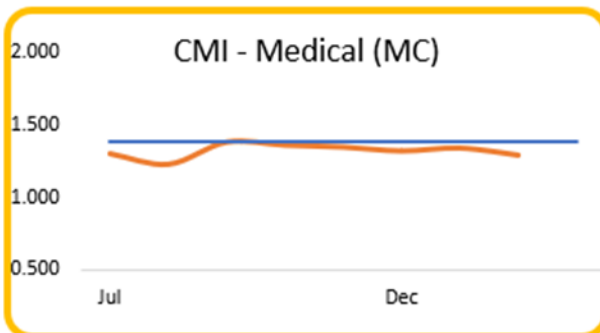
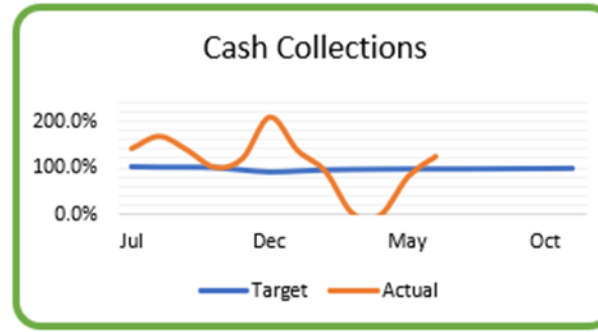
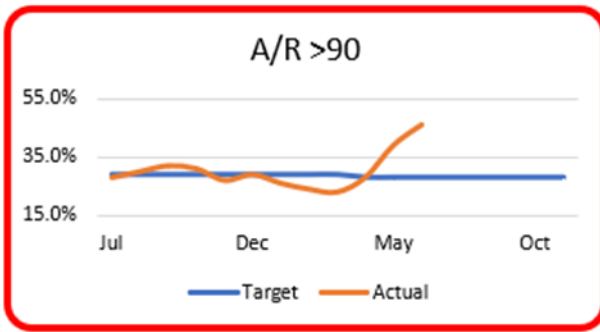
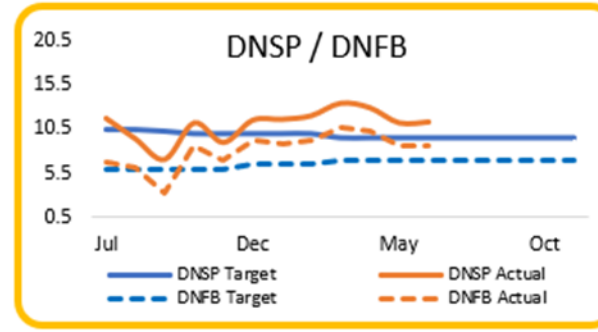
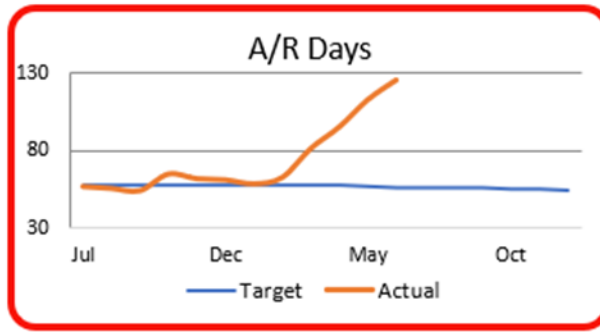
YTD Payer Mix – YoY Comparison



Commentary

- May-Jun Change:
 - Medicare: +0.01%
 - Medicaid: -0.03%
 - Commercial: +0.00
 - Uncompensated: +0.02%
- Apr-May Change:
 - Medicare: -0.03%
 - Medicaid: -0.05%
 - Commercial: +0.02
 - Uncompensated: +0.06%
- Mar-Apr Change:
 - Medicare: +0.01%
 - Commercial: +0.01
 - Uncompensated: -0.01%

Revenue Cycle KPI Trending



Commentary:

- AR and Cash metrics off target due to the Change Healthcare cyber-attack that occurred on 2/21/24.
- Billing delayed approximately 8 weeks.
- As of June, 80% of our PFS operations are back up.
- Posting solution CCH uses to apply payments to the AR has not been reactivated by Change Health, therefore implementing a Cerner solution, HDX.
- \$86.7M in unposted cash as of 6/30/24.
- Anticipate full resolution by 8/31/24.

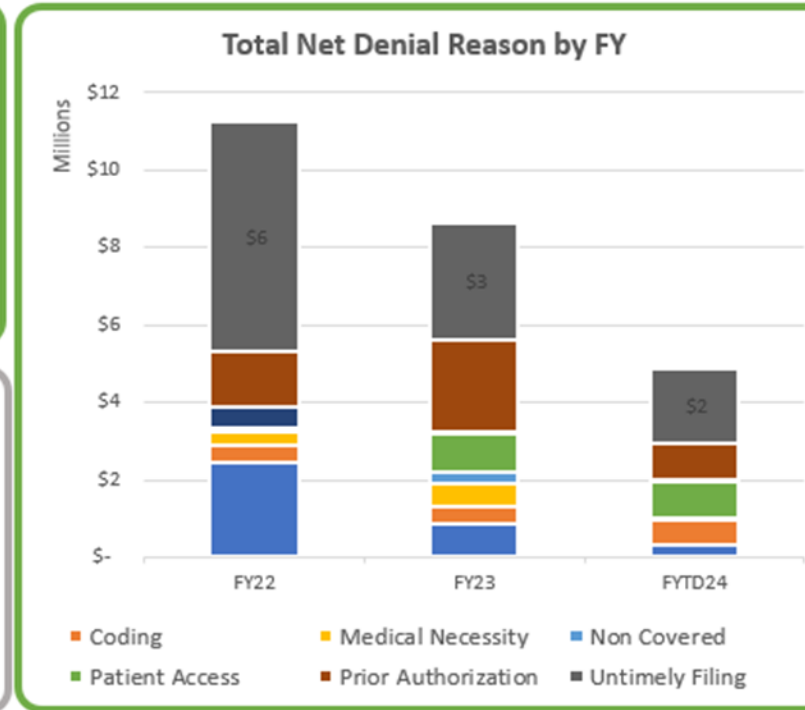
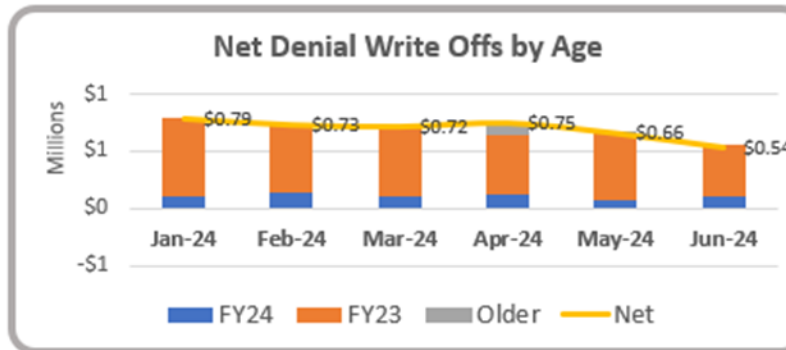
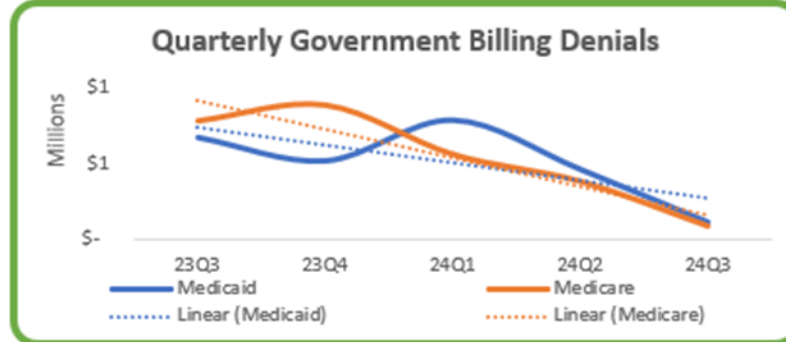
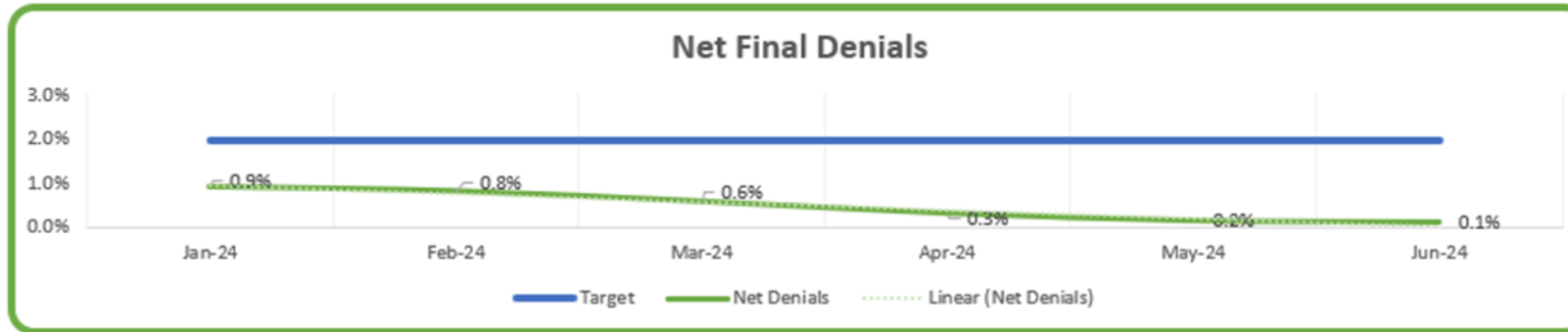
Definitions:

DNSP: Discharged Not Submitted to Payer - Gross dollars from initial 837 claims held by edits in claims processing tool that have not been sent to payer.

DNFB: Discharged Not Final Billed - Gross dollars in A/R for all patient accounts (inpatient and outpatient accounts) discharged but not yet final billed for the reporting month. Refers to accounts in suspense (within bill hold days) and pending final billed status in the patient accounting system.

CMI: Case Mix Index - Represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all Medicare discharges and dividing by the number of discharges.

Denial Focus & Trending



Cook County Health

2024 Charitable & Public Program Expenditures






Budget/Projection (\$000s)

	2022 Actual Net Benefit	2023 Actual Net Benefit	2024 Budget Net Benefit	2024 Act/Proj Net Benefit
<u>Charitable Benefits and Community Programs</u>				
Traditional Charity Care	\$ 122,499	\$ 105,040	\$ 112,011	\$ 155,775
Other Uncompensated Care	108,284	135,655	91,800	79,758
Cermak & JTDC Health Services	90,293	100,779	116,848	116,392
Department of Public Health	12,965	12,712	22,267	21,901
Other Public Programs & Community Services	66,321	66,321	71,600	71,600
Totals	\$ 400,362	\$ 420,506	\$ 414,526	\$ 445,426
 % of Revenues *	 36.9%	 38.8%	 30.3%	 27.6%
% of Costs *	22.0%	23.1%	23.2%	25.8%

* Excludes Health Plan Services

Cook County Health

Savings Initiatives: June 30, 2024

Current Activities in Progress	Budgeted FY24 Impact	YTD Achieved	Status
Revenue Cycle:			
Chargemaster Review/Changes	2,750,000	1,604,167	
Revenue Recovery	3,930,000	725,000	
Point of Service Collections	300,000	140,000	
County Care:			
Care Coordination Initiatives	3,000,000	1,750,000	
Health System:			
Vendor Contract Negotiations	2,020,000	1,178,333	
	<u>\$ 12,000,000</u>	<u>\$ 5,397,500</u>	45%
		Goal 7/12th	58%

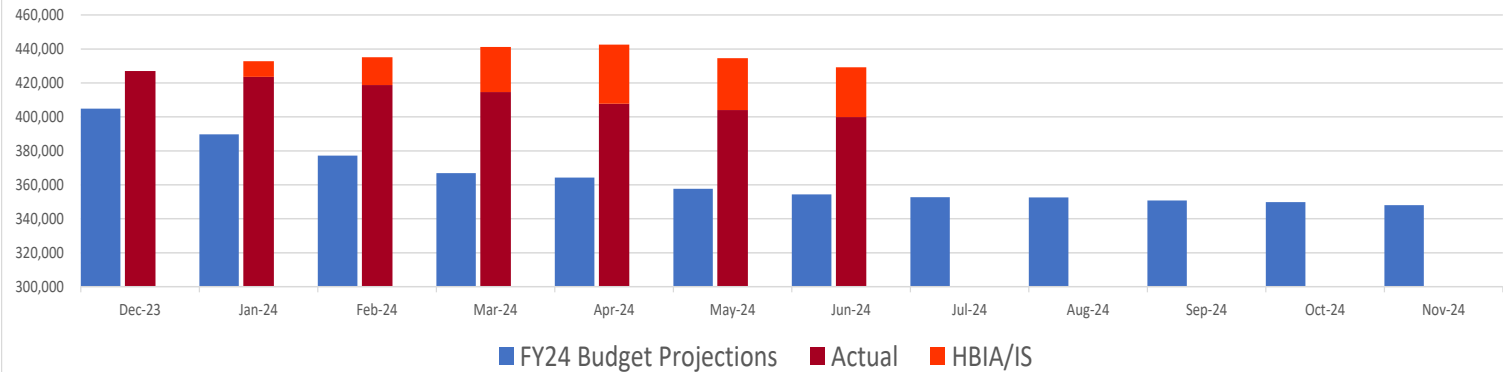
Health Plan Services Financial Results – June 30, 2024

Dollars in 000s except PMPM amounts	FY2024 Actual	FY2024 Budget	Variance	%	Fy23 Actual
Capitation Revenue	\$1,973,682	\$1,580,659	\$393,023	24.86%	\$1,795,213
Operating Expenses					
Clinical - CCH	\$78,444	\$68,338	(\$10,106)	(14.79%)	\$71,604
Clinical - External	\$1,797,461	\$1,421,756	(\$375,705)	(26.43%)	\$1,632,420
Administrative	\$97,534	\$90,565	(\$6,970)	(7.70%)	\$87,198
Total Expenses	\$1,973,440	\$1,580,659	(\$392,781)	(24.85%)	\$1,791,221
Operating Gain (Loss)	\$242	\$0	\$242		\$3,991
Activity Levels					
Member Months	3,042,528	2,614,859	427,669	16.36%	3,173,411
Monthly Membership	429,253	354,293	74,960	21.16%	457,787
CCH CountyCare Member Months	248,474	N/A	N/A	N/A	292,195
CCH % CountyCare Member Months	8.17%	N/A	N/A	N/A	9.21%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$648.70	\$604.49	\$44.21	7.31%	\$565.70
Clinical Cost PMPM	\$616.56	\$569.86	(\$46.70)	(8.20%)	\$536.97
Medical Loss Ratio (1)	94.0%	94.3%	0.30%	0.32%	93.9%
Administrative Cost Ratio	4.9%	5.7%	0.84%	14.72%	4.8%
Total FTEs	359	435	76		

Commentary

- Total YTD member months are exceeding budget by 427,669 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare’s reimbursement to CCH for domestic spend is exceeding budget.
- Operating Gain of \$242k

CountyCare Membership



Notes:

- (1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

Human Resources Metrics



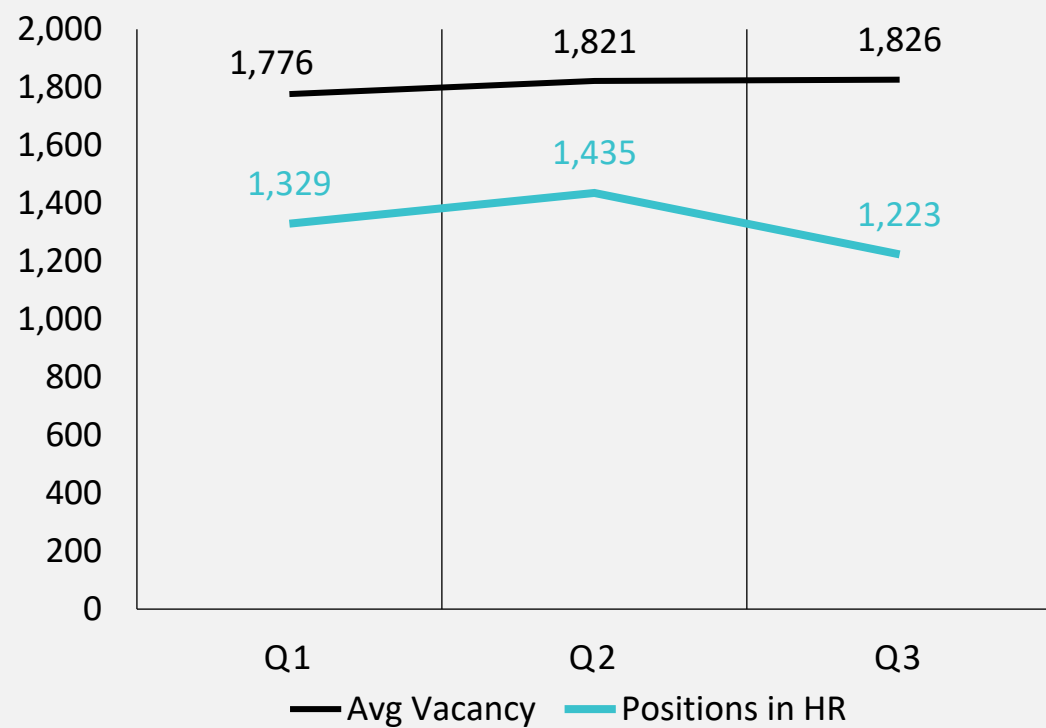
Presented to the Cook County Health Board on 8/23/24



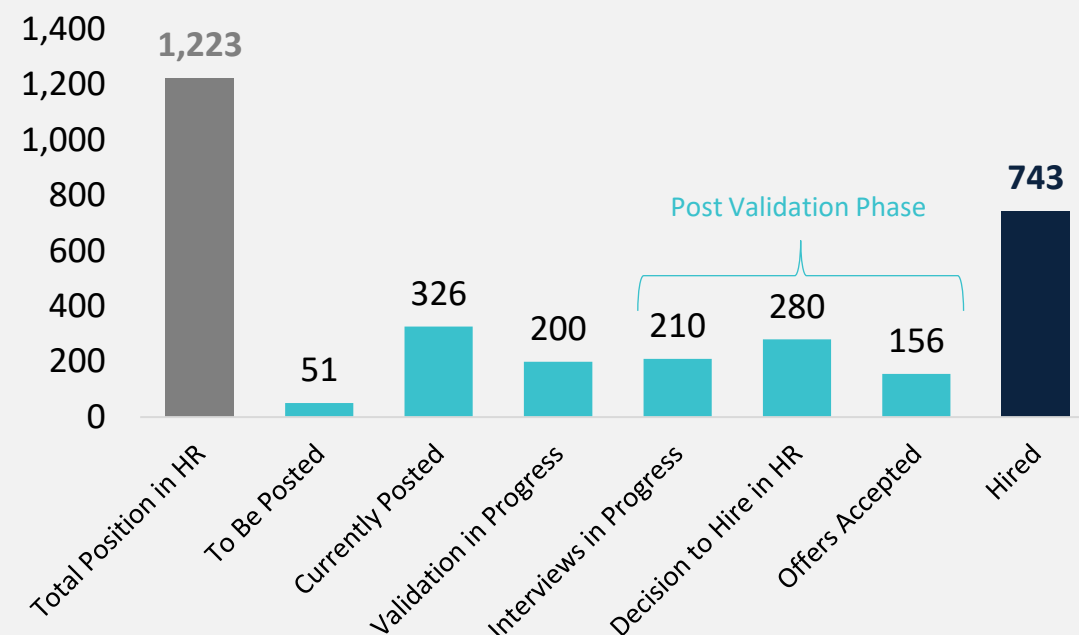
COOK COUNTY
HEALTH

CCH HR Activity Report – Vacant Positions in HR

Vacant Positions



Positions in Process



FY24 CCH HR Activity Report

12/01/2023 thru 07/31/2024



Filled Positions

743

Total Filled Positions YTD

65% Offer Acceptance Ratio



External Filled Velocity

501

Total External Filled Positions

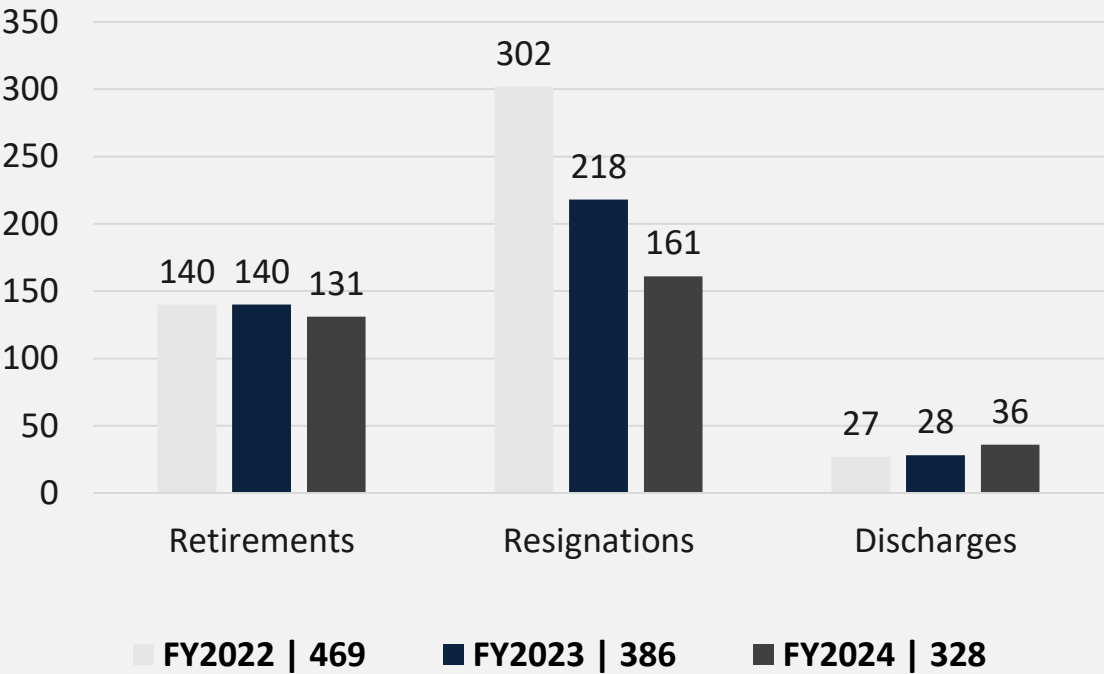
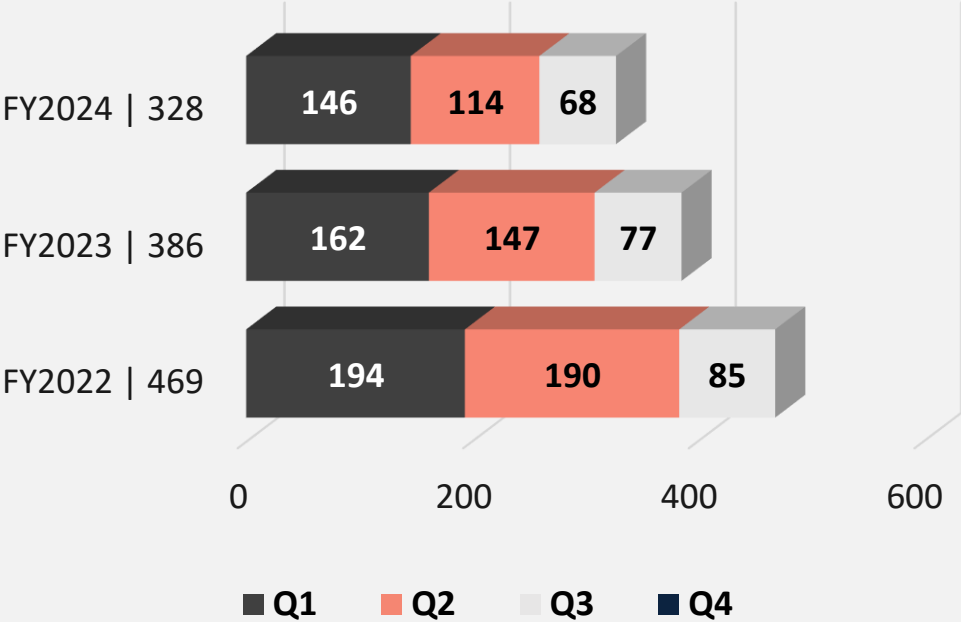
+173 Net Gain

FY24 CCH HR Activity Report

12/01/2023 thru 07/31/2024

Separations – Year to Date and Year-Over-Year

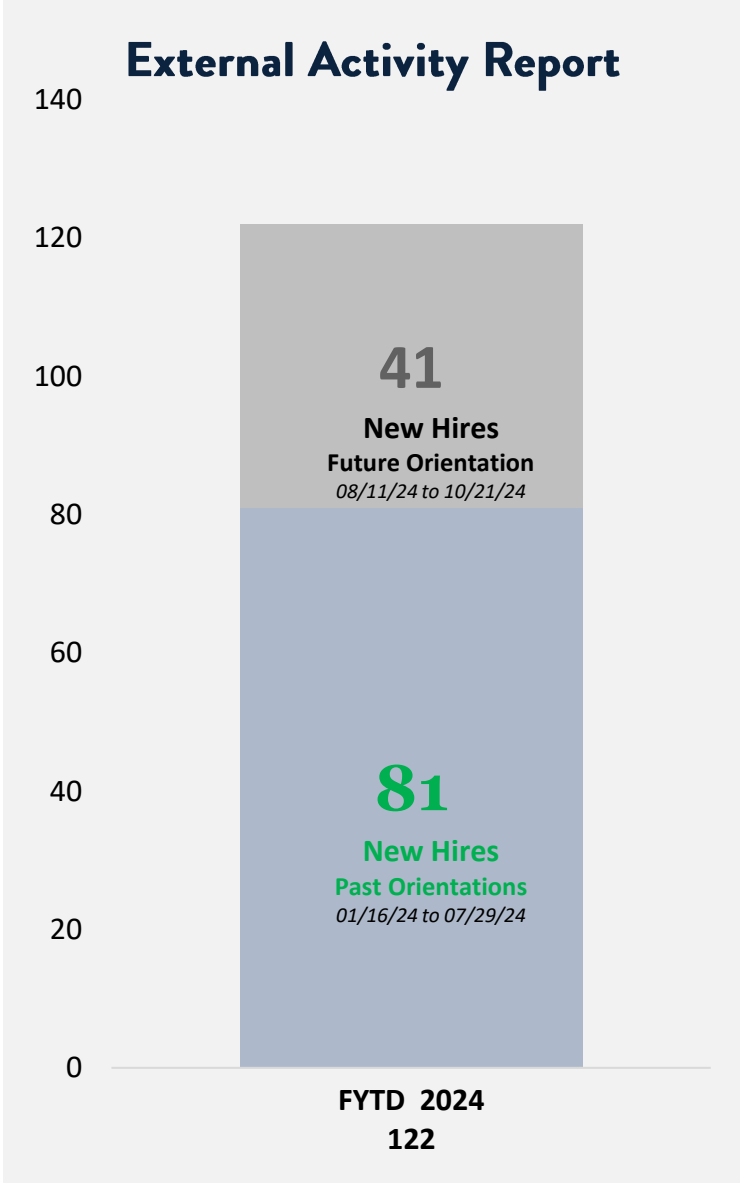
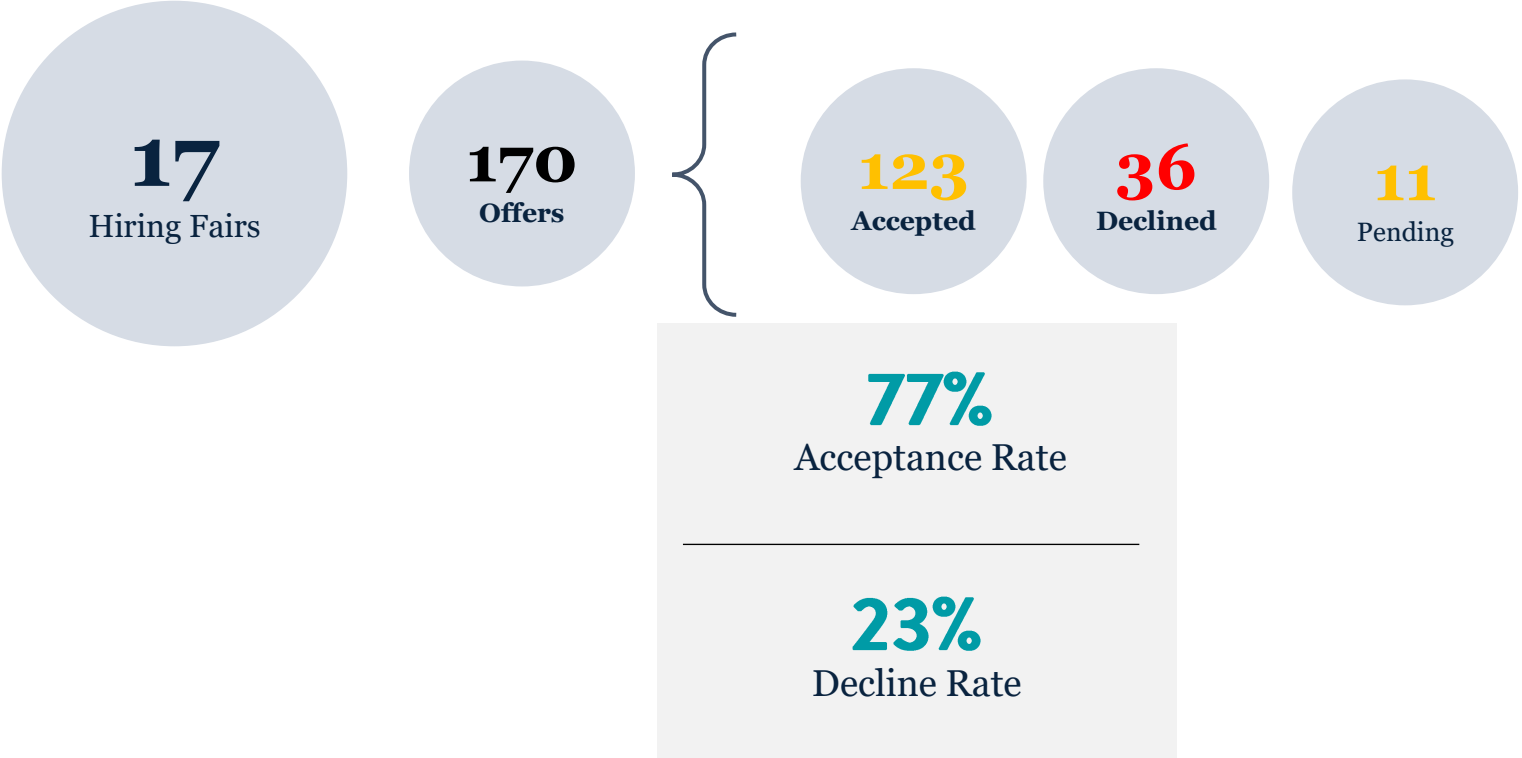
Separations FY24 YTD



Hiring Fair Success

FY 2024 Timeframe: 12/1/2023 - 07/31/2024

Thru 07/31/2024



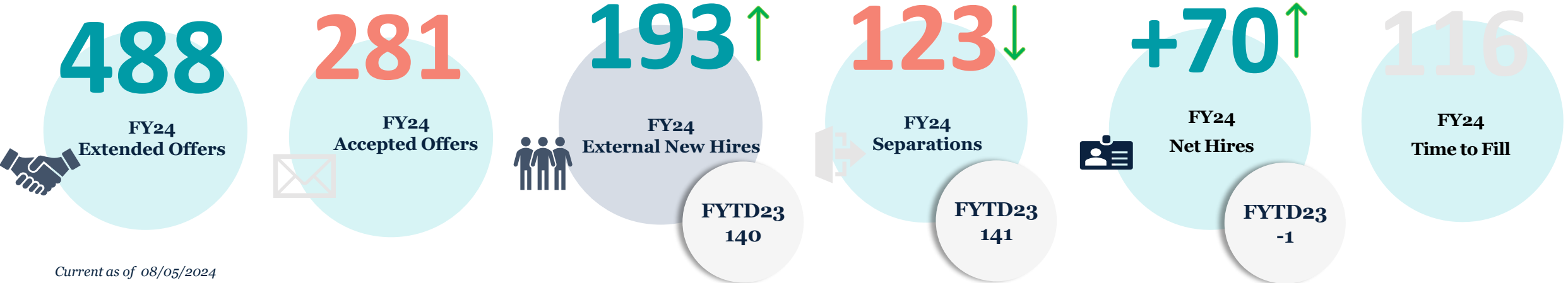
Hiring Fair Progress
As of 7/31/24



Nurse Hiring Velocity & Attrition

Thru 07/31/2024

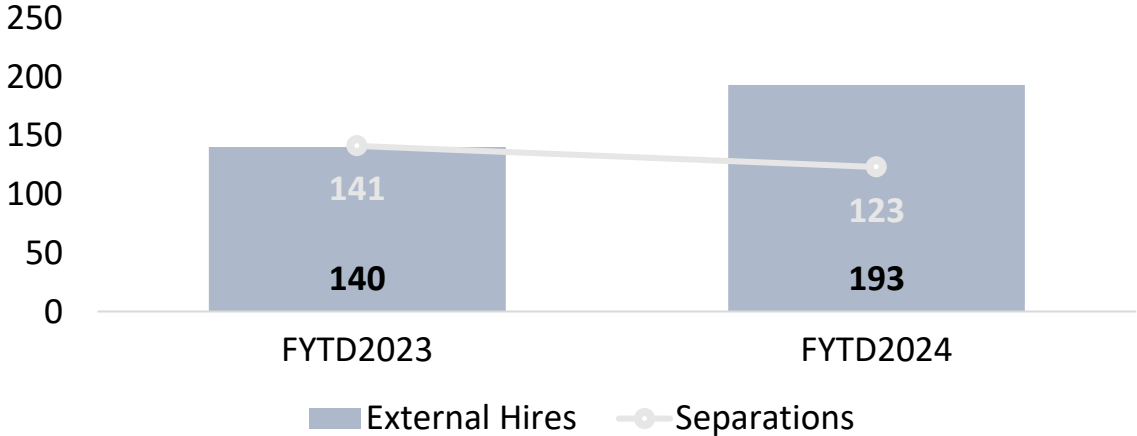
FY24 thru 07/31/24



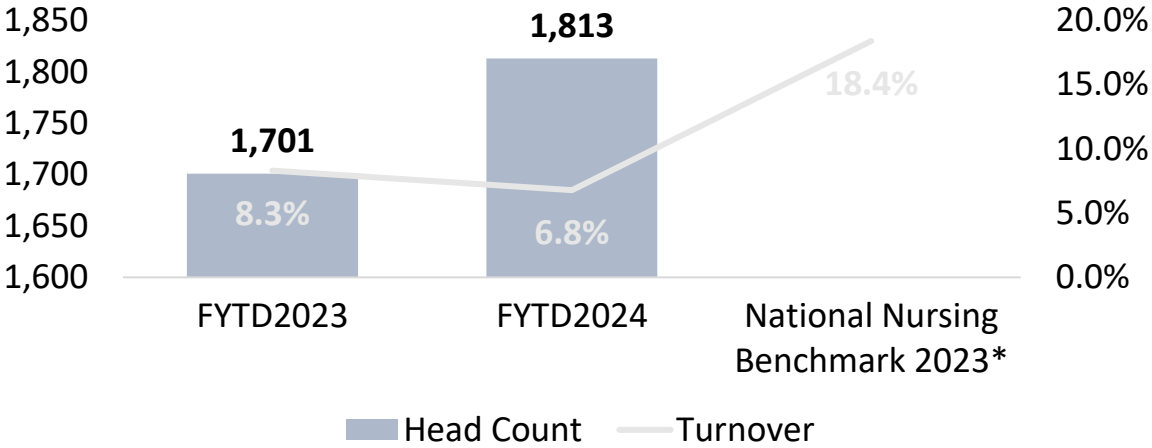
Current as of 08/05/2024

Nurse Hiring Velocity: 2023 vs 2024

Yearly Hires and Separations



Head Count



HEALTH

Source: 2024 NSI Nursing Solutions, Inc.

Managed Care Metrics



Presented to the Cook County Health Board on 8/23/24



COOK COUNTY
HEALTH

Current Membership

Monthly membership as of July 5th, 2024

Category	Total Members	ACHN Members	% ACHN
FHP	244,529	12,496	5.1%
ACA	104,979	12,443	11.9%
ICP	31,068	4,705	15.1%
MLTSS	9,324	-	0%
SNC	7,405	332	4.5%
HBIA	22,216	2,250	10.1%
HBIS	6,718	702	10.4%
Total	426,239	32,928	7.7%

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: Health Benefit for Immigrant Adults/Seniors

Managed Medicaid Market

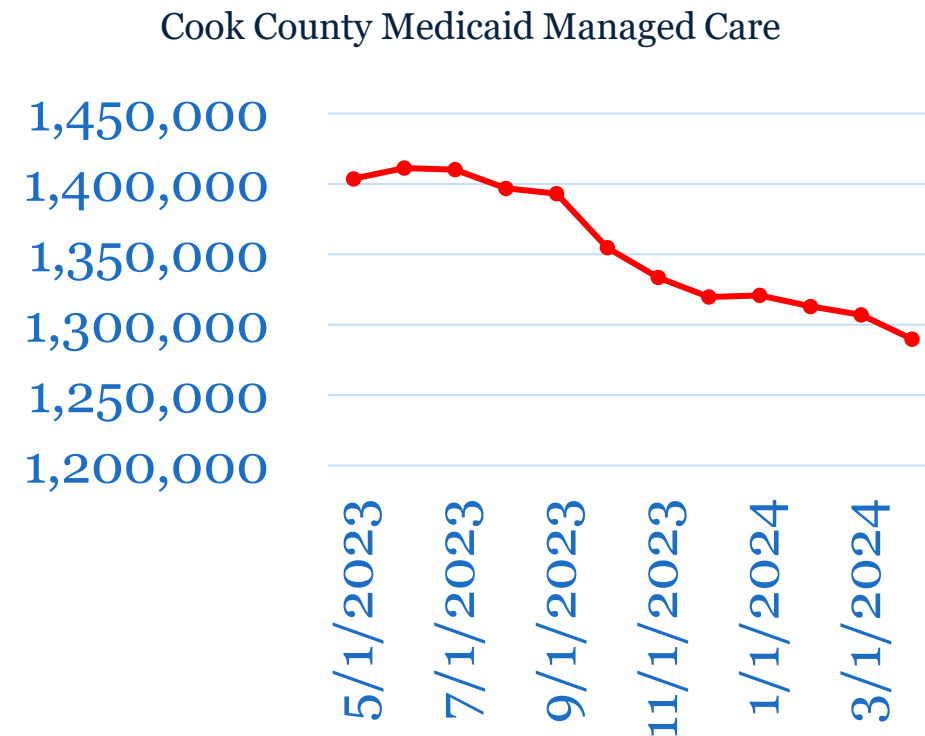
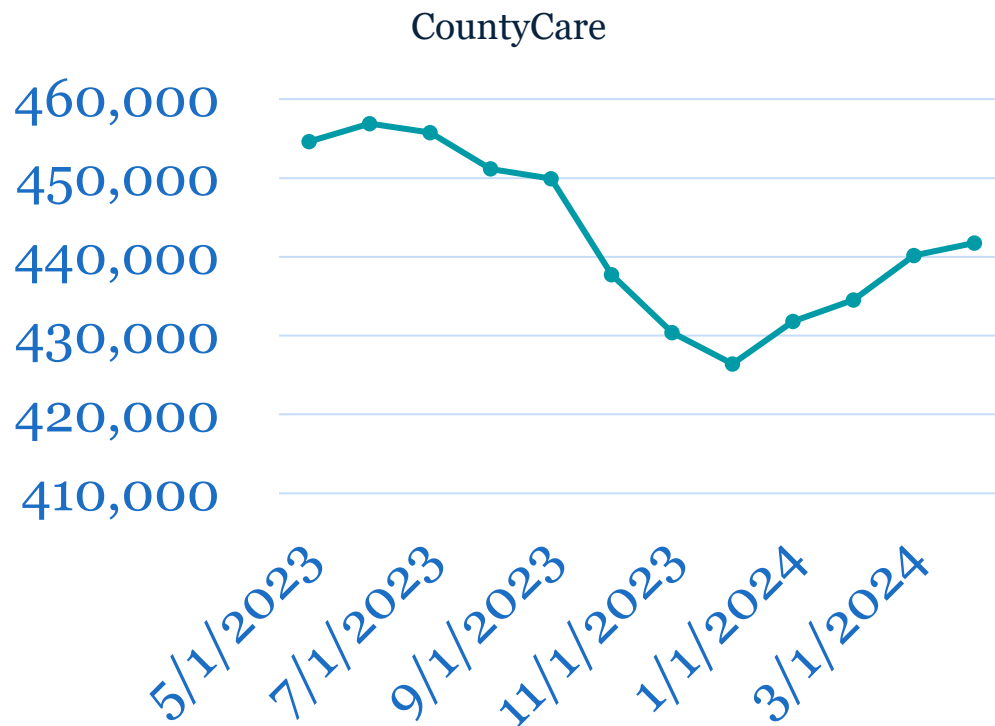
Illinois Department of Healthcare and Family Services April 2024 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	441,754	34.2%
Blue Cross Blue Shield	351,247	27.2%
Meridian (a WellCare Co.)	280,663	21.8%
IlliniCare (Aetna/CVS)	117,040	9.1%
Molina	90,203	7.0%
YouthCare	8,986	0.7%
Total	1,289,893	100.0%

* Only Operating in Cook County

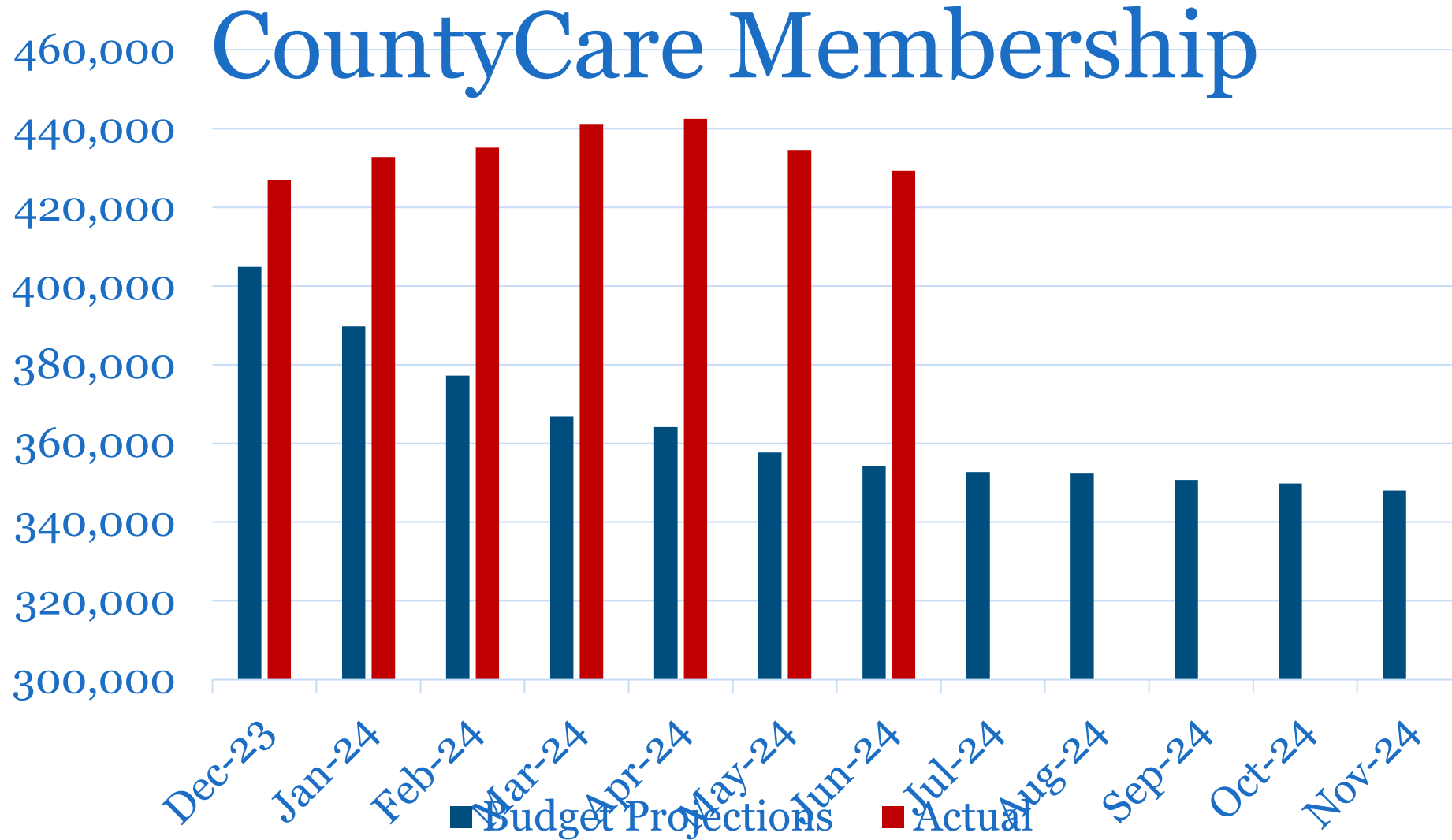
IL Medicaid Managed Care Trend in Cook County (charts not to scale)

CountyCare's enrollment **increased** 0.36% in April 2024 compared to the prior month, which can be attributed to HBI enrollment, and outperforms Cook County's **decrease** of 1.31%



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

FY 24 Budget | Membership



Operations Metrics: Call Center & Encounter Rate

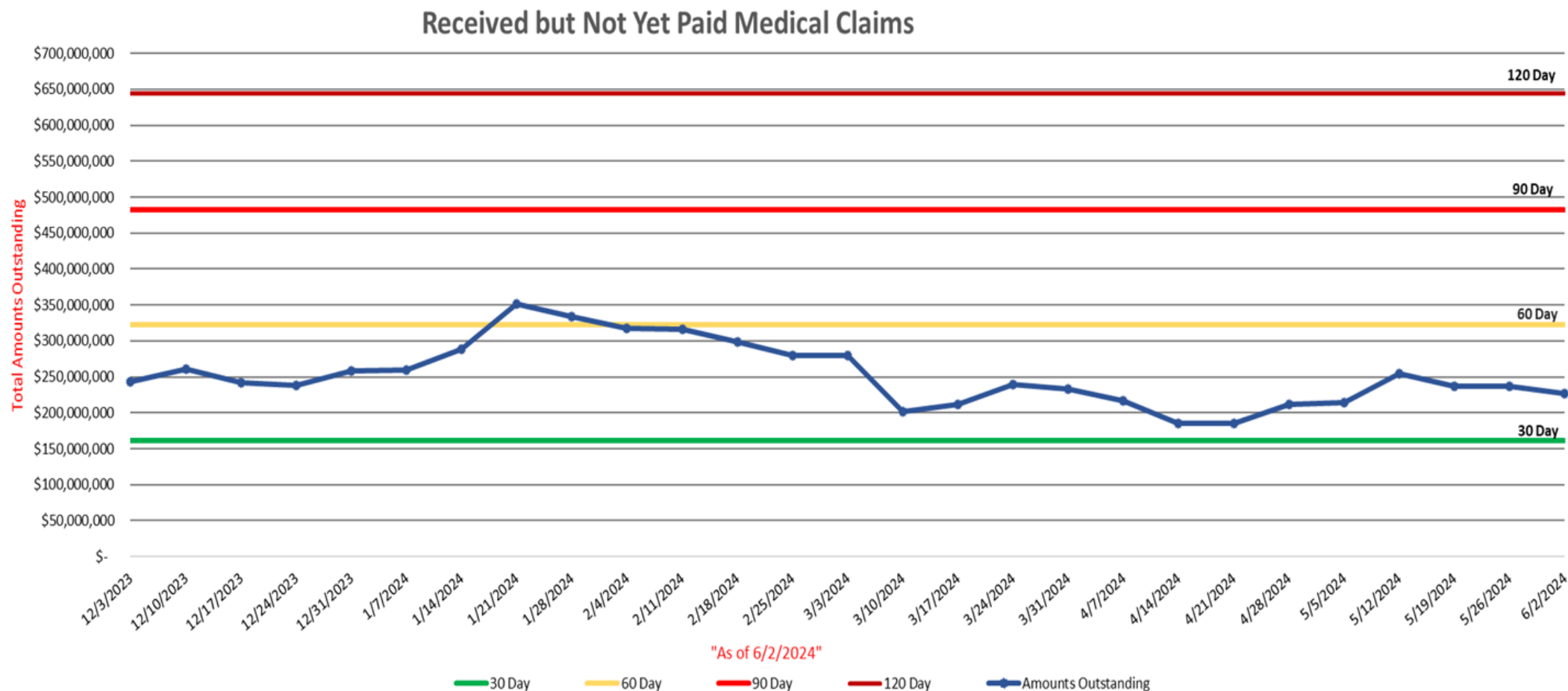
		Performance		
Key Metrics	State Goal	Apr 2024	May 2024	Jun 2024
Member & Provider Services Call Center Metrics				
Inbound Call Volume	N/A	57,461	53,595	48,358
Abandonment Rate	< 5%	1.75%	2.13%	1.61%
Average Speed to Answer (minutes)	1:00	0:22	0:29	0:26
% Calls Answered < 30 seconds	> 80%	86.31%	82.56%	84.55%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Current v. Prior Year: IP Acute Admits/1000

Acute Admits/k



Claims Payments



*Assumes average of 15 days to process claims

*Assumes \$80.5M in pending claims not yet adjudicated

*Medical claims only- does not include pharmacy, dental, vision or transportation claims. These claims typically average a 30-60 day payment timing.

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
Week of 6/2/2024	\$ 197,157,668	\$ 29,434,635	\$ 124,237	\$ 33,748	\$ 226,750,289

*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

Quality & Patient Safety Metrics



Presented to the Cook County Health Board on 8/23/24



COOK COUNTY
HEALTH

Stroger Op Ex Steering Committee Dashboard

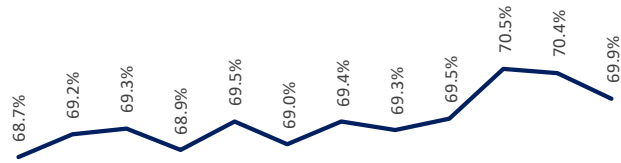
Op Ex Steering Committee Dashboard for Stroger Hospital																
DOMAIN WORKGROUPS		Metrics														
PATIENT EXPERIENCE		Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	#####	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
	Rolling 12-month % Top Box for Comm. w/ Nursing Domain	73.00%	77.00%	69.30%	68.70%	69.17%	69.30%	68.86%	69.45%	68.97%	69.43%	69.27%	69.51%	70.53%	70.44%	69.91%
	Monthly % Top Box for Comm. w/ Nursing Domain	73.00%	77.00%	69.30%	66.51%	76.00%	73.45%	66.51%	69.28%	61.43%	70.34%	75.59%	72.48%	73.20%	66.11%	66.78%
		* still updating survey returns *														
		Target	Stretch Target	Baseline	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
	Rolling 12-month Survey Response Rate *	15.00%	16.00%	13.60%	8.30%	13.00%	13.30%	13.50%	13.50%	13.00%	13.70%	13.80%	13.70%	13.60%	13.40%	13.00%
	Monthly Survey Response Rate*	15.00%	16.00%	13.60%	12.90%	13.50%	16.40%	14.30%	14.50%	11.00%	12.70%	12.70%	13.40%	13.20%	12.30%	10.00%
CLINICAL OUTCOMES		Target	Stretch Target	2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
	Monthly Volume of CLABSI			11	0	2	1	1	1	1	1	1	0	0	0	1
	SIR Rate CLABSI	0.8	n/a	0.76	0.00	2.00	0.76	0.78	0.61	0.60	0.80	0.75	0.00	0.00	0.00	0.99
		Target	Stretch Target	2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
	Monthly Volume of CAUTI			11	2	0	0	0	2	2	1	0	2	0	1	4
	SIR Rate CAUTI	0.8	n/a	0.47	1.00	0.00	0.00	0.00	1.00	1.00	0.51	0.00	0.89	0.00	0.53	2.19
		Target	Stretch Target	Baseline	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
	Monthly Volume of VTE PSI-12	<=7	0	14	3	1	0	1	2	2	0	0	1	3	2	1
	Observed over Expected Ratio PSI-12				2.41	0.80	0.00	1.06	2.04	0.90	0.00	0.00	0.82	2.29	1.94	1.26
READMISSIONS		Target	Stretch Target	Baseline	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	April	May-24
	Rolling 12-month All Cause, All Payer, All Age - Readmissions Rate - CMS Definition Same Hospital	8.40%	8.00%	9.40%	9.22%	9.28%	9.19%	9.20%	8.89%	8.91%	8.76%	8.52%	8.55%	8.42%	8.37%	8.22%
	Monthly All Cause, All Payer, All Age - Readmissions Rate - CMS Definition Same Hospital	8.40%	8.00%	9.40%	8.28%	9.45%	8.48%	9.60%	6.65%	8.47%	7.37%	6.79%	8.61%	7.72%	8.28%	8.76%
		Target	Stretch Target	Baseline	4/22-3/23	5/22-4/23	6/22-5/23	7/22-6/23	8/22-7/23	9/22-8/23	10/22-9/23	11/22-10/23	12/22-11/23	1/23-12/23	2/23-1/24	3/23-2/24
	IHA Rolling 12-Month All Cause All Payer - Readmissions including other hospitals **	13.00%	12.00%	14.00%	14.13%	13.80%	14.09%	14.00%	14.08%	13.86%	13.59%	13.38%	13.47%	13.41%	13.13%	13.03%
THROUGHPUT		Target	Stretch Target	Baseline	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
	Monthly GMLOS Avg Variance in days, excluding patients >30 days LOS	1.23	0.73	1.73	1.94	1.56	2.00	1.27	1.71	2.08	2.12	2.60	2.12	1.91	1.53	2.13



Stroger Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Stroger Hospital

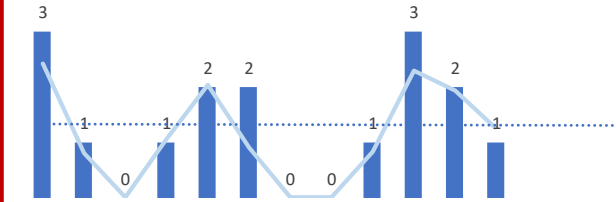
Stroger Rolling 12-month % Top Box for Communication w/ Nursing Domain



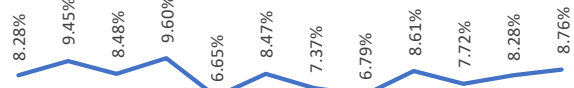
Stroger Rolling 12-month Survey Response Rate



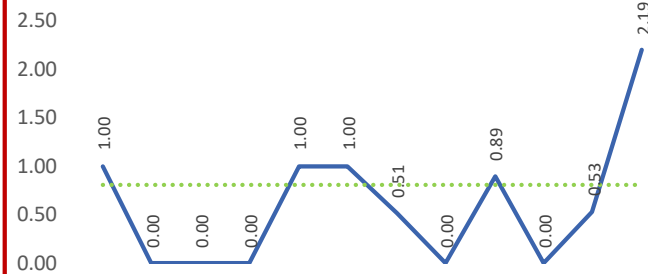
Stroger Volume of PSI-12 - Perioperative Pulmonary Embolism or Deep Vein Thrombosis



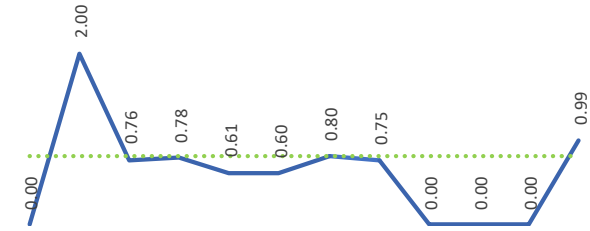
Stroger Monthly All Cause Readmissions Same Hospital



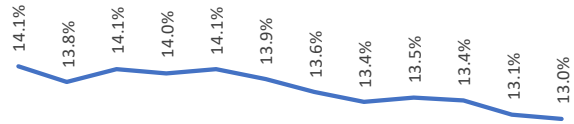
Stroger Monthly CAUTI SIR



Stroger Monthly CLABSI SIR



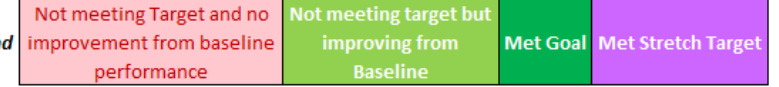
Stroger Rolling 12-month All Cause Readmissions including Readmissions Elsewhere



Stroger Monthly GMLOS Variance



Legend



Data sources: Patient Experience from Press Ganey; HAls-Infection Control Dept; VTE PSI - Vizient; Readmissions - Vizient & Illinois Hospital Association; CMI-Vizient

Author: J. Rozenich, BS, MBA

* Survey Responses are refreshed retroactively up to 6-8 months back

**IHA data is updated quarterly



COOK COUNTY
HEALTH

Provident Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Provident Hospital

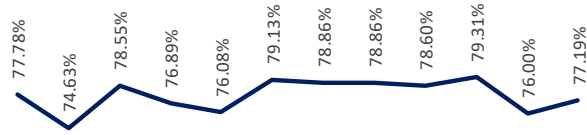
DOMAIN WORKGROUPS		Metrics														
PATIENT EXPERIENCE		Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
	Rolling 12-month % Top Box for Comm. w/ Nursing Domain	79.80%	80.00%	74.63%	77.78%	74.63%	78.55%	76.89%	76.08%	79.13%	78.86%	78.86%	78.60%	79.31%	76.00%	77.19%
	Monthly % Top Box for Communication w/ Nursing Domain	79.80%	80.00%	74.63%	96.30%	66.67%	80.00%	63.64%	55.56%	100.00%	63.89%	85.16%	71.48%	80.00%	60.00%	100.00%
					* still updating survey returns *											
					Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
	Rolling 12-month Survey Response Rate*	18.00%	20.00%	11.80%	11.90%	12.00%	11.90%	12.30%	12.70%	12.40%	12.70%	12.10%	12.80%	13.80%	13.40%	14.40%
	Monthly Survey Response Rate*	18.00%	20.00%	11.80%	17.40%	14.30%	10.90%	15.40%	15.40%	12.70%	9.80%	10.90%	17.00%	23.50%	4.80%	16.30%
CLINICAL OUTCOMES		Target	Stretch Target	Baseline	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
	Rolling 12 month SEP-1 Bundle Compliance	60.00%	65.00%	50.00%	48.65%	50.00%	45.00%	46.15%	47.50%	46.15%	42.11%	42.11%	39.53%	43.24%	45.71%	41.94%
	Monthly SEP-1 Bundle Compliance	60.00%	65.00%	50.00%	50.00%	66.67%	25.00%	33.00%	100.00%	0.00%	33.00%	0.00%	33.33%	n/a	100.00%	n/a
		Target	Stretch Target	Baseline	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24		
	Monthly Hand Hygiene Compliance	80.00%	90.00%	75.38%	72.78%	67.86%	65.07%	73.51%	75.12%	77.37%	84.73%	88.06%	83.80%	86.77%		
THROUGHPUT		Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
	Rolling 12-month LWBS	4.50%	4.00%	5.50%	4.46%	5.18%	5.51%	5.93%	6.49%	7.17%	7.40%	6.97%	7.63%	7.63%	7.80%	7.97%
	Monthly LWBS Rate	4.50%	4.00%	5.50%	5.95%	13.00%	8.09%	11.45%	11.59%	11.66%	5.56%	6.03%	3.77%	4.66%	6.20%	7.90%



Provident Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Provident Hospital

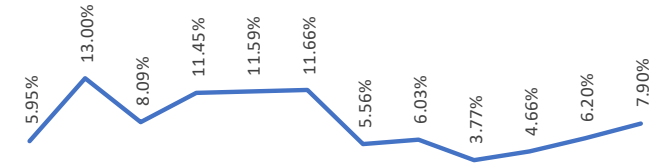
Provident Rolling 12-month % Top Box for Communication w/ Nursing Domain



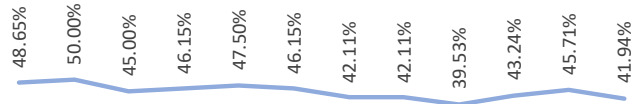
Provident Rolling 12-month Survey Response Rate



Provident Monthly LWBS Rate



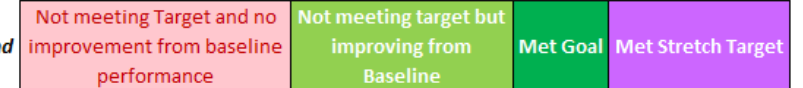
Provident Rolling 12-month SEP-1 Bundle Compliance Rate



Provident Monthly Hand Hygiene Compliance



Legend



Data sources: Patient Experience from Press Ganey; Sep-1 Bundle chart abstracted CMS measure; Hand Hygiene TST Infection Control observation software; LWBS - BI Tableau

Author: J. Rozenich, BS, MBA

**Survey returns are refreshed historically as data is received*

n/a = no cases



COOK COUNTY
HEALTH

ACHN Op Ex Steering Committee Dashboard

Op EX Steering Committee Dashboard for ACHN

WORKGROUPS Metrics

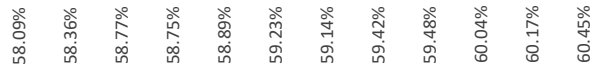
PATIENT EXPERIENCE

	Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Rolling 12-month Concern of nurse/asst for problem	61.34%	63.56%	58.77%	58.09%	58.36%	58.77%	58.75%	58.89%	59.23%	59.14%	59.42%	59.48%	60.04%	60.17%	60.45%
Monthly Concern of nurse/asst for problem	61.34%	63.56%	58.77%	59.52%	59.18%	60.57%	59.56%	61.37%	62.83%	57.25%	61.18%	59.77%	63.96%	60.00%	61.77%
Rolling 12-month Provider CP explanations of prob/condition	66.80%	69.84%	64.78%	64.58%	64.76%	64.78%	64.83%	64.98%	65.14%	64.94%	64.96%	64.97%	65.30%	65.61%	65.78%
Monthly Provider CP explanations of prob/condition	66.80%	69.84%	64.78%	65.03%	66.18%	64.88%	64.08%	67.58%	67.38%	62.36%	65.28%	64.04%	69.01%	68.04%	66.74%
Rolling 12-month Courtesy of registration staff †	60.00%	65.00%	60.00%			60.00%	59.59%	60.90%	61.70%	60.27%	59.66%	59.88%	60.33%	60.58%	60.76%
Monthly Courtesy of registration staff †	60.00%	65.00%	60.00%			60.00%	59.59%	62.31%	63.55%	58.10%	57.70%	60.96%	62.40%	62.01%	62.20%

HEDIS

	Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Rolling 12-month Hypertension Population Management BP <140-90 (Engaged & Affiliated)	55.00%	60.00%	50.53%	58.00%	57.00%	56.00%	55.20%	54.90%	54.00%	54.30%	53.90%	55.00%	55.80%	58.60%	56.90%
Rolling 12-month Cervical Cancer Screening (Engaged & Affiliated)	47.00%	52.00%	42.83%	46.40%	46.40%	45.06%	45.91%	46.13%	46.00%	46.20%	46.10%	46.30%	46.60%	47.00%	47.30%

ACHN Amb Services Rolling 12-month Concern of nurse/asst for problem



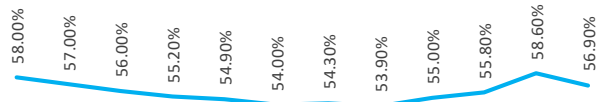
ACHN Amb Services Rolling 12-month Provider CP explanations of prob/condition



ACHN Amb Services Rolling 12-month Courtesy of registration staff †



ACHN Amb Services Rolling 12-month Hypertension Population Management BP <140-90 (Engaged & Affiliated)



ACHN Amb Services Rolling 12-month Cervical Cancer Screening (Engaged & Affiliated)



Legend

Not meeting Target and no improvement from baseline performance	Not meeting target but improving from Baseline	Met Goal	Met Stretch Target
-----------------------------------------------------------------	------------------------------------------------	----------	--------------------

Data sources: Patient Experience from Press Ganey; Sep-1 Bundle chart abstracted CMS measure; Hand Hygiene TST Infection Control observation software; LWBS - BI Tableau

Author: J. Rozenich, BS, MBA



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