

Minutes of the Special Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Monday, September 21, 2020 at the hour of 3:00 P.M. This meeting was held by remote means only, in compliance with Illinois Public Act 101-0640.

**I. Attendance/Call to Order**

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; Mary Richardson-Lowry; Otis L. Story, Sr.; Layla P. Suleiman Gonzalez, PhD, JD; and Sidney A. Thomas, MSW (11)

Absent: Vice Chair David Ernesto Munar (1)

Additional attendees and/or presenters were:

Debra D. Carey – Interim Chief Executive Officer  
Andrea Gibson – Interim Chief Business Officer

Jeff McCutchan –General Counsel  
Deborah Santana – Secretary to the Board

**II. Electronically Submitted Public Speaker Testimony (Attachment #1)**

The Secretary read the following electronically submitted public speaker testimonies into the record:

1. Edrienna Jamison - Registered Nurse, Provident Hospital
2. Martha Merrill - AFSCME Council 31
3. Dian Palmer – SEIU Local 73
4. Angela Walker – Registered Nurse
5. Doctors Council SEIU
6. Donna Dubose – Registered Nurse, University of Chicago Ingalls Memorial Hospital
7. Java Swington – Registered Nurse, University of Chicago Ingalls Memorial Hospital
8. Elizabeth Lalasz – Registered Nurse, Stroger Hospital
9. Astria Johnson – Registered Nurse, University of Chicago
10. Monica Owens – Registered Nurse, Provident Hospital
11. Imelda Allen – Nurse, Provident Hospital
12. Falguni Dave – Nurse, Stroger Hospital
13. Martese Chism – RN Case Manager, CCH
14. Genevieve Lewis – Registered Nurse, CCH NICU
15. Joyce Ball – Registered Nurse, Provident Hospital

**III. Action Items**

- A. Minutes of the Special Board of Directors Meeting of September 11, 2020**  
**Reconsideration of Cook County Health (CCH) FY2021 Preliminary Budget, as amended and approved on September 11, 2020**  
**Approval of the Proposed Cook County Health FY2021 Preliminary Budget**

The Proposed CCH FY2021 Preliminary Budget as introduced on August 28, 2020 is included as Attachment #2.

As a member of the prevailing side, Director Koetting moved to reconsider the Board's vote approving the CCH Preliminary Budget at the September 11, 2020 Special Board Meeting. The motion was seconded by Director Story. A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock and Directors Deer, Driscoll, Gugenheim, Koetting, Prendergast, Richardson-Lowry, Story, Suleiman Gonzalez and Thomas (10)

Nays: Director Reiter (1)

Absent: Vice Chair Munar (1)

THE MOTION CARRIED.

Debra D. Carey, Interim Chief Executive Officer, invited Andrea M. Gibson, Interim Chief Business Officer, to provide an overview of the proposed \$10 million FY2021 Proposed Budget Amendment (Attachment #3). The Board reviewed and discussed the information.

Director Koetting, seconded by Director Story, moved to amend the motion on the floor, to remove the increase of \$23 million from the original Preliminary Budget and replace it with an increase of \$10 million to be attributed to the programs just outlined in the supplemental presentation. A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock and Directors Deer, Driscoll, Gugenheim, Koetting, Story, Suleiman Gonzalez and Thomas (8)

Nays: Directors Prendergast, Reiter and Richardson-Lowry (3)

Absent: Vice Chair Munar (1)

THE MOTION CARRIED.

Director Koetting, seconded by Director Deer, moved to approve the CCH Preliminary Budget, as amended. A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock and Directors Deer, Driscoll, Gugenheim, Koetting, Story, Suleiman Gonzalez and Thomas (8)

Nays: Directors Prendergast, Reiter and Richardson-Lowry (3)

Absent: Vice Chair Munar (1)

THE MOTION CARRIED.



Cook County Health and Hospitals System  
Minutes of the Special Board of Directors Meeting  
September 21, 2020

ATTACHMENT #1

9/21/20 Special Board Meeting – list of public speakers

1. Edrienna Jamison - Registered Nurse, Provident Hospital
2. Martha Merrill - AFSCME Council 31
3. Dian Palmer – SEIU Local 73
4. Angela Walker – Registered Nurse
5. Doctors Council SEIU
6. Donna Dubose – Registered Nurse, University of Chicago Ingalls Memorial Hospital
7. Java Swington – Registered Nurse, University of Chicago Ingalls Memorial Hospital
8. Elizabeth Lalasz – Registered Nurse, Stroger Hospital
9. Astria Johnson – Registered Nurse, University of Chicago
10. Monica Owens – Registered Nurse, Provident Hospital
11. Imelda Allen – Nurse, Provident Hospital
12. Falguni Dave – Nurse, Stroger Hospital
13. Martese Chism – RN Case Manager, CCH
14. Genevieve Lewis – Registered Nurse, CCH NICU
15. Joyce Ball – Registered Nurse, Provident Hospital

## Testimony For Special Board Meeting

Kindra Perkins [REDACTED]

Fri 9/18/2020 6:35 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

Good Evening Debbie. Here is a statement provided by one of our nurses. Please statement below:

To Whom It May Concern:

"My name is Edrienna Jamison. I am an ICU RN at Provident Hospital. The ICU in Provident has been closed since March of 2020. Initially, Cook County Management told us that they closed the ICU in order to deploy nurses to the most affected areas in regard to COVID19. We, the ICU nurses understood the duty before us in a global pandemic and we went wherever the need was. In June of 2020, units that were previously closed began to reopen. The nurses at Provident inquired about the ICU reopening. At that time, they told us that they there were no plans to reopen the ICU and services had been suspended. This came as a complete and total shock to us. We never received any notice that we would not be returning to our home unit. We were informed that because our unit was closed, management was supposed to send formal notice to our union and we were supposed to get the opportunity to go through the displacement process. That never happened.

For the past several months, my colleagues and I have been floated across the hospital day in and day out and the patients in that community were without an ICU. Our displacement has caused tension and instability amongst our coworkers in other units. We go to work each day anxious and uncertain about our assignment. Additionally, we have also been working multiple shifts. This places a strain on our mental and physical capacity.

This past Monday, we were under the impression that we would get some relief and clarity as we were finally scheduled for an impact bargaining session with County after months of requesting the meeting. On Monday, CCHS management informed us they needed to reschedule because they were not prepared to answer basic questions about the closure of the ICU. This was extremely disheartening.

This speaks to the broader issues at hand. The cuts that Provident Hospital is facing will tremendously impact the access to health services for our patients. Does the County care about the patients in this community that Provident serves? The lack of urgency from CCHS to provide vital services for this community is shameful."

**Kindra Perkins**  
**Labor Representative**



*When Nurses Fight, Patients Win*

| September 21, 2020

Cook County Health Systems  
Board of Directors  
1950 W. Polk Street  
Chicago, IL 60612

RE: Testimony: Reconsideration of the Approved FY 2021 Cook County Health Budget

AFSCME Council 31 represents some 1,250 employees of the Cook County health system who work in a wide variety of roles in nearly all healthcare programs and locations, including patient navigators, epidemiologists, administrative assistants, financial counselors and many other technical, professional and clerical positions.

The strong action taken by the Board of Directors on September 11<sup>th</sup> to amend the FY 21 preliminary budget and restore \$23 million in program and staffing cuts is to be commended. The amended budget adopted by the Board protects vitally important services that Cook County Health Systems provides and recognizes that, during the current public health crisis, now is not the time to make healthcare less accessible to county residents. The Board adopted a budget that was in the best interest of the Cook County Health System and the residents it serves.

A reversal of the Board's action, even if it is a partial rollback of the \$23 million, will lead to layoffs, facility closures and cuts to healthcare services.

AFSCME firmly opposes any budget that makes cuts to healthcare services and forces residents of South Side neighborhoods to travel farther to access such care. This includes the proposed downgrading of the Provident Emergency Department to an urgent care center and the closure of both the Near South and Woodlawn clinics.

AFSCME firmly opposes any plans to lay off County healthcare workers. Especially given the unparalleled public health and economic crisis facing this country, all efforts should be made to avoid any job loss at this time. It is particularly disturbing that the County would plan to lay off healthcare employees when so many have been working for months now caring for COVID patients in extremely high risk environments—putting their own health and that of their families in jeopardy.

We urge the Cook County Health Systems Board of Directors to stand by the budget it adopted and be unwavering advocates for adequate funding of the Health System. Cook County Health System should be expanding health care services instead of cutting services to underserved communities. AFSCME stands ready to support efforts to identify needed resources for the health system during these unparalleled times.

Martha Merrill  
Director of Research and Employee Benefits  
AFSCME Council 31

Dian Palmer  
President  
SEIU Local 73  
Statement to CCHHS Board on September 21, 2020

The recommended budget reductions presented to the CCHHS Board this summer are the wrong way to approach the CCHHS budget. The Cook County Health and Hospital System is the safety net for all Cook County residents. We see Cook County healthcare services as vital. That is why CCHHS employees risk their lives during the COVID pandemic to show up for work every day. They are not receiving pandemic pay like their colleagues at other health systems. The employees continue to come to work each day because they know patients cannot seek services elsewhere.

Instead of closing clinics, restricting access to emergency services, privatizing healthcare services and laying off essential workers; this Board should seek to expand services in an effort to reach more patients.

The proposed closures of the Cook County Near South clinic at 35<sup>th</sup> and South Michigan and Cook County Woodlawn Clinic at 63<sup>rd</sup> and Woodlawn, the reduction of services at Provident Hospital at 51<sup>st</sup> and Martin Luther King Dr. cannot be looked at solely through the lens of the CCHHS budget. The closures of Michael Reese, the announced closure of Mercy Hospital and the unsustainable financial situations of the Advocate Trinity, South Shore, and St. Bernard Hospitals create the possibility of a large healthcare desert on Chicago's near South Side.

Furthermore, the privatization of the Morton East clinic is a mistake. Public services should be delivered by public employees. Private companies delivering healthcare and support services inside the CCHHS system have proved to be disastrous – the example of Morrison Healthcare is fresh in our minds.

Cook County Health and Hospital System should be expanding mental, behavioral and general health services instead of cutting services that poor, uninsured, underinsured, and Black and Brown communities rely upon.

SEIU Local 73 members urge the members of the CCHHS to reject this budget proposal.



First to think of a budget cut is unfathomable option in the middle of a Pandemic which has catapulted into increases in opioid addiction and a rising suicide rates. CCHHS has proven its worth by continuing to improve the health and wellness in a community that is already underserved and was hit the hardest statistically by COVID. The budget cut is a slap in the face of the many health care workers that continue to assist the public in the Southeast neighborhood. 30,000 plus ER visits alone show proof that the cuts are unwarranted and where will these 30,000 plus ER patients be treated after these cuts? They will flock to neighboring hospitals causing an overflow. It's severely disappointing to see that these budget cuts will simply widen the gap and negatively impact the outcomes in the "BIPOC" communities compared to the more funded white communities. These cuts need not even be considered as an option.

Angela Walker, RN

## **Doctors Council SEIU statement in opposition to Cook County Health's FY2021 budget proposal**

Doctors Council SEIU represents the attending physicians, dentists, and psychologists of Cook County Health. As such, our members – including the undersigned – are always concerned about timely access to quality healthcare services, especially for underserved communities of color. This is especially so now during the COVID-19 pandemic, which has disproportionately affected these communities and caused them to suffer the most.

We cannot support Cook County Health's FY2021 budget proposal because it includes facility closures, cuts to healthcare services, and layoffs. We strongly oppose CCH's plans to eliminate the Pediatric Inpatient Unit; privatize the Chicago Children's Advocacy Center and Morton East Adolescent Health Center; downgrade the Provident Emergency Department to an urgent care center; and close both the Near South and Woodlawn Clinics. To make these cuts in healthcare access in the midst of a brutal pandemic is especially wrong and harmful to these communities.

We strongly strongly oppose any plans to layoff County healthcare workers and believe that Cook County should work towards alternatives that would not cost workers their jobs. The County budget problems need to be solved but not on the backs of those who work for the CCH, who have given and continue to give so much to deal with the COVID-19 pandemic. Layoffs will clearly make our economic crisis worse by adding to an already record number of job losses.

We also strongly oppose these actions for patient care reasons. Closing facilities and eliminating services will make it harder for the residents of Cook County to access healthcare. Compounding the problem, first, is the reduction of services happening on the South Side of Chicago with the impending closures of Mercy Hospital and reduction in services at Holy Cross and Jackson Park hospitals. Second, is our current economic crisis, which has caused rates of unemployment not seen since the Great Depression and led directly to 175,000 Illinoisans losing their health insurance.

We appreciate that the County has publicly decried and have made calls to address racial inequities in healthcare, in particular, and systemic racism, in general. But the cuts proposed by CCH contradict these positions.

We think there's a better way. We believe it's possible for CCH to make improvements to its services that would benefit our communities while lessening racial inequities in healthcare and stemming the tide of unemployment. We hope Cook County officials work to find a better way and oppose any closures, cuts to services, and layoffs.

The budget problems of Cook County should not be solved on the backs of our patients, communities, and healthcare workers.

Sincerely,

Dr. Annie Torres

Dr. Angela Bales

Dr. David Carr

Dr. Satra Mishra

Dr. Natasha Margeta

Dr. Chandra Chataut

Dr. Marlon Garcia

Dr. Fayez Mekael

Dr. Melanie Watson

Dr. Lisa Palivos

## **Doctors Council SEIU statement in opposition to Cook County Health's FY2021 budget proposal**

Dr. Salman Khan  
Dr. Justin Gandia  
Dr. Sully Cardona  
Dr. Pierre Nunez  
Dr. Patricia Hoyos  
Dr. Manisha Ogale  
Dr. Tapan Bhatt  
Dr. Nirmla Verma  
Dr. Jon Tottleben  
Dr. Alvi Saad  
Dr. Michelle Sergel  
Dr. Padma Kudaravalli  
Dr. Ramez Haddadin  
Dr. Brenda Taylor  
Dr. Nicole Baltrushes Hughes  
Dr. Ameena Khan  
Dr. Elma Augustine  
Dr. Leszek Balla  
Dr. Maia Feigon  
Dr. Lillian Holloway  
Dr. Jordan Moskoff  
Dr. Vishwanath Agrawal  
Dr. Carmen Adams  
Dr. Rajesh Dudani  
Dr. Paul N. Severin  
Dr. Jacek Ubaka  
    Dr. Nuzath Hussain  
Dr. Kimberly Dixon  
Dr. Sadhana Dharmapuri  
Dr. Mary Arlandson  
Dr. Harold Fuentes  
Dr. Aisha Wright  
Dr. Dhara P. Amin  
Dr. Robert Feldman  
Dr. Alessandra Tachauer  
Dr. Sheila Badri  
Dr. Hector Vydas  
Dr. Yaveen Santhiraj  
Dr. Abed Rahman  
Dr. John Case  
Dr. Carmella Barrett-Perry  
Dr. Ruhi Shariff  
Dr. Erik Ligas  
Dr. Ioana Haratau

## **Doctors Council SEIU statement in opposition to Cook County Health's FY2021 budget proposal**

Dr. Michael Giovingo  
Dr. Dipika Patel  
Dr. Kyngran Shim  
Dr. Rhonda Y. Gans  
Dr. Carolyn Adams-Winn  
Dr. John Keen  
Dr. Chinedu Oranu  
Dr. Swati Bhobe  
Dr. Caroline Kato  
Dr. Rafael Turbay  
Dr. Tatyana Kagan  
Dr. Linda Strozdas  
Dr. Philip Wong  
Dr. Simon Piller  
Dr. Michael Escoto

The county is behaving like vultures picking away at Provident hospital and closing clinics. With over 30,000 visits made to the hospital each year, it is obvious that the Southeast side community needs the services provided by Provident. I work in a hospital and have first-hand experience on how the proposed closures will effect the remaining hospitals. It will not be good. The county will be leaving tens of thousands of people of color without unimpeded access to healthcare. When combined with the effects of the CoVid pandemic and substance abuse the county's proposal will delay or even prevent residents throughout the area from receiving medical care. Area hospitals will be seriously overcrowded with patients seeking medical attention and the breach in healthcare services for white residents compared to residents of color will increase. It is immoral to provide for one group of people while with-holding care for another. The very last thing people of color deserve are budget cuts that will endanger their very existence.

Donna Dubose  
U of C Ingalls Memorial Hospital

As a Registered Nurse, I am dedicated to providing proper care to all my patients. It is unconscionable that the county would even consider cutting healthcare services to the residents of the Southeast Side. The lack of services in that part of Chicago limits access to vital services to the population and would cause a dangerous strain on other healthcare facilities. The whole nation is in the middle of a deadly pandemic that disproportionately affects the very same people color that your proposed cuts will target. Did the board even consider the additional opioid epidemic, suicide rate and overdoses when the proposal was drafted. The very proposals that CCHHS has presented will only add to the already existing lack of healthcare to communities of color. Why is that?

Java Swington  
Registered Nurse  
University of Chicago Ingalls Memorial Hospital

September 21, 2020

To: President Toni Preckwinkle and the Cook County Commissioners  
Re: Proposed Budget Cuts to Cook County Health and Hospital System

My name is Elizabeth Lalasz and I have been a registered nurse for close to ten years at Stroger Hospital, the flagship hospital for the Cook County Health and Hospital System. I am writing this as a statement to oppose any budget cuts which may be proposed to CCHHS due to the economic shortfall as a result of the Covid pandemic.

I both contracted Covid at Stroger Hospital and was then brought back to work after I recovered to a Covid-only unit for the inmates from the Cook County Jail. This is a devastating virus, which I saw firsthand from April-May 2020, which impacts Blacks, Latinos and people of color at much higher and alarming rates. This is not only well-documented occurring within Cook County, but nationally, as well.

Therefore, six months into this global pandemic and as we go into an very uncertain Fall, were myself and my colleagues, including many physicians, are predicting we will go into a "second wave" of the outbreak of Covid in Cook County across the U.S., it is unconscionable to shut down services and close the Emergency Room at Provident Hospital, which serves 30,000 patients a year and lay off healthcare workers. Covid has been well-documented to disproportionate impact people of color on the Southeast Side of our city.

This is not to mention the deep physical and psychosocial impact this pandemic has had these communities, which have documented increases in opioid overdoses and suicides, as people attempt to cope with the impact this virus has had on their family, friends and co-workers.

These proposed cuts and closures will without a doubt, will simply widen an already chasmic gap between whites and Black Brown and people of color affected by Covid in Chicago. Therefore, shutting and closing these vital services, to an already underserved community, will results in innumerable more positive cases potentially going untreated and many more possible deaths. Deaths of Black and Brown voters, who will be left to die at home or worse in inadequate healthcare facilities or in the streets. The County Board will have blood on its hands. These cuts will really be that grave.

I strongly encourage the Cook County Board and the Commissioners to not see fit to make any budgetary decisions to cut any of the crucial frontline direct healthcare services of any part of the Cook County Health and Hospital System in the midst of a worldwide pandemic which still has no cure. We need these services now, more than ever and must prioritize them over all other budgetary considerations at this time.

## Advocacy Statement for our NICU families

The COVID-19 pandemic has affected humans worldwide and has severely caused negative consequences for people who are socially and economically disadvantaged. One example of this is the disproportionate impact of the virus for people living on the Southeast Side of the City. The indigent are at risk for death and severe illness when the County shuts down services including an emergency department with a volume of 30,000 visits per year. The negative impact results in limited healthcare access for members of this community, thus increases congestion among the remaining area hospitals. Our healthcare system is already on overload and this will worsen the crisis.

Second, Cook County is facing an epidemic of opioid overdoses, suicides, deaths, and disability from COVID-19. Our NICU babies born unto addicted mothers deserve a chance at life and freedom from in utero drug addiction. Our NICU mothers come from all over the State of Illinois and Chicago. These are the women of all ages who are less advantaged socially and economically. To even consider cutting healthcare services at CCHHS is unthinkable at such a crucial time as this.

Last, there is a severe racial gap in health outcomes between whites and the BIPOC communities. Cutting funding will simply widen this gap and result in larger health outcome disparities. This has an overall impact on all people of a community, not just the underserved groups that the cuts are intended to negatively affect.

Thank you for your time and let us be responsible to care for our brethren.

Genevieve Lewis RN, BSN  
Cook County Health and Hospital Systems NICU RN



My name is Martese Chism and I am an RN Case Manager for Cook County Health. Today I am speaking out against the purposed cuts in services provided by Cook County which are concentrated on the SouthEast side of Chicago. These are communities that rely on the healthcare services our system provides and whose residents are primarily black or people of color. Provident Hospital's ER alone services over 30,000 patients a year. Right now we are battling multiple public health crises: the opioid crisis, gun violence, systemic racism and of course the COVID-19 pandemic. How can we cut resources during a global pandemic that has disproportionately impacted people of color and black communities here in Chicago? What institution or hospital can absorb those 30,000 patients? We treat all patients regardless of pay source and immigration status. We have already seen Jackson Park Hospital reduce services and Mercy is planning to close too. Will the remaining private health care institutions be able to take on care of these patients? The disparities in health outcomes based on race tell us that they won't. We need a public system that serves our community based on need, not on ability to pay. We are demanding a budget that fully funds the services our communities rely on and for the commissioners and directors of Cook County Health to vote against the proposed cuts in services within Provident and across the Cook County Health and Hospital System.

**Martese Chism, RN**

Case Manager, Cook County Health

Member, Board of Directors, National Nurses Organizing Committee

My name is Falguni Dave and I am a nurse working at Stroger In 7 west. I would like to remind you why cutting the county budget is going to cause more harm than good.

“COVID’s impact has not been equally shared in our County. The communities where services will be cut are those who were hit hardest by this pandemic. Why is it that when the County has to tighten its belt, it is communities of color that have to shoulder the burden? To me this proposed budget is yet another symptom of the public health crisis that is systemic racism.”

As a nurse who has been working during this unprecedented pandemic I urge you all to reconsider any thoughts you all may have on cutting the county budget that will negatively affect the residents of the southeast side or those in the most need of the public health system. If cuts need to be made I suggest that you look at cutting from administration where I am sure you will find many unnecessary admin and management positions you will be able to save a lot of money being wasted.

Hello Cook County Board of Directors

My name is Imelda Allen. I am a nurse that works in the Provident ER. I have been a nurse for over 45 years. 25 years at Cook County. As a nurse in the ER, over the years I have seen how not having enough staff and impacted the patients in this community. We are already in a staffing situation where we cannot properly care for the patients and the patients deserve more.

For me, I have huge concern with the safety of the patients. The patients that we serve heavily utilize Provident Hospital. Many of the patients are admitted through the ER. As a nurse that has been working at Provident for many years, I do not want to see services cut. Provident needs to be a priority and not an after thought. I understand that the budget needs to be balanced but it should not be balanced at the expense of the patients in this community.

It is my hope that the powers that be can find another solution to ensure a balanced budget. I am speaking on behalf of myself and all of patients that we serve when I ask to please be considered not cutting ER services at Provident Hospital.

-Imelda Allen

My name is Monica Owens. I have been a Nurse at Provident since 2007 Employed here since 1993 when the doors opened. I started out as a Med Tech and advanced to a Rn through the Stroger/MXC cohort. I had great expectations for my career and the service to be provided to our south side community.

My family and I reside in this community and I am a Cook county resident and tax payer. I have watched many great things happen at this hospital. My mom was supposed to be born here in 1938, but her mom hadn't completed her family planning documents. I have 2 other family members; one niece and a cousin that have delivered children here at Provident. This community depends on our Emergency room and the clinical staff to help them stay well. As the years have progressed since 1994 the loss of vital services has diminished the trust in County System health care as well as the partnerships at other facilities.

Before making another cut from this community please consider all the loss of the other healthcare sites. No other community system can care for the south side as we have. We have lost Michael Reese and now losing Mercy. Several clinics have closed or are closing. My hope is that we can put a halt to these cuts and take a serious look at resources that are needed at Provident instead of looking at what can be taken away. With this, we can serve the patients and have a plan to stop losing money and services.

OPPOSE

Dear Board,

I am registered nurse at the University of Chicago. My name is Astria Johnson and I work in the adult emergency room. I am writing to you today to ask that you vote against the changes that will harm our community and our patients. Reducing the valuable services provided by Provident will not only cause harm to the patients that may choose not to get care because Provident services aren't available, but also add to the already overcrowded ERs on Chicago's southside. This will only continue to get worse when Mercy Hospital closes. This is my community, and further reductions to our most vulnerable patients will only make healthcare outcomes for people of color and people in poverty worse than they already are right now. Please do the right thing and retain Provident services.

Astria Johnson

My name is Joyce Ball RN, BSN. I have been a nurse for 30 years. I work in the Provident ER for 20 years. Provident is a community based Hospital for predominately seniors and black and brown people. We provide affordable health services and inability to pay is not considered. The only full service emergency department left anywhere near this area is The University of Chicago. That facility's ER is already overwhelmed and majority of the patients can't afford those services.

The closure of the full service ER at Provident will force the uninsured to not to seek medical attention which may cause serious harm, disability or even be fatal if their health concern is not addressed. We already have an underlying issue with black and brown people not getting the health services they need in order to maintain their health. With this cut to services, Cook County will have a hand in exacerbating these health disparities.

I am imploring Cook County to reconsider making these drastic cuts to a community that is already suffering and facing so many challenges. Please make these decisions with the patients in mind.

Thank You for your time

Cook County Health and Hospitals System  
Minutes of the Special Board of Directors Meeting  
September 21, 2020

ATTACHMENT #2

# FY2021 Proposed Budget

Debra Carey, Interim CEO

Andrea Gibson, Interim Chief Business Officer

August, 2020



COOK COUNTY  
**HEALTH**



# FY2020-FY2021 Budget

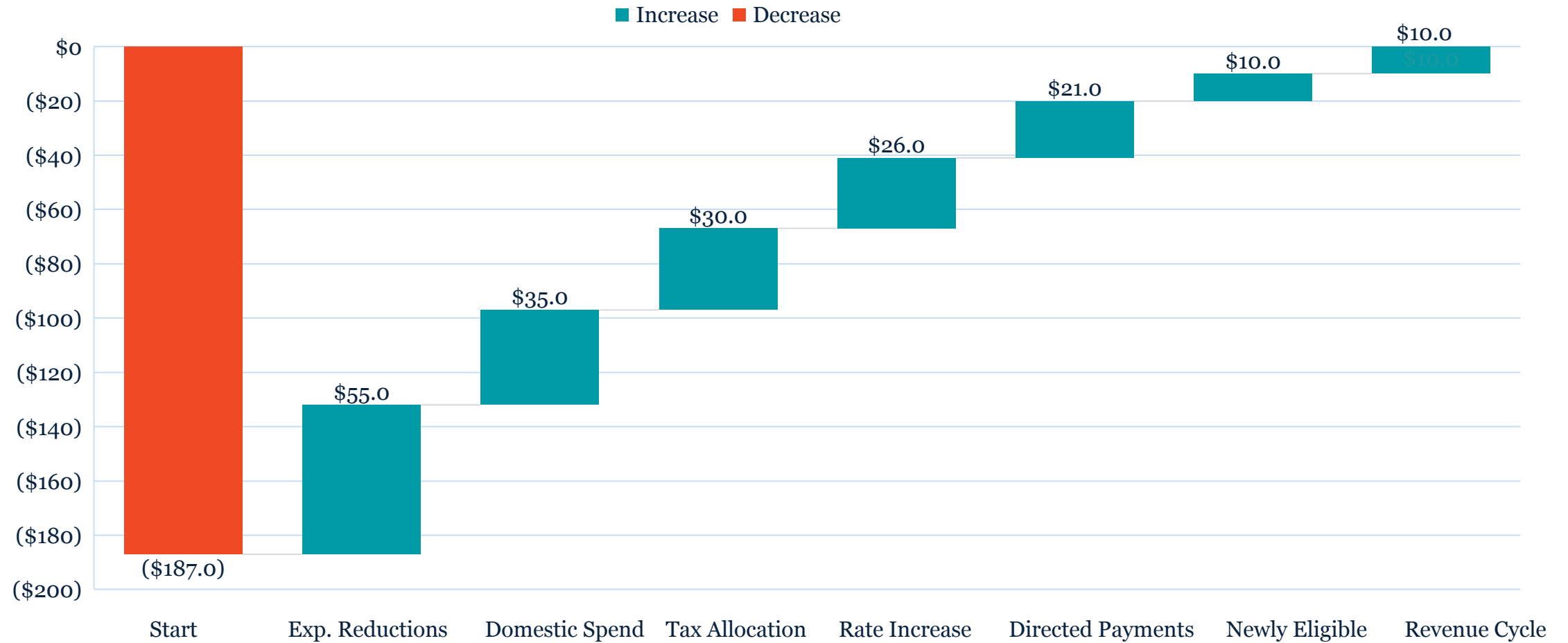
In millions	FY2020 Adjusted Appropriation	FY2021 Proposed Budget	Variance	FY2020 FTEs	FY2021 FTEs	Variance
CountyCare	\$1,760	\$2,226	\$465	182	356	174
Correctional and Public Health*	\$99	\$120	\$21	755	1,212	457
CCH Provider**	\$965	\$1,032	\$66	5,664	5,541	(123)

\*Public Health includes Contact Tracing Grant, which expires June 30,2021 and 374 FTE's

\*\*CCH Provider includes Integrated Care Management (ICM), predominately Care Coordination



# Closing the FY21 Deficit - Total



# FY2021 Proposed Budget

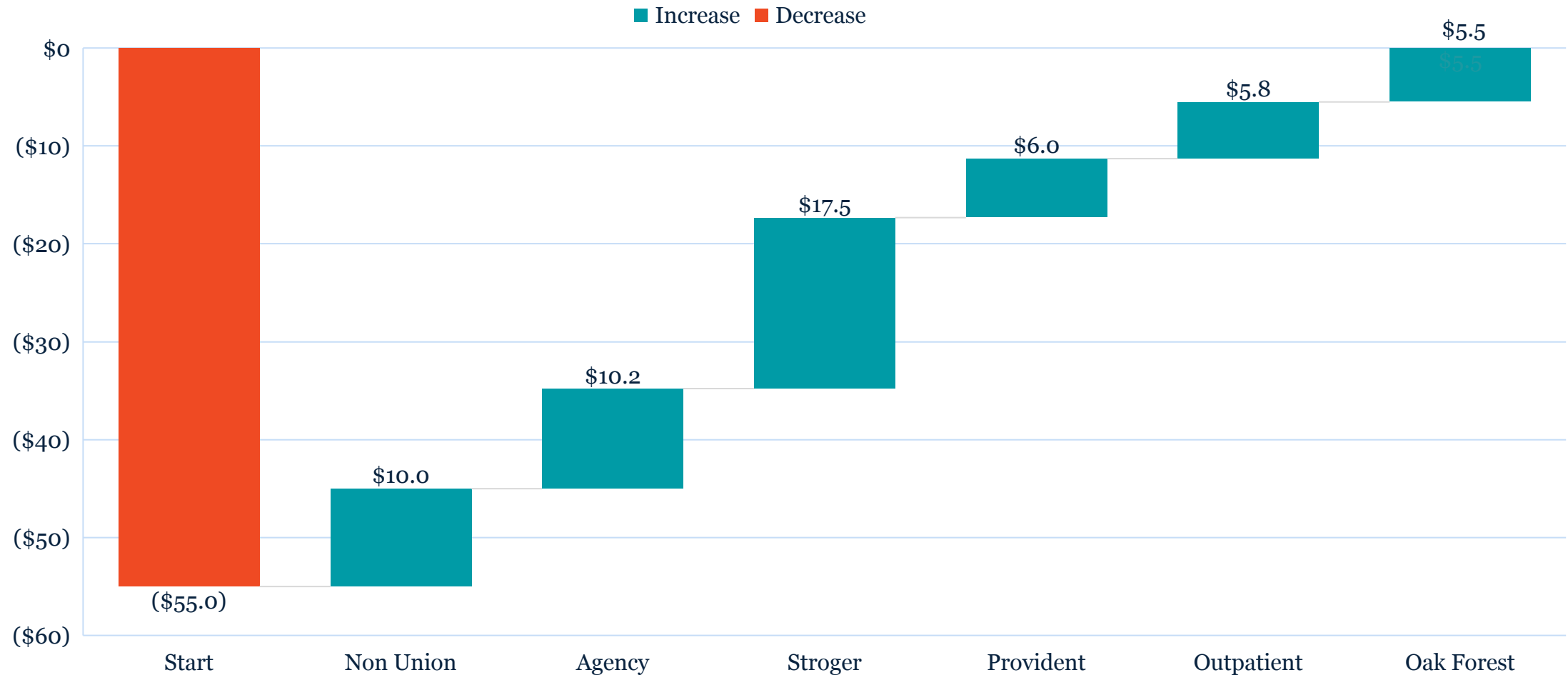
CCH Provider

Stroger, Provident, Outpatient (ACHN)



COOK COUNTY  
**HEALTH**

# Closing the FY21 Deficit - Expense



# Budget by Department: Stroger

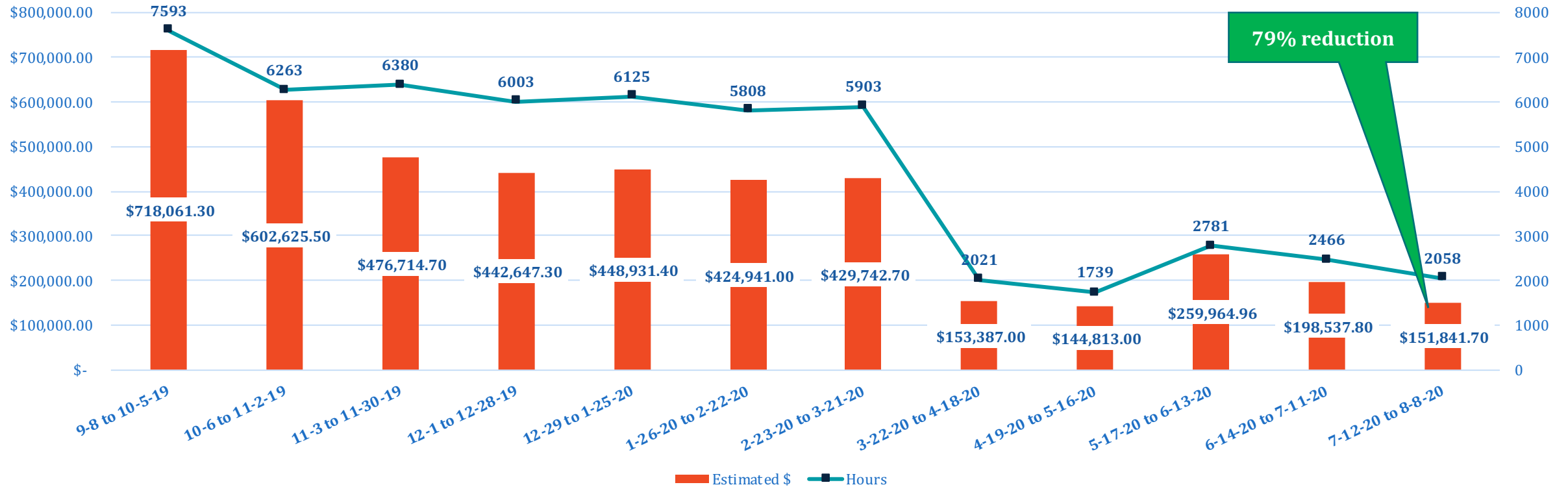
In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 FTEs	FY2021 FTEs	Variance
Stroger	\$671	\$751	\$80	4,189	4,352	163
Stroger Integrated Care Management	0	\$28.5	\$28.5	0	125	125

## Commentary

- FTEs increase due to transfer of Integrated Care Management (ICM) from County Care by 125 and non personnel
  - Call Center, ACHN Care Coordination, Inpatient Care Coordination, Medicaid application assistance, transportation
- Shift of Physical Therapy from Provident to Stroger
- Suspension of inpatient pediatrics due to low volume
- Consolidation of sleep lab services at Provident
- Additional positions to reduce agency, contractor and overtime costs
- Turnover correction compared to FY2020



### CCH System RN/LPN Agency (Excluding COVID-19 Agency Hours)



Not including COVID-19 related hours,

From Sept'19 to Jul'20, ~79% reduction in agency dollars equating to **566K** in monthly savings or ~**\$6.8M** annually

# Budget by Department: Provident

In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 FTEs	FY2021 FTEs	Variance
Provident	\$56	\$60	\$4	401	375	(26)

## Expense Drivers:

- Near South and Woodlawn Consolidation into Sengstacke (Provident)
- Conversion of Emergency Department to Standby Emergency Department
- Staffing to inpatient volumes
- Certificate of Need (CON) received in 2019 for new Provident construction

# Provident Hospital Outpatient Services FY2021

## Services:

- Outpatient Primary Care (Behavioral Health, Family Medicine, Gynecology, Internal Medicine, Prenatal Care)
- Mammography
- Lifestyle Center
- Breast Clinic
- Bariatrics
- General Medicine
- Pathology Services
- Outpatient Specialty Clinic (Addiction Medicine, Cardiology, Colorectal Surgery, Diabetes & Endocrinology, Gastroenterology)
- Diagnostic Imaging
- Cardiac and Pulmonary Diagnostics
- Pharmacy
- Social Services
- Neurology
- Ophthalmology
- Optometry
- Podiatry
- Psychology/Psychiatry
- Pulmonary
- Renal
- Sleep Medicine
- Urology



# Budget by Department: Outpatient (ACHN)

In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 FTEs	FY2021 FTEs	Variance
ACHN	\$83	\$76	(\$7)	401	313	(88)

## Expenditure Drivers:

- Consolidation of Near South and Woodlawn Clinics into Sengstacke (Provident)
  - Unique patients 9,000
- Morton East Health School-Based Program and Child Advocacy Center health services program support
- FY2020 final year of Access to Care grant

# Transitioning of Service - Oak Forest

## ✓ Oak Forest Clinic

- Building E **closed May 26, 2020.**
- Blue Island Center **opened June 8, 2020.**

## ✓ Revenue Cycle

- Building H **closed June, 2020.**
- 600 Holiday Plaza in Matteson **opened June 15, 2020.**

## Cook County Dept. of Public Health

- Phase 1- **September, 2020** staff at Bridgeview will move to central campus
- Phase 2- **October, 2020** staff at Oak Forest will move to central campus

## Pharmacy Services

- Phase 1- **October, 2020** outpatient pharmacy will relocate to Blue Island
- Phase 2- **Nov 30, 2020** expect contract in place and fully operational for mail order pharmacy

# Reductions in Force

- Holding vacancies reduced the need for more layoffs

Department	Union Layoffs	Non-Union Layoffs	Total
Correctional Health	0	1	1
Bureau of Health/Administration	1	17	18
Provident	13	10	23
ACHN	6	3	9
Public Health	0	0	0
Managed Care	0	6	6
Stroger	47	22	69
Oak Forest	3	1	4
<b>Total</b>	<b>70</b>	<b>60</b>	<b>130</b>

\*Includes full year of savings from 46 non-union layoffs in June, 2020

# Budget by Department: CCH Provider

In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 FTEs	FY2021 FTEs*	Variance
Administration	\$44	\$48	\$5	328	305	(23)
Provident	\$56	\$60	\$4	401	375	(26)
ACHN	\$82	\$76	(\$6)	401	313	(88)
CORE	\$23	\$25	\$2	71	71	0
Stroger	\$671	\$751	\$80	4,189	4,352	163
Stroger: ICM	0	\$28.5	\$28.5	0	125	125
Managed Care: ICM	\$43	\$0	(\$43)	225	0	(225)
Oak Forest	\$7	\$0	(\$7)	49	0	(49)
Fixed Charges	\$39	\$41	\$2	0	0	0
<b>Total</b>	<b>\$965</b>	<b>\$1,031</b>	<b>\$63</b>	<b>5,664</b>	<b>5,541</b>	<b>(123)</b>



# FY2021 Proposed Budget



Mandated Services: Correctional and Public Health



COOK COUNTY  
**HEALTH**

# Correctional Health

In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 FTEs	FY2021 FTEs	Variance
<b>Cermak</b>	\$81	\$96	\$15	575	667	92
<b>JTDC</b>	\$7	\$8	\$1	62	60	(2)

## Increase drivers:

- COVID-19 Distancing Requirements new positions
  - Increase from 7 locations to staff to 13 locations to staff
  - Vaccine availability and effectiveness of vaccine will impact next 2 years
- Reduced turnover from 15% to 5%

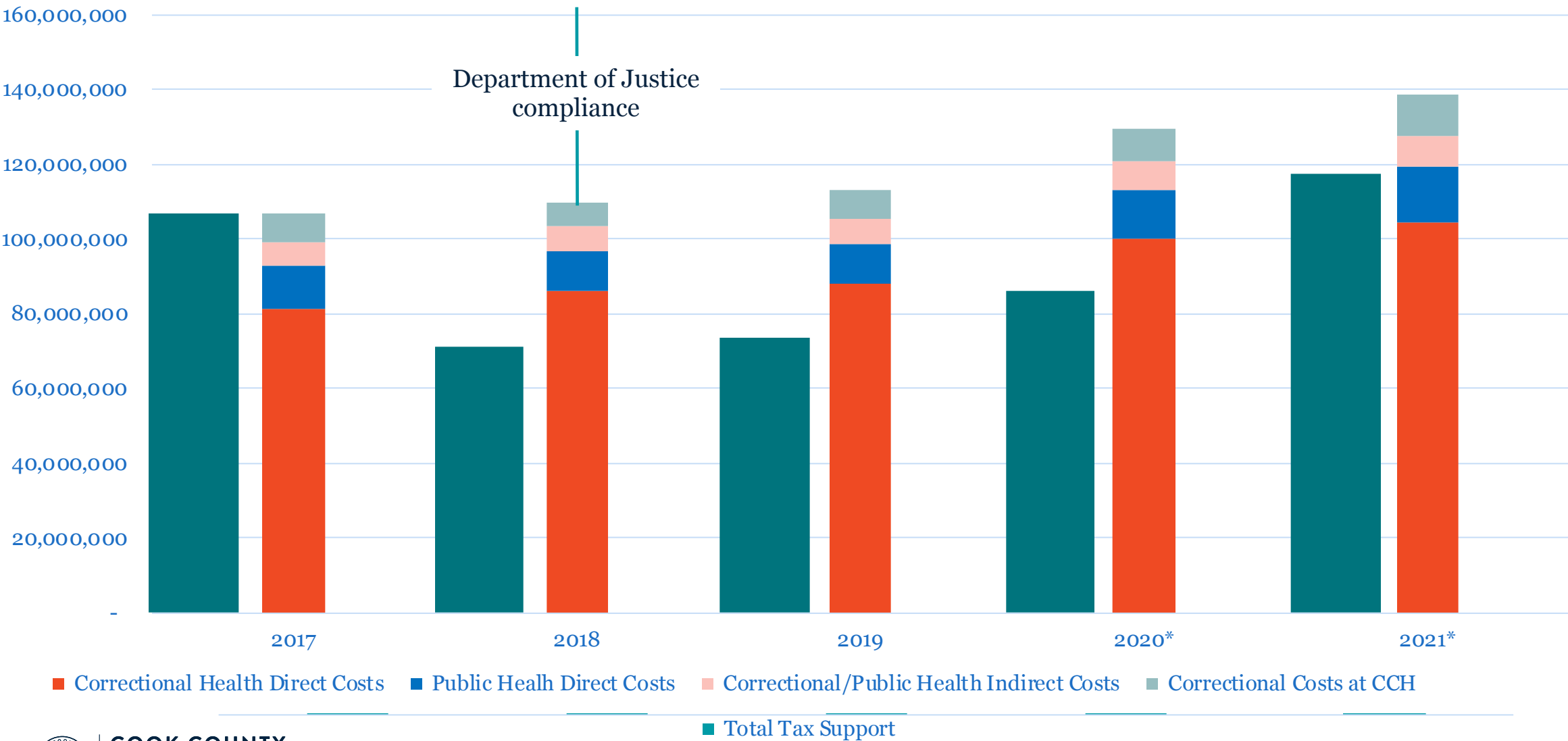


# Public Health

In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 Budgeted Positions	FY2021 Proposed Positions	Variance
Health Fund	\$10	\$15	\$5	118	111	(7)
Lead Fund	\$3	\$3.3	\$.3	17	18	1
Other Grants	\$8	\$9.5	\$1.5	41	47	6
<b>Total</b>	<b>\$21</b>	<b>\$27.8</b>	<b>\$7.5</b>	<b>176</b>	<b>176</b>	<b>0</b>
<b>Contact Tracing</b>	<b>\$19.6</b>	<b>\$20.4</b>	<b>.8</b>	<b>374</b>	<b>374</b>	<b>0</b>

\*Contact Tracing Grant is projected to conclude May 31, 2021

# Tax Allocation and Full Cost of Correctional/Public Health





# FY2021 Proposed Budget

## Health Plan Services



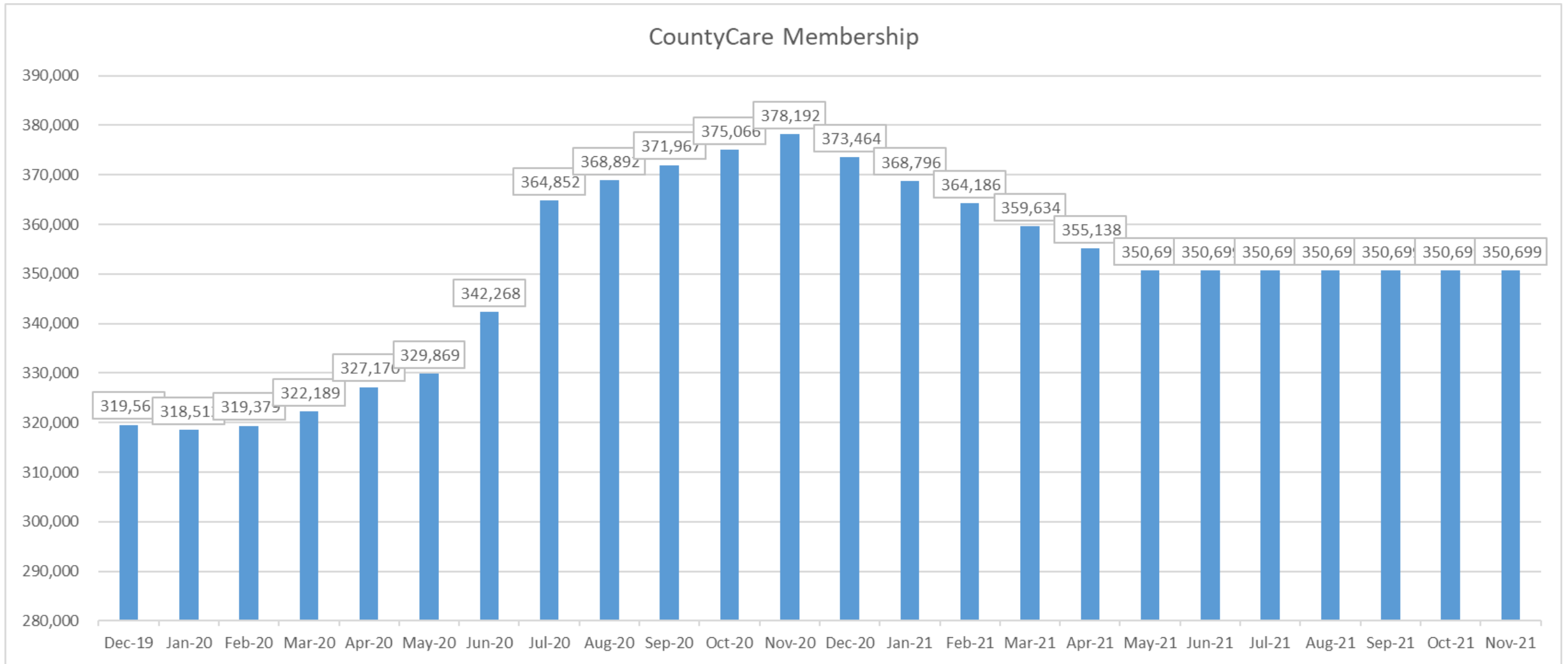
# FY2021 Proposed Health Plan Services Financial Summary

(in millions)

	ACA Adult	FHP	SPD	MLTSS/ LTSS/IMD	SNC	TOTAL
CountyCare Projected 2021 Membership	88,567	224,346	29,766	6,314	7,350	356,343
<b>CountyCare Revenue</b>	\$604	\$682	\$649	\$199	\$51	\$2,185
Medical Expense (CCH)	\$61	\$97	\$37	\$7	\$2	\$204
Medical Expense (Network)	\$534	\$551	\$551	\$166	\$44	\$1,846
Administrative Expense	\$31	\$34	\$42	\$20	\$3	\$130
<b>Total CountyCare Expenses</b>	\$626	\$682	\$630	\$193	\$49	\$2,180
<b>CountyCare Profit/(Loss)</b>	<b>\$(22)</b>	<b>\$0</b>	<b>\$19</b>	<b>\$6</b>	<b>\$2</b>	<b>\$5</b>
Medicare Revenue						\$35
Medicare Expenses						\$45
<b>Health Plan Services Profit/(Loss)</b>						<b>\$(5)</b>
<b>Total CCH Contribution</b>	<b>\$39</b>	<b>\$97</b>	<b>\$56</b>	<b>\$13</b>	<b>\$4</b>	<b>\$199</b>



# Membership Trends: CountyCare



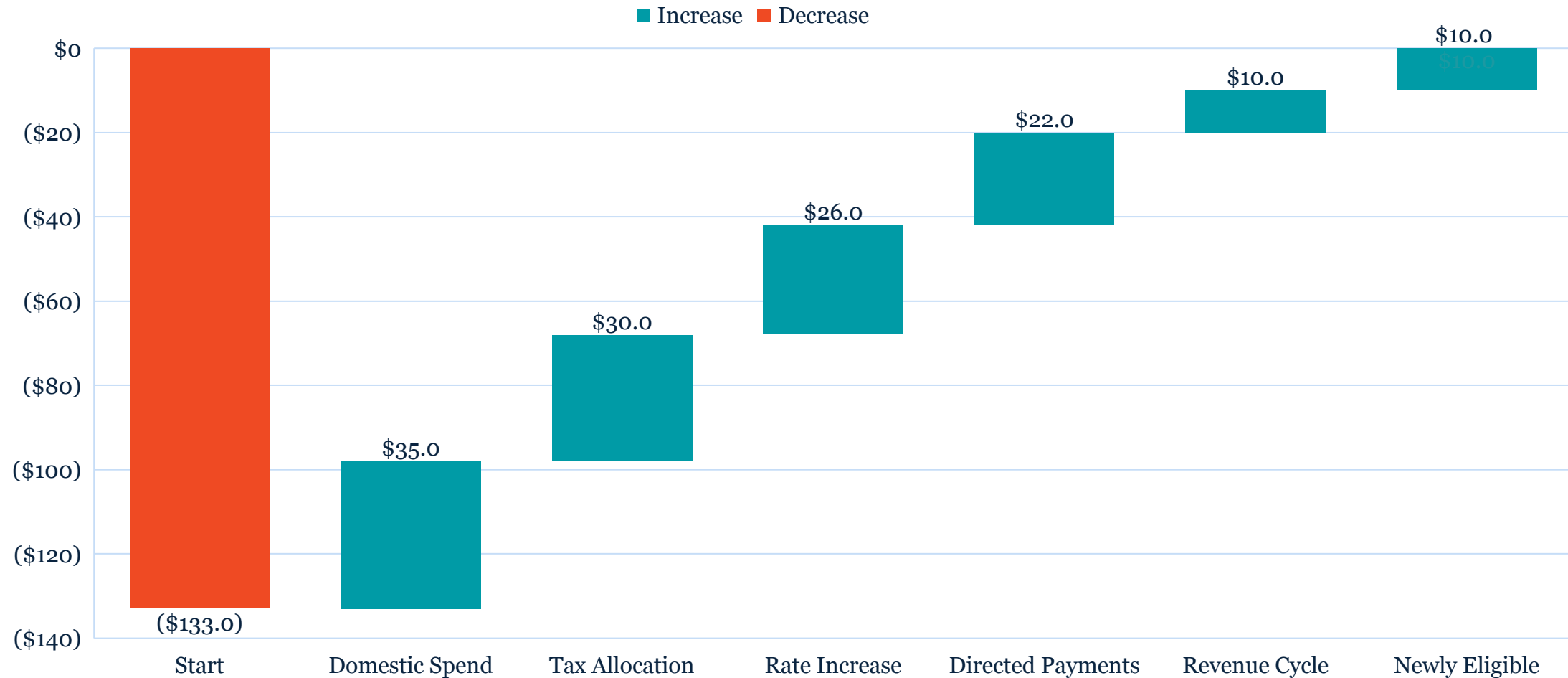
# FY2021 Proposed Budget



## Revenue Projections



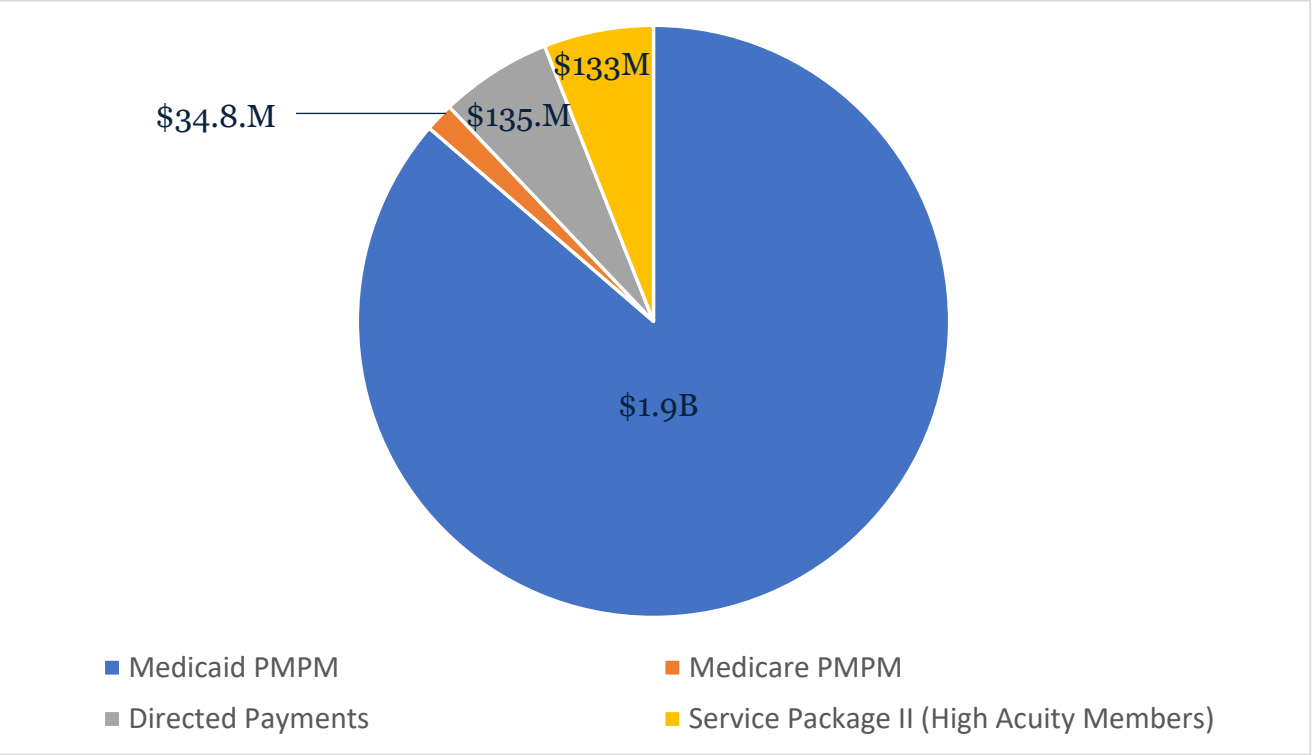
# Closing the FY21 Deficit - Revenue Drivers



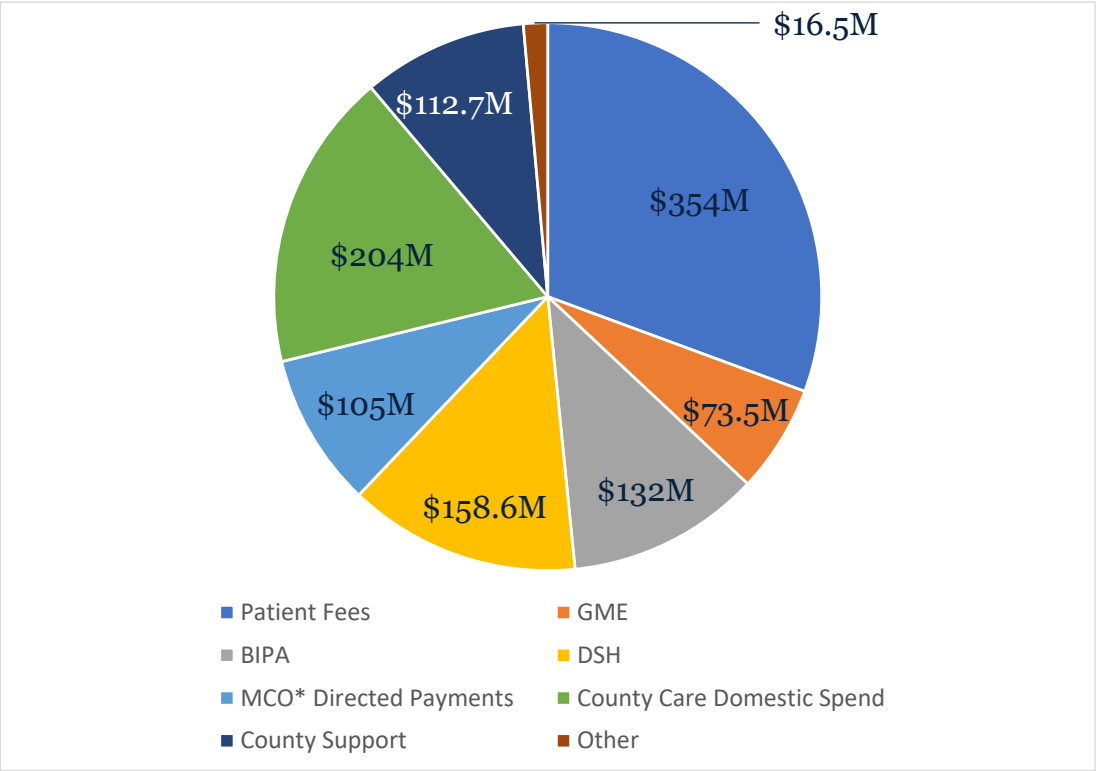


# FY2021 Proposed Revenue by Source

County Care  
\$2.2 billion



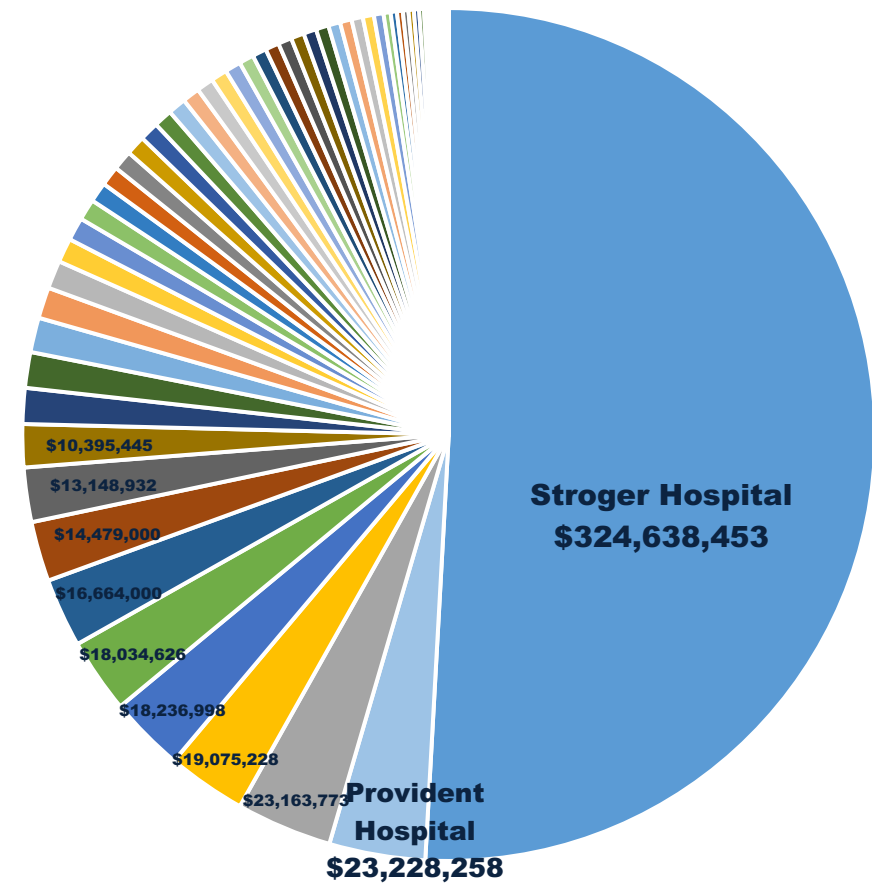
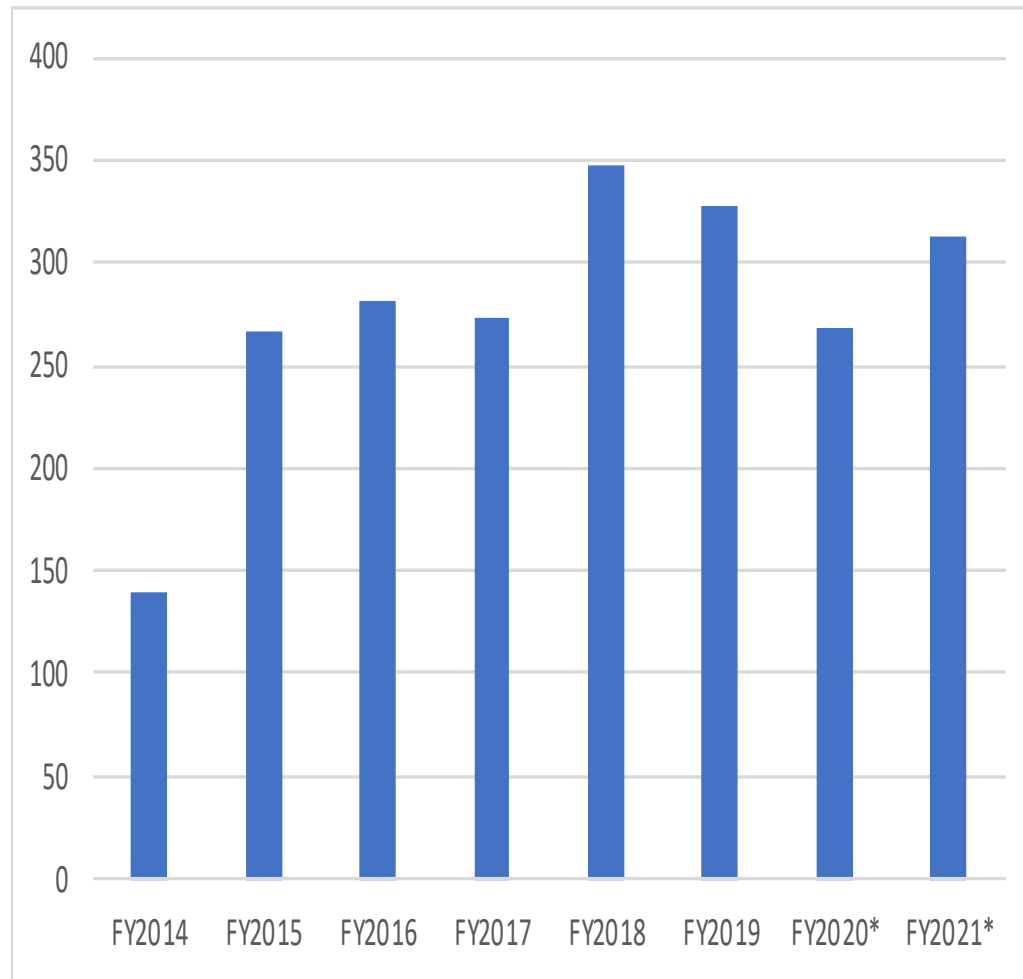
Other  
\$1.1 billion



\*MCO = Managed Care Organization

GME: Graduate Medical Education Payments  
BIPA: Benefits Improvement and Protection Act Payments  
DSH: Disproportionate Share Hospital Payments

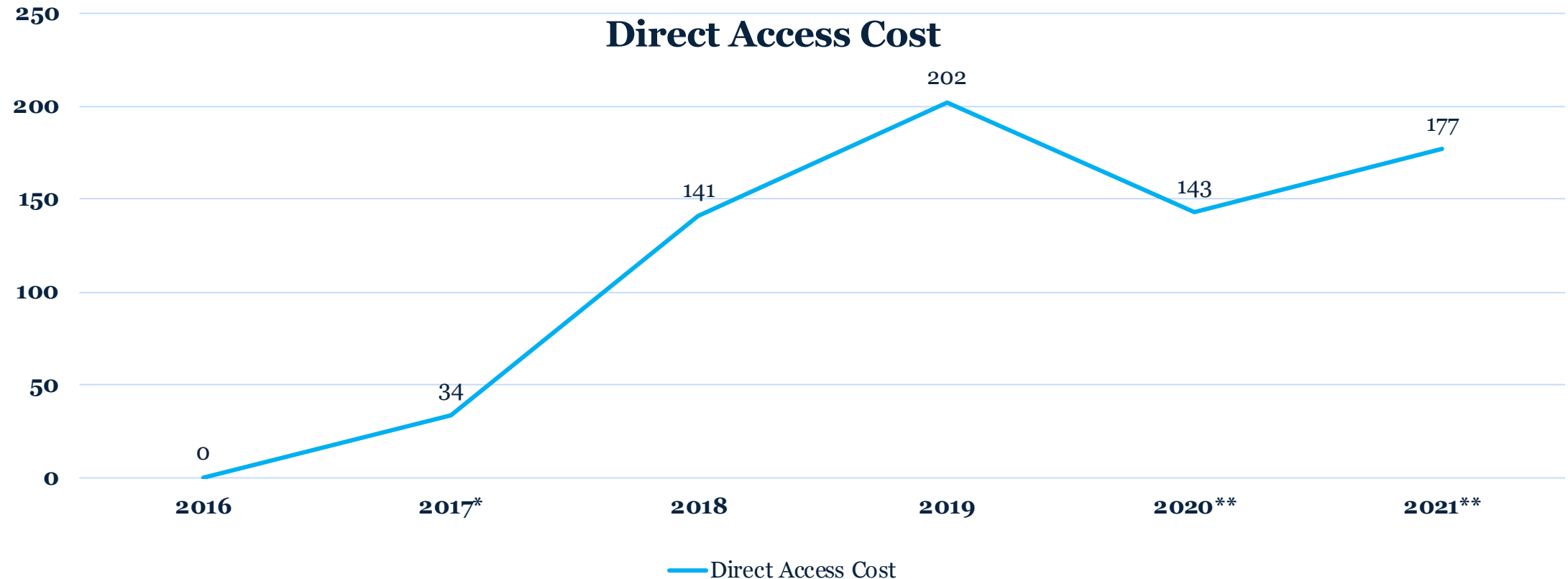
# Charity Care Cost



Charity Care in Cook County 2018: Each slice represents the amount of charity care provided by every hospital in Cook County required to report to the state of Illinois. Source: [2018 IDPH Hospital Profiles](#).

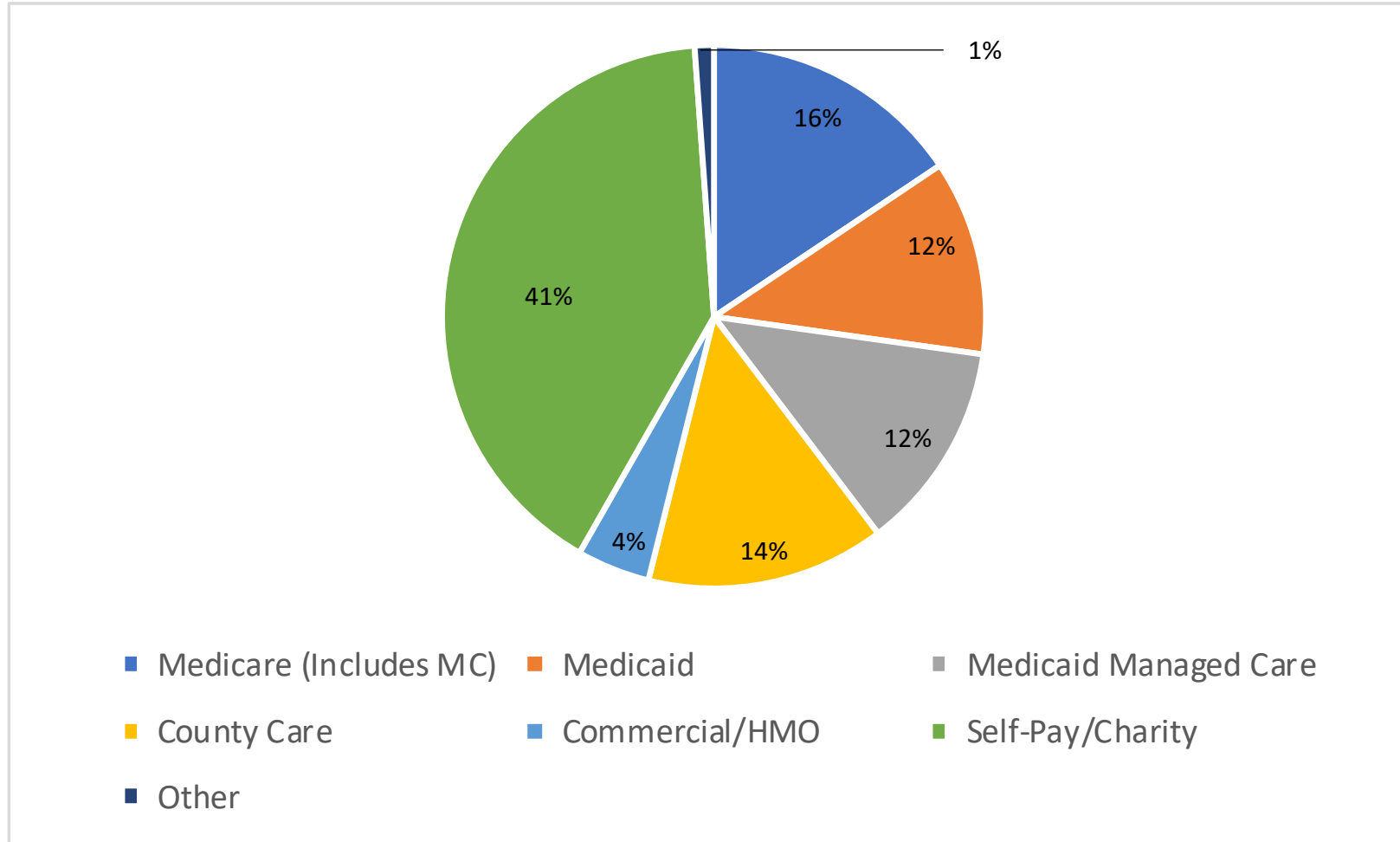
# Cost of Direct Access Program (in millions)

August Membership: 20,516





# System Payor Mix By Charges



# Major Revenue Changes

## New Directed Payments Overview

- Effective 1/1/20 State paying for difference between Fee For Service and Encounter Rates for Managed Care Organizations
- Determined and paid quarterly based on activity
- FY20 – First 3 Quarters are known and started receiving
- FY21 – Quarterly average estimated to decline \$11.8 for comprehensive model (IP, OP and Clinics)

## Amending Cost Reports

- Amendments to cost reports to result in a 15% increase in rates

## Newly Eligible Population

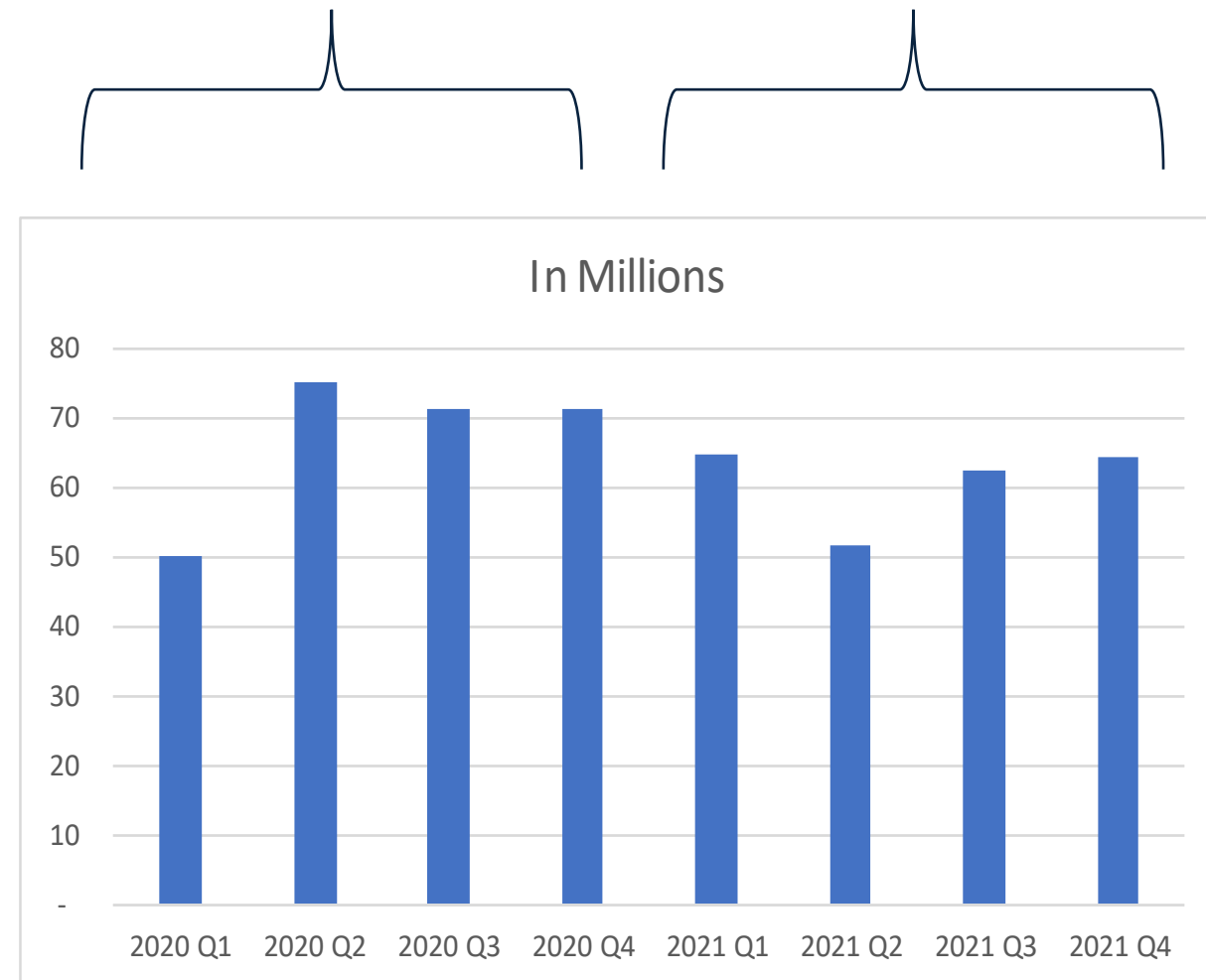
- Undocumented patients over 65 eligible for Medicaid reimbursement

**2020**

\$268M

**2021**

\$243M



# Revenue Cycle Improvements: Completed

Improvement	Implementation	FY2021 Budget	Full Implementation/ FY2019 Volume
✓ Eliminate Out-Of-Network Scheduling	Completed August 1, 2020	\$1	\$5
✓ Online bill payment	Completed August 3, 2020	\$.5	\$1
✓ Medical Necessity Denials	Completed Eliminated denials for Medicare patients-\$.5	\$.5	\$.5
✓ Prior Authorization (Sleep, Rehab, Radiology, Pain, Cardiology, Oncology)	Completed August 3, 2020 Improving patient scheduling: Sleep, Rehab, and Pain-\$1.5-3.0 Radiology, Cardiology, and Oncology (Phase1)-\$2.0-4.0	\$3.5	\$7
<b>Completed Total</b>		<b>\$5.5</b>	<b>\$13.5</b>

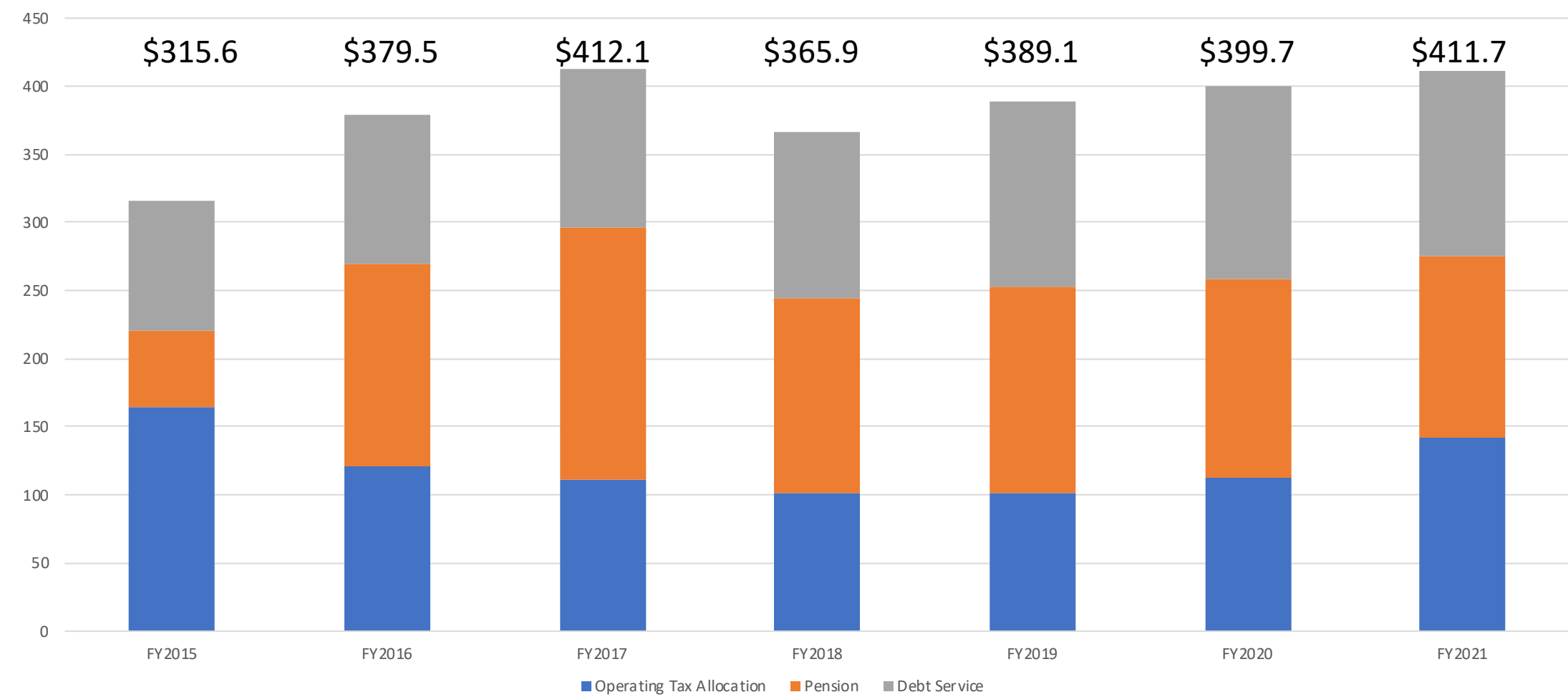


# Revenue Cycle Improvements: In Process

Improvement	Implementation	FY2021 Budget	Full Implementation/ FY2019 Volume
• Charge master review	Target by September 1, 2020	\$0	\$0
• Prior Authorization Phase 2	Target by November 1, 2020: Improving patient scheduling oncology clinics-\$.5-1.0 Contacting payer prior to inpatient procedures-\$1-1.5	\$1.5	\$2.5
• Coding Initiative (CDI)	Ongoing. Target to increase Case Mix Index for better reimbursement: Improving inpatient physician documentation- \$.5-5.0	\$.5	\$5.0
• Denial Management: Case Management, HIM, Timely Filing, Premium Eligibility	Target by November 1, 2020 Decreasing length of stay-\$.5-3.0 Decreasing the backlog in discharge not final bill (DNFB), discharge not final coded (DNFC), premium eligibility (insurance verification) and address checking -\$.5-13.0 Eliminate untimely filing penalties-\$.5-3.0	\$2.5	\$19
<b>Total</b>		<b>\$4.5</b>	<b>\$26.5</b>



# Cook County Pension, Debt Service & Operating Allocation (in \$ millions)



# Historic Operating Results

(in millions)	FY14	FY19(1)	FY14/19 Gap
<b>Operating Gain (Loss)</b>			
CCH Health Providers/Bureau	(\$61.4)	(\$134.5)	(\$73.1) (119.1%)
Public & Correctional Health	(\$57.1)	(\$97.5)	(\$40.4) (70.8%)
CountyCare	(\$31.2)	(\$76.5)	(\$45.3) (145.2%)
<b>Total Operating Gain (Loss) (2) (3)</b>	<b>(\$149.7)</b>	<b>(\$308.5)</b>	<b>(\$158.8) (106.1%)</b>

Operating margin declined \$158.8M, or 106.1%, between FY14 to FY19

Selected factors were the primary contributors to the decline in operating margin

- The loss of “reimbursable patients” – patients with Medicare, Medicaid, CountyCare and Commercial insurance coverage
- The additional costs incurred in caring for the growth in charity care patients
- A growth in bad debts caused by a deterioration in the revenue cycle performance and an increase in the level of “underinsured”
- CCH Health Providers & Bureau’s operating costs – with consideration to inflation and increased patient acuity – increasing greater than expected during a period of declining patient volume
- The State of Illinois’ reduction in rates paid to CountyCare, which was not fully offset by a reduction in medical costs for CountyCare’s enrolled members
- Cermak Health’s increased operating costs – driven by DOJ Consent Decree, programmatic expansion (Boot Camp) and reallocation of costs in areas such as IT and pharmacy



**Notes:**

(1) FY19 audited financials.

(2) Restricted Purpose Accounts, representing resources whose use has been limited by donors or grantors, are excluded from the analysis

(3) An additional insurance provision of \$18.9M was recorded in FY19 but it was not allocated to the CCH Operating Accounts; the resulting FY19 Operating Loss considering this unallocated insurance provision is \$327.4M. There was no similar unallocated insurance provision in FY14.

# Historic Operating Results – Cook County Support

Cook County financial support has become increasingly important over the FY14 to FY19 period

## Cook County CCH Operating Support

(in millions)	FY14	FY19 (1)	Comments/Assumptions
Cook County Operating Tax Support	\$169.6	\$70.7	FY14 represents property taxes of \$37.3, cigarette taxes of \$126.7 and other tobacco products taxes of \$5.6M; FY19 represents property taxes
CCH Operating Margin (2) (1)	(\$149.7)	(\$327.4)	
<b>Excess (Deficit) of Tax Support</b>	<b>\$19.9</b>	<b>(\$256.7)</b>	

- FY19 deficit highlights the need to focus on improving financial performance
- Significant change in financial requirements in support of operations since FY14

## Cook County Financial Support

(in millions)	FY14	FY19 (1)	Comments/Assumptions
Operating Tax Support	\$169.6	\$70.7	
Capital Asset Contributions	\$6.5	\$25.4	• Represents the construction and acquisition of capital assets used in the operation of CCH
Contributed Services	\$9.0	\$23.7	• Services include purchasing, data and payroll processing
Pension   Other Postemployment Benefits (4)	\$58.1	\$179.0	<ul style="list-style-type: none"> <li>• Represents contributions to the Pension and Other Postemployment Benefit plans for employee benefits</li> <li>• In FY14 the amount of Cook County funding for CCH was not calculated; FY14 only represents Pension funding</li> </ul>
<b>Cook County Financial Support</b>	<b>\$243.2</b>	<b>\$298</b>	

- Since FY14 the annual financial support provided to CCH from Cook County has increased by 20.6%
- Shift in support from CCH's operations to funding Pension and Other Postemployment Benefits



**COOK COUNTY**  
**HEALTH**

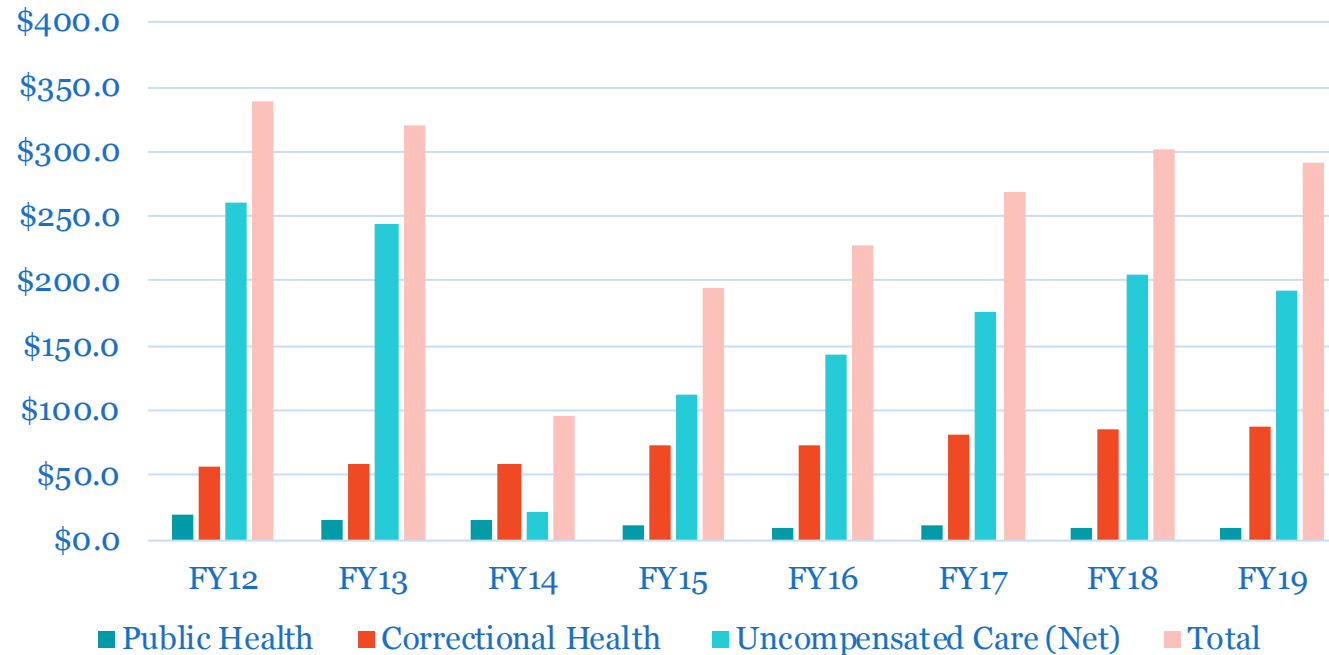
### Notes:

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- (2) Restricted Purpose Accounts, representing resources whose use has been limited by donors or grantors, are excluded from the analysis
- (3) An additional insurance provision of \$18.9M was recorded in FY19 but it was not allocated to the CCH Operating Accounts; the resulting FY19 Operating Loss considering this unallocated insurance provision is \$327.4M. There was no similar unallocated insurance provision in FY14.
- (4) Separate information related to Cook County's funding of CCH's Other Postemployment Benefits was not available in FY14

# Cook County Health Mandate Cost Analysis

The growing cost of certain “mandates” has increased operating losses from FY15 to FY19

**Mandate  
Cost**  
(Dollars  
In Millions)



(Dollars in Millions)

## Notes:

(1) Source: CCH audited financial statements

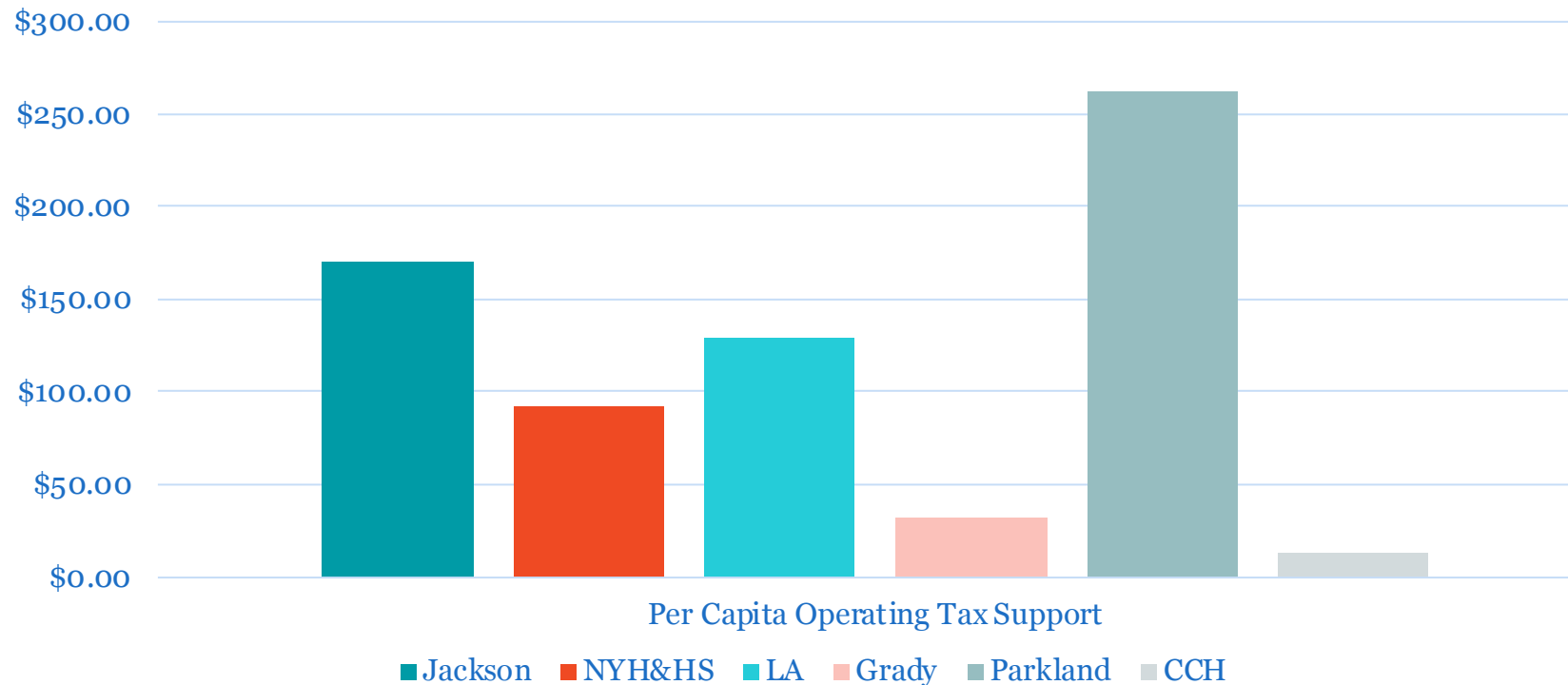
(2) CCH, in support of its mandate to deliver health services with dignity and respect regardless of a patient’s ability to pay, receives government support in the form of Disproportionate Share (DSH) payments and Medicare, Medicaid and SCHIP Benefit Improvement and Protection Act (BIPA) payments to offset Uncompensated Care costs. Annual amounts received increased from \$282.0M in FY12 to \$318.1M in FY19. The Uncompensated Care cost in the chart above is presented **net** of the DSH and BIPA payments.

- CCH has certain mandates that are increasing in cost
- CCH’s mandate is to “deliver health services with dignity and respect regardless of a patient’s ability to pay”, resulting in Uncompensated Care cost (see Note 2)
- CCH’s other mandates include providing health services to the detainees at Cook County Jail and the Juvenile Temporary Detention Center (collectively “Correctional Health”) and to operate a Public Health Department



# Cook County Operating Tax Support

Cook County's per capita health system tax support is lower than other government sponsors



**Note:**

(1) Source: Audited financial statements of each government sponsored safety net provider (FY19)

- Government sponsored safety net providers analyzed include Jackson Health (Miami Dade County, FL), NYH&HS (New York, NY), LA County (Los Angeles County, CA), Grady Memorial (Fulton & DeKalb Counties, GA) and Parkland Health (Dallas County, TX)
- CCH and Parkland are the only two health systems that support correctional health; CCH is the only health system that also has a public health department

# Appendix



# FY2021 Budget Calendar

- June 26, 2020 President's FY2020/2021 Preliminary Budget Forecast Released
- July 16, 2020 President's Preliminary Forecast Public Hearing
- July 21, 2020 Cook County Finance Committee Meeting – Mid Year Budget Hearings
- July 23, 2020 CCH Finance Committee – FY2021 Budget Framework Introduced
- July 31, 2020 CCH Full Board – FY2021 Budget Framework Discussion
  
- August 28, 2020 CCH Board Meeting – FY2020 Proposed Budget Introduced
  
- September 1, 2020 Public Hearing 9:00 a.m.
  
- September 9, 2020 Public Hearing 6:00 p.m.
  
- September 11, 2020 CCH Board Meeting – FY2020 Budget Request for Approval
  
- September 24, 2020 Cook County Board Meeting – CCH FY2020 Proposed Budget Introduced & Approved (for inclusion in the Executive Budget Recommendation)
  
- October, 2020 President's FY2020 Executive Budget Recommendation Introduced
  
- Oct/November, 2020 Cook County Public Hearings, Agency & Department Budget Review Meetings, Proposed Amendments, Annual Appropriation Bill Adopted

# Provident and South Side Hospital Profiles

Hospital	Licensed Beds	Peak Census	Average Daily Census	Total Charity Care Expenses (in millions)
<b>Provident</b>	<b>85</b>	<b>17</b>	<b>12</b>	<b>\$23.00</b>
Roseland	134	n/a	51	\$.65
South Shore	137	137	59	\$.46
St. Bernard	202	196	88	\$4.78
Trinity	205	140	95	\$4.19
Jackson Park	256	124	76	\$3.55
Mercy	402	189	170	\$4.35
U of Chicago	811	667	564	\$18.24



# FY21 Health Fund

In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 Budgeted FTEs	FY2021 Proposed FTEs	Variance
Managed Care*	\$1,800	\$2,225	\$425	407	356	(51)
Hospitals (Stroger/Provident)	\$727	\$843	\$116	4,590	4,852	262
Correctional Health	\$89	\$104	\$15	637	727	90
Health Administration	\$44	\$49	\$5	328	305	(23)
Ambulatory Service***	\$114	\$101	(\$13)	521	384	(137)
Public Health	\$10	\$15	\$5	118	111	(7)
Administration	\$39	\$40	(\$1)	0	0	0
<b>Total</b>	<b>\$2,824</b>	<b>\$3,377</b>	<b>\$549</b>	<b>6,601</b>	<b>6,735</b>	<b>134</b>

\*Managed Care in FY2020, includes Integrated Care

\*\*Does not include grants, including contact tracing

\*\*\* Ambulatory service includes ACHN, CORE, Oak Forest



Cook County Health and Hospitals System  
Minutes of the Special Board of Directors Meeting  
September 21, 2020

ATTACHMENT #3

# FY2021 Proposed Budget Amendment

In millions	FY2021 Proposed Budget 8/28	FY2021 Amended & Approved Budget 9/11	Variance (9/11 compared to 8/28)	FY2021 Proposed Amended Budget	Variance (9/21 compared to 8/28 Budget)
CCH Total	\$3,377	\$3,400	\$23	\$3,387	\$10

## Revenues

- \$10 million tax allocation increase from Cook County

## Expenditures

- Morton East/Child Advocacy Center health services grant - \$1.0 million
- Regional health service delivery evaluation and charity care strategy- \$1.0 million
- Public Health positions and future planning - \$2 million (includes 7.0 FTEs)
- Expand mental health services in underserved communities- \$1 million
- CCH ambulatory investment to address health disparities in underserved communities - \$2.0 million
- Provident colon cancer prevention initiative - \$2.0 million
- Community scholarship fund for future healthcare professionals - \$1.0 million

