I. **Attendance/Call to Order**

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock and Directors Robert Currie; Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Raul Garza; Ada Mary Gugenheim; Joseph M. Harrington; Mike Koetting; Robert G. Reiter, Jr.; and Otis L. Story, Sr. (10)

Absent: Vice Chair David Ernesto Munar and Director Heather M. Prendergast, MD, MS, MPH (2)

Additional attendees and/or presenters were:

- Cathy Bodnar – Chief Corporate Compliance and Privacy Officer
- Claudia Fegan, MD – Chief Medical Officer
- Aaron Galeener – Interim Chief Executive Officer, CountyCare/Health Plan Services
- Andrea Gibson – Interim Chief Business Officer
- Charles Jones – Chief Procurement Officer
- Jeff McCutchan – General Counsel
- Carrie Pramuk-Volk – Interim Chief Human Resources Officer and Employment Plan Officer
- Israel Rocha, Jr. – Chief Executive Officer
- Rachel Rubin, MD – Cook County Department of Public Health
- Deborah Santana – Secretary to the Board
- Tom Schroeder – Director of Internal Audit

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

Testimony from the following individuals was read into the record:

1. Lizzy Bortolo – Organizer, SEIU Local 73
2. Thiesha Tiggs – Health Advocate, Trauma Dept., Stroger Hospital

III. **Employee Recognition**

At the recent Finance Committee Meeting, during the Committee’s discussion of the information regarding the Discharged Not Final Billed Days metric, Chair Hammock suggested that the team who are responsible for working to accomplish the goal be invited to the Board Meeting to recognize their efforts. Israel Rocha, Jr., Chief Executive Officer, recognized the following individuals: Leathecia Arnold, Kelly Bruhns, Theresa Davis, Karen Martinez, Shirley Williams, Brenda Winters and Fred Zitlaw.

**NOTE:** action was taken on Agenda Items IV(A), IV(B), IV(C), IV(D), IV(E) and IV(F) in one (1) combined motion.

IV. **Board and Committee Reports**

A. **Minutes of the Board of Directors Meeting, January 29, 2021**

Chair Hammock inquired whether any corrections or revisions to the minutes were needed. Hearing none, he advanced to the next item.
IV. Board and Committee Reports (continued)

B. Human Resources Committee Meeting, February 19, 2021
   i. Metrics (Attachment #2)
   ii. Meeting Minutes

Director Driscoll and Carrie Pramuk-Volk, Interim Chief Human Resources Officer and Employment Plan Officer, provided an overview of the Metrics and Meeting Minutes. The Board reviewed and discussed the information.

C. Managed Care Committee Meeting, February 19, 2021
   i. Metrics (Attachment #3)
   ii. Meeting Minutes

Director Harrington and Aaron Galeener, Interim Chief Executive Officer of CountyCare/Health Plan Services, provided an overview of the Metrics and Meeting Minutes. The Board reviewed and discussed the information.

D. Audit and Compliance Committee Meeting, February 19, 2021
   i. Metrics (Attachment #4)
   ii. Meeting Minutes, which include the following action items:
      • Receive and file CCH (Provider) and CountyCare Compliance Program FY2020 Annual Reports
      • Approve proposed Internal Audit Charter

Director Koetting and Cathy Bodnar, Chief Corporate Compliance and Privacy Officer, provided an overview of the Metrics and Meeting Minutes. The Board reviewed and discussed the information.

E. Quality and Patient Safety Committee Meeting, February 18, 2021
   i. Highly Reliable Organization (HRO) Dashboard (Attachment #5)
   ii. Meeting Minutes, which include the following action items:
      • One (1) Stroger Hospital Division Chair Initial Appointment
      • Stroger Hospital and Provident Hospital Medical Staff Appointments/Reappointments/Changes

Director Gugenheim and Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the HRO Dashboard and Meeting Minutes. The Board reviewed and discussed the information.

F. Finance Committee Meeting, February 18, 2021
   i. December 2020 YTD Financials – FY2021 (Attachment #6)
   ii. Meeting Minutes, which include the following action items:
      • Receive and file CCH requests to accept grant award-related items
      • Contracts and Procurement Items

Director Reiter provided an overview of the Meeting Minutes. Charles Jones, Chief Procurement Officer, provided a brief overview of the grant-related items and proposed Contracts and Procurement Items considered at the Finance Committee Meeting. It was noted that one (1) contractual item (request number 2) is pending review by Contract Compliance.

Andrea M. Gibson, Interim Chief Business Officer, provided an overview of the December 2020 YTD Financials.
V. **Action Items**

   A. **Contracts and Procurement Items**

   There were no contracts and procurement items presented directly to the Board for their consideration under this Board Agenda Item.

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

   Director Gugenheim, seconded by Director Deer, moved to approve the following:
   
   - Minutes of the January 29, 2021 Board Meeting, and
   - Minutes of the Human Resources, Managed Care, Audit and Compliance, Quality and Patient Safety and Finance Committee Meetings for February, which include the CCH (Provider) and CountyCare Compliance Program FY2020 Annual Reports, Internal Audit Charter, Stroger Hospital Division Chair Initial Appointment, Stroger and Provident Hospital Medical Staff appointments / reappointments / changes, CCH requests to accept grant-award related items, and Contracts and Procurement Items.

   A roll call vote was taken, the votes of yeas and nays being as follows:

   Yeas: Chair Hammock and Directors Currie, Deer, Driscoll, Garza, Gugenheim, Harrington, Koetting, Reiter and Story (10)

   Nays: None (0)

   Absent: Vice Chair Munar and Director Prendergast (2)

   THE MOTION CARRIED UNANIMOUSLY.

VI. **Recommendations, Discussion/Information Items**

A. **1st Quarter FY2021 Report from the Cook County Department of Public Health** (Attachment #7)

Dr. Rachel Rubin, Senior Public Health Medical Officer and Co-Lead, Cook County Department of Public Health, provided an overview of the Report. The Board reviewed and discussed the information.

VII. **Report from Chair of the Board**

Chair Hammock indicated that he had no additional matters on which to report.

VIII. **Report from Chief Executive Officer** (Attachment #8)

Mr. Rocha was unexpectedly called away from the meeting to attend to a critical matter, so Ms. Gibson provided an overview of the Report from the Chief Executive Officer; detail is included in Attachment #8.
IX. Closed Meeting Items

A. Claims and Litigation
B. Discussion of personnel matters
C. February 19, 2021 Audit and Compliance Committee Meeting Minutes

Director Garza, seconded by Director Deer, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body,” and 5 ILCS 120/2(c)(29), regarding “meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America.”

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

Yeas: Chair Hammock and Directors Currie, Deer, Driscoll, Garza, Gugenheim, Harrington, Koetting and Reiter (9)

Nays: None (0)

Absent: Vice Chair Munar and Directors Prendergast and Story* (3)

*Director Story was not present during the roll call vote, but was present in the closed meeting.
IX. **Closed Meeting Items (continued)**

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

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

X. **Adjourn**

As the agenda was exhausted, Chair Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary
TO: Cook County Health Board of Directors
RE: CCH Labor Negotiations

Statement from Lizzy Bortoto, Organizer for SEIU Local 73

Chairman Hammock and members of the Cook County Health Board of Directors, thank you for the opportunity to address you today. My name is Lizzy Bortoto, and I’m an organizer with SEIU Local 73 assigned to Stroger Hospital, the CORE Center, and the Professional Building.

It shouldn’t come as a surprise to this Board that the impact of COVID-19 on our members, and other workers across the Health System, has been nothing short of traumatic. The levels of exhaustion, frustration, and anger our members have experienced as frontline, essential workers throughout this pandemic are real. On top of President Preckwinkle’s hypocritical pursuit of criminal and civil contempt charges and hundreds of thousands of dollars in damages against SEIU Local 73 for a 12-hour strike, BHR continues to show our bargaining committee that there’s no urgency to address the issues we raise.

Instead of working with our union towards solutions, CCH is continuing to retaliate against our members by pulling them into anxiety-inducing investigatory hearings. Since the end of January, CCH has conducted over 50 investigatory hearings about the strike at Stroger alone, with more hearings scheduled every day. It’s already traumatic to work through a respiratory-based pandemic as a Respiratory Therapist in a department that’s at 50% staffing levels. It’s already chaotic to work as a Health Advocate on a COVID-19 unit when you’re assigned to 26 patients by yourself. It’s already scary to work as a Sterile Processing Tech when over half of the department has tested positive for COVID-19. It’s already offensive to work as a Medical Assistant in the COVID-19 testing tent when the RN’s you’re working alongside are receiving $5/hour in hazard pay and you’re not. Our members have already experienced enough stress on the frontlines of this horrific pandemic, and should not be shamed for advocating on behalf of patients and treated like criminals.

Toni Preckwinkle cannot call our members Healthcare Heroes in public or our Union ‘a labor partner’ and then direct CCH management and BHR on a witch hunt and a union-busting criminal and civil contempt case in the same breath. These intimidation tactics do not sit well with our members and are moving us farther from the relationship we need to make CCH an Employer and Provider of Choice.
TO: Cook County Health Board of Directors

RE: CCH Labor Negotiations

Statement from Thiesha Tiggs, Trauma Department

Chairman Hammock and members of the Cook County Health Board of Directors, thank you for the opportunity to address you today. My name is Thiesha Tiggs. I work as a Health Advocate in the Trauma Department at Stroger and I have been employed by Cook County Health since 2003.

In December, many of my workers went on strike to shine a light on what is happening in our hospitals. They spoke out about short staffing, lack of PPE, and the need to provide pandemic pay to the hospital staff providing frontline essential care in COVID units. For our work as frontline healthcare workers, we were called heroes.

Clearly, our nursing colleagues’ lives are valuable enough to warrant an extra $5 an hour. But the hospital staff who work side-by-side with nurses in COVID units throughout the pandemic, often risking more exposure because they have to serve multiple patients a day, are cast aside.

Now, the County has seen fit to treat my co-workers in respiratory therapy, sterile processing, and med surg not as heroes but as if they are the enemy of Cook County Health. The reality is my co-workers have been and continue to advocate for their patients.

How can they provide the highest level of care when CCH burdens them with undue stress brought on by these baseless, retaliatory investigatory hearings? And it is important to understand that these threats of discipline are being done in your name – the CCH Board’s name, CEO Rocha’s name, Cook County Health’s name.

I thought we were here to work together to ensure the people of Cook County had a health system that was second to none. The reality seems far from it. There is a direct relationship between the working conditions of frontline healthcare workers and quality patient care. If CCH is going to be a Provider of Choice in our community, then a precondition is that we must also be an Employer of Choice.

I call on you to make it clear to Toni Preckwinkle, this is your health system. End the attacks on my co-workers and come to the bargaining table to work with us as partners, not your enemy, towards a fair contract and an improved working and caregiving experience in CCH.

Only then can we get back to doing what we do best. Serving our patients.

Thank you.

Thiesha Tiggs
ATTACHMENT #2
Human Resources Metrics

Cook County Health

HR Committee

Carrie Pramuk-Volk
Interim, Chief Human Resources Officer

February 19, 2021
Impacting the Strategic Plan
Staffing to Align HR to Strategic Initiatives
Impact 2023 Strategic Plan

Human Resources Focus Area

**Recruitment Team**

1.2 Deliver High Quality Care

3.2 Foster Fiscal Stewardship

4.1 Leverage & Invest in Assets

Tasks

1.2B – Develop comprehensive cultural competency strategy
   - Increase hiring of bilingual employees

3.2B – Control costs and maximize efficiencies
   - Streamline hiring process
   - Improved use of Job Tracker / Taleo System
   - Implement Primary Source Verification

4.1 – Recruit, hire and retain the best employees to
   - Revisit/re-engineer hiring processes to develop an industry-based class & compensation strategy.
   - Reduce time to hire & complexity of hiring

**Learning & Development Team**

1.2 Deliver High Quality Care

4.1 Leverage & Invest in Assets

Tasks

1.2B – Develop comprehensive cultural competency strategy
   - Develop cultural competency of workforce
   - Train 100% of CCH Employees
   - Create CCH Training Council
   - Align Training Initiatives across CCH
   - Formalize training across organization

4.2 – Strengthen the CCH Workforce
   - LMS Just-in-Time, Instructor-led courses
   - Implement Performance Management
   - Succession Planning
   - Employment Engagement

**Operations Team**

3.2 Foster Fiscal Stewardship

Tasks

3.2B – Control costs and maximize efficiencies
   - Leverage Human Resources Information Systems
     - Electronic Document Management System
     - Enhance Absence Compliance Tracker (ACT)
### Staffing to Align HR to Strategic Initiatives

**HR Total FTEs 35**

#### CCH High Performing HR

**Deliver High Quality Care**
- Ensure that patients receive Culturally and Linguistically Appropriate Services

**Foster Fiscal Stewardship**
- Demonstrate fiscal Responsibility with limited resources by controlling costs and maximizing efficiency.

**Leverage & Invest in Assets**
- Recruit, hire and retain the best employees, who are committed to the CCH mission
- Strengthen CCH Workforce

### Current State by Division

- Recruitment - 11 FTEs
- Compensation & Classification - 2 FTEs
- EEO - 3 FTEs
- Learning & Development - 5 FTEs
- Operations - 8 FTEs
- Operations Counsel - 3 FTEs
- Administration - 4 FTEs

### Future State

<table>
<thead>
<tr>
<th>Description</th>
<th>FTEs</th>
<th>Factor</th>
<th>HR Personnel per 100</th>
<th>FTEs/100</th>
<th>Benchmark</th>
<th>Budget HR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff based on 12/4/20 Payroll</td>
<td>6054</td>
<td>100</td>
<td>1.4</td>
<td>61</td>
<td>85</td>
<td>35</td>
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<tr>
<td>Budget FTE</td>
<td>6787</td>
<td>100</td>
<td>1.4</td>
<td>68</td>
<td>95</td>
<td>35</td>
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</table>
Exit Survey

Summary
## CCH Employee Exit Survey

### Year to Date Summary

<table>
<thead>
<tr>
<th>CCH SEPARATIONS</th>
<th></th>
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<tbody>
<tr>
<td>Retirement</td>
<td>65%</td>
</tr>
<tr>
<td>Resignation</td>
<td>29%</td>
</tr>
<tr>
<td>Termination</td>
<td>4%</td>
</tr>
<tr>
<td>Deceased</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Exit Survey by Position Type

- **Nurse/RN/APN**: 42%
- **Other**: 22%
- **Administrative Support**: 13%
- **Physician/Psychologist/Psychiatrist/Dentist/PA**: 13%
- **Clinician**: 7%
- **Service/Maintenance/Skilled Craft Worker**: 2%

---

*Source: SHRM, U.S. Bureau of Labor Statistics*

---

*Thru 01/31/2021*
CCH Employee Exit Survey

Employee Resignation Details

Jan 2020 to Jan 2021

- Retirement: 53%
- New Opportunity: 24%
- Family/Personal: 12%
- Other: 11%
COVID-19 Response

Contact Tracing

Staff/Volunteers/Unpaid Workforce
Contact Tracing – Hiring Snapshot
CCH & Hektoen Positions YTD Hires 285

As of 01/31/2021

44% | 228 of 514 Positions in Process

<table>
<thead>
<tr>
<th>Pre-Recruiting</th>
<th>To Be Posted</th>
<th>Currently Posted</th>
<th>In Validation</th>
<th>Awaiting Referral/RePost</th>
<th>Interviews In Process</th>
<th>Offer Being Extended</th>
<th>Candidate In Process</th>
<th>Hire Date Set</th>
<th>Vacancies Filled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hektoen</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Cook County Health</td>
<td>0</td>
<td>1</td>
<td>10</td>
<td>19</td>
<td>2</td>
<td>111</td>
<td>1</td>
<td>5</td>
<td>49</td>
</tr>
</tbody>
</table>
Contact Tracing – Hiring Snapshot

Year to Date Hires - 285

Cook County Health Hires (189)

- Case Investigators (21)
- Contact Tracers (161)
- Other (3)
- Supervisors & Managers (4)

- 11%
- 85%
- 2%
- 2%

Hektoen Hires (96)

- Case Investigators (50)
- Contact Tracers (42)
- Other (2)
- Supervisors & Managers (2)

- 52%
- 44%
- 2%
- 2%

Thru 01/31/2021
CCH Volunteer Program

Foster Fiscal Stewardship: Control costs and maximize efficiencies

Workforce Development is developing an improved volunteer program to maximize efficiencies.
CCH Unpaid Workforce

Vaccination Personnel:
- **NATIONAL GUARD**
  - 304 On Boarded
  - Administer Vaccine
    - 24,717 Community Vaccinated

COVID-19 HOT LINE VOLUNTEERS
- 34 On Boarded

**Dissemination** of COVID-19 test results
- Telework
- Launched: 12/21/2020

As of 1/31/2021

# of Volunteers

<table>
<thead>
<tr>
<th>Location</th>
<th>Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinley Park Convention Center</td>
<td>143</td>
</tr>
<tr>
<td>Triton College</td>
<td>36</td>
</tr>
<tr>
<td>North Riverside Health Center/Morton College</td>
<td>35</td>
</tr>
<tr>
<td>Robbins &amp; Cottage Grove Health Center</td>
<td>18</td>
</tr>
<tr>
<td>Arlington Heights Health Center</td>
<td>18</td>
</tr>
<tr>
<td>Blue Island Health Center</td>
<td>18</td>
</tr>
<tr>
<td>Stroger/Provident/CORE</td>
<td>18</td>
</tr>
<tr>
<td>ISP McCormick Place POD [2/26/21]</td>
<td>18</td>
</tr>
</tbody>
</table>
COVID-19 Vaccination
CCH Staff Program
COVID-19 CCH Vaccination Reporting

CCH Staff Vaccination Summary

- CCH Staff vaccinated: 5,089 (~70%)
- CCH Employees vaccinated: 3,384 (~56%)

As of 02/16/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated by Race/Ethnicity

As of 02/16/2021

- **Black or African-American**: 1132|2,862
  - Vaccinated: 40%
  - Not Vaccinated: 60%
- **American Indian/Alaskan Native**: 14|19
  - Vaccinated: 74%
  - Not Vaccinated: 26%
- **Asian**: 887|1,165
  - Vaccinated: 76%
  - Not Vaccinated: 24%
- **Hispanic or Latino**: 433|729
  - Vaccinated: 59%
  - Not Vaccinated: 41%
- **White**: 856|1,189
  - Vaccinated: 72%
  - Not Vaccinated: 28%
- **Two or More Races**: 33|63
  - Vaccinated: 52%
  - Not Vaccinated: 48%
- **Unknown**: 29|32
  - Vaccinated: 91%
  - Not Vaccinated: 9%

As of 02/16/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Age

As of 02/15/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Job Category

- **Vaccinated (56%)**
- **Not Vaccinated (44%)**

<table>
<thead>
<tr>
<th>Job Category</th>
<th>Vaccinated</th>
<th>Not Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>100.0%</td>
<td></td>
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<tr>
<td>Non-Clinical Leadership</td>
<td>83.6%</td>
<td></td>
</tr>
<tr>
<td>Administrative/Clerical Support</td>
<td>100.0%</td>
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<tr>
<td>Doctors</td>
<td>66.3%</td>
<td></td>
</tr>
<tr>
<td>Pharmacists</td>
<td>65.4%</td>
<td></td>
</tr>
<tr>
<td>Healthcare Professionals</td>
<td>61.1%</td>
<td></td>
</tr>
<tr>
<td>Hospital Police/Security</td>
<td>60.4%</td>
<td></td>
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<tr>
<td>Trades</td>
<td>54.6%</td>
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<tr>
<td>Nursing</td>
<td>49.3%</td>
<td></td>
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<tr>
<td>Technicians and Technologists</td>
<td>41.0%</td>
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<tr>
<td>Public Health Professionals</td>
<td>38.5%</td>
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<tr>
<td>Service and Maintenance</td>
<td>35.5%</td>
<td></td>
</tr>
<tr>
<td>Clinical Support</td>
<td>30.0%</td>
<td></td>
</tr>
<tr>
<td>Management/Administrative Support/Cl</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As of 02/16/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Union vs. Non-Union

As of 02/16/2021

**Union**
- Vaccinated: 2,769 (53%)
- Not-Vaccinated: 2,424 (47%)

**Non-Union**
- Vaccinated: 615 (71%)
- Not-Vaccinated: 251 (29%)

Union (5,193) 86%
Non-Union (866) 14%
Metrics
Fiscal Year 2021
FY 2021 CCH HR Activity Report
Thru 01/31/2021

**FILLED POSITIONS**
- 2020 Filled (30) | Externals (23)
- 2021 Filled (172) | Externals (148)

**SEPARATIONS**
- 2020 Separations (133)
- 2021 Separations (147)

**NET**
- FY21 External Hire - 148 | 50%
- FY21 Separations - 147 | 50%

- Deceased
- Discharged
- Resignation
- Retirement

Does not include Consultants, Registry and House Staff
FY 2021 Cook County Health HR Activity Report – Hiring Snapshot

Thru 1/31/2021

671 Positions in Recruitment

391 (58%) of the positions in process, are in the post-validation phase

Clinical Positions 368 | 55%
Non-Clinical Positions 303 | 45%

Clinical Positions              368 | 55%
Non-Clinical Positions 303 | 45%

Shared Responsibility
Human Resources
Management
Finance / Human Resources
Shared Responsibility

Does not include Consultants, Registry and House Staff

148 / 86% Externals
FY 2021 Cook County Health HR Activity Report Nursing Hiring: CNI, CNII
Thru 1/31/2021

118 Positions in Process

- 2 Pre-Recruiting
- 5 To be posted
- 59 Currently posted
- 4 In validation
- 43 Interviews in Process
- 38 Offer being extended
- 3 Candidates in process
- 9 Hire date set
- 10 Vacancies Filled

50 (72%) of the positions in process are in the post-validation phase

Count of positions

Shared Responsibility
Human Resources
Management
Human Resources
Shared Responsibility

Does not include Consultants, Registry and House Staff
FY 2021 Cook County Health HR Activity Report

Improve/Reduce Average Time to Hire*

Thru 01/31/2021

Average Time to Fill
(Without Credentialed¹)

¹Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.
What’s New

Reporting Period: July 1- December 31, 2020

Department Focus:

- Contract Tracing Initiative Grant – hiring
  - Worked with Interim CHRO and OIIG on hiring process modifications
  - Monitored all of the leadership process for the CTI Grant
  - Contact Tracers specifically:
    - 8 Requisitions
    - 1500 applicants
    - ~450 interviews by 84 panels
    - Monitored: ~52 panel processes
  - Emergency Hiring Process

- Discipline Policy adherence
  - No departmental audits
  - Audited 50% of the disciplinary actions issued, including all terminations

- Supplemental Policies
  - Grade 24 Salary policies
  - Layoff
  - Desk Audits
Monitoring Activity

Hiring Processes and Policies

Monitored Hiring Processes

Requisitions Posted
1st Half: ~250 (30%)
2nd Half: ~270 (29%)

<table>
<thead>
<tr>
<th>Process</th>
<th>1st Half 2020</th>
<th>2nd Half 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posting</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>Validation</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Interviews</td>
<td>30</td>
<td>25</td>
</tr>
<tr>
<td>Selection Meeting</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Decisions (DTH)</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

This number does not include the 64 interview packet reviews for the Contact Tracers

Supplemental Policies & Appointments

<table>
<thead>
<tr>
<th>Policy</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved Interim Assignments</td>
<td>21</td>
</tr>
<tr>
<td>Department/Division Chair Appointments</td>
<td>5</td>
</tr>
<tr>
<td>Direct Appointments</td>
<td>5</td>
</tr>
<tr>
<td>Grade 24 Salary Determinations</td>
<td>7*</td>
</tr>
<tr>
<td>Grade 24 Salary Adjustments</td>
<td>3</td>
</tr>
<tr>
<td>Layoffs</td>
<td>10</td>
</tr>
</tbody>
</table>

* 81 total Salary Determinations reviewed – included historical packets
Discipline Policy

EPO Monitoring of Discipline

**Total Discipline Issued:** 150

**Total Monitored:** 74 (50%)

**Discipline Statistics**

<table>
<thead>
<tr>
<th>Discipline Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance Discipline</td>
<td>28%</td>
</tr>
<tr>
<td>Terminations*</td>
<td>7%</td>
</tr>
<tr>
<td>Ineligible For Hire List: Added</td>
<td>4</td>
</tr>
<tr>
<td>Ineligible For Hire List: Removed</td>
<td>14</td>
</tr>
</tbody>
</table>

*Terminations for Cause are added to the Ineligible For Hire List.
## Investigations

<table>
<thead>
<tr>
<th>Statistics</th>
<th>12th Report</th>
<th>13th Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints</td>
<td>28</td>
<td>11</td>
</tr>
<tr>
<td>Closed Cases</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td><strong>cases referred out</strong></td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Non-Compliance Notices</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Incident Reports</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Rollover</td>
<td>33</td>
<td>15+</td>
</tr>
</tbody>
</table>

+ from 12th reporting period only

### Allegations

- **Discipline**: 6%
- **Discrimination**: 20%
- **Harassment**: 27%
- **Workplace Violence**: 7%
- **Working out of Class**: 7%
- **Retaliation**: 20%
- **Hiring**: 7%
- **Hostile Environment**: 6%

## Incident Reports

- Issued: 5
- Sustained: 0
- Not Sustained: 5

## Statistics

- Total Allegations: 5
Thank you.
ATTACHMENT #3
CountyCare Update

*Prepared for: CCH Board of Directors*

Aaron Galeener
Interim Chief Executive Officer, CountyCare
February 26, 2021
## Current Membership

### Monthly membership as of February 4, 2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Members</th>
<th>ACHN Members</th>
<th>% ACHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHP</td>
<td>241,930</td>
<td>18,300</td>
<td>7.6%</td>
</tr>
<tr>
<td>ACA</td>
<td>99,375</td>
<td>14,951</td>
<td>15.0%</td>
</tr>
<tr>
<td>ICP</td>
<td>30,044</td>
<td>5,457</td>
<td>18.2%</td>
</tr>
<tr>
<td>MLTSS</td>
<td>6,703</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SNC</td>
<td>7,689</td>
<td>1,043</td>
<td>13.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>385,741</strong></td>
<td><strong>39,751</strong></td>
<td><strong>10.3%</strong></td>
</tr>
</tbody>
</table>

**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  
**ACHN**: CCH Ambulatory and Community Health Network
Cook County Managed Medicaid Market

Illinois Department of Healthcare and Family Services November 2020 Data

<table>
<thead>
<tr>
<th>Managed Care Organization</th>
<th>Cook County Enrollment</th>
<th>Cook County Market Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>CountyCare*</td>
<td>374,687</td>
<td>31.2%</td>
</tr>
<tr>
<td>Meridian (a WellCare Co.)**</td>
<td>314,108</td>
<td>26.1%</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>305,550</td>
<td>25.4%</td>
</tr>
<tr>
<td>Aetna/CVS Health</td>
<td>120,824</td>
<td>10.0%</td>
</tr>
<tr>
<td>Molina</td>
<td>87,284</td>
<td>7.3%</td>
</tr>
<tr>
<td>**Total</td>
<td><strong>1,202,453</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

* Only Operating in Cook County

**Meridian and WellCare merged as of 1/1/2019. Meridian is pending merger with Centene.
IL Medicaid Managed Care Trend in Cook County

- CountyCare’s monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
Note: HFS source website did not report August 2020 enrollment
IL Medicaid Managed Care Trend in Cook County
(charts not to scale)

- CountyCare’s enrollment has increased 17.4% over the past 12 months, slightly lagging the Cook County increase of 18.9%
- CountyCare’s enrollment increased 0.3% in November 2020 compared to the prior month

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
Note: HFS source website did not report August 2020 enrollment
FY 21 Budget | Membership

CountyCare Membership

- FY21 Budget Projections
- Actual
### 2020 Operations Metrics: Call Center & Encounter Rate

#### Key Metrics

<table>
<thead>
<tr>
<th>Member &amp; Provider Services Call Center Metrics</th>
<th>State Goal</th>
<th>Sep 2020</th>
<th>Oct 2020</th>
<th>Nov 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment Rate</td>
<td>&lt; 5%</td>
<td>1.52%</td>
<td>4.53%</td>
<td>1.23%</td>
</tr>
<tr>
<td>Hold Time (minutes)</td>
<td>1:00</td>
<td>0:16</td>
<td>0:28</td>
<td>0:08</td>
</tr>
<tr>
<td>% Calls Answered &lt; 30 seconds</td>
<td>&gt; 80%</td>
<td>94.04%</td>
<td>87.62%</td>
<td>94.71%</td>
</tr>
<tr>
<td>Claims/Encounters Acceptance Rate*</td>
<td>98%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Quarterly

- Claims/Encounters Acceptance Rate* 98% 96.2%

* Preliminary score
Claims Payment

• Separated bank account structure for CountyCare PMPM
• Prioritizing claims payment invoices for expedited processing

Source: CCH Health Plan Services Analytics.
Questions
ATTACHMENT #4
Meeting Objectives

Review

Highlights of FY 2020

- Metrics
  - Year-Over-Year Comparison
  - Contacts by Category
    - Cook County Health System Compliance Program
    - CountyCare Medicaid Health Plan Compliance Program
      - Recoveries

- Appendix – Annual Reports
  - Cook County Health System
  - CountyCare Compliance
Metrics
Summary of FY 2020
Year-Over-Year Compliance Program Contacts

Separating out CCH System Compliance and CountyCare Health Plan

<table>
<thead>
<tr>
<th>Year</th>
<th>CCH (Provider)</th>
<th>CountyCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2016</td>
<td>609</td>
<td>149</td>
</tr>
<tr>
<td>FY 2017</td>
<td>620</td>
<td>176</td>
</tr>
<tr>
<td>FY 2018</td>
<td>740</td>
<td>125</td>
</tr>
<tr>
<td>FY 2019</td>
<td>838</td>
<td>307</td>
</tr>
<tr>
<td>FY 2020</td>
<td>983</td>
<td>337</td>
</tr>
</tbody>
</table>
FY 2020 Contacts by Category

CCH System Compliance Program

12/01/2019 – 11/30/2020

<table>
<thead>
<tr>
<th>Categories</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy/Safety (HIPAA)</td>
<td>378</td>
</tr>
<tr>
<td>Documentation</td>
<td>211</td>
</tr>
<tr>
<td>Regulatory/Policy</td>
<td>199</td>
</tr>
<tr>
<td>Human Resources</td>
<td>77</td>
</tr>
<tr>
<td>Contracts</td>
<td>45</td>
</tr>
<tr>
<td>Conflict of Interest</td>
<td>20</td>
</tr>
<tr>
<td>Fraud Waste &amp; Abuse</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>37</td>
</tr>
</tbody>
</table>

983 Contacts

165 Contacts (17%) were COVID-19 Related
FY 2020 Contacts by Category

CountyCare Health Plan Compliance Program

12/01/2019 – 11/30/2020

<table>
<thead>
<tr>
<th>Categories</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy/Security (HIPAA)</td>
<td>114</td>
</tr>
<tr>
<td>Regulatory/Policy</td>
<td>62</td>
</tr>
<tr>
<td>Contracts</td>
<td>45</td>
</tr>
<tr>
<td>Fraud, Waste &amp; Abuse</td>
<td>97</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>337</strong></td>
</tr>
</tbody>
</table>

12 Contacts (4%) were COVID-19 Related
## CountyCare Fraud, Waste and Abuse Recovery Metrics

### State Fiscal Year (S-FY) 2020 through S-FY 2021 Q2

<table>
<thead>
<tr>
<th>S-FY</th>
<th>Reporting Period</th>
<th>Tips</th>
<th>Referrals to HFS OIG</th>
<th>Overpayments Identified</th>
<th>Overpayments Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>07/01 - 06/30/2020</td>
<td>207</td>
<td>7</td>
<td>$7,158,000</td>
<td>$5,370,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S-FY</th>
<th>Reporting Period</th>
<th>Tips</th>
<th>Referrals to HFS OIG</th>
<th>Overpayments Identified</th>
<th>Overpayments Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>Q1 07/01 - 09/30/20</td>
<td>49</td>
<td>0</td>
<td>$1,277,500</td>
<td>$196,600</td>
</tr>
<tr>
<td>2021</td>
<td>Q2 10/01 – 12/31/20</td>
<td>106</td>
<td>8</td>
<td>$1,697,500</td>
<td>$304,000</td>
</tr>
</tbody>
</table>

1. The term *Tip* as defined by HFS OIG, includes any allegations or incidents of suspected FWA opened on a CountyCare provider. A tip is a preliminary identification of a potential concern.

2. The *Overpayments Identified* column indicates the total amount paid to the provider for the 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.
CountyCare Mismanagement and Misconduct Recoveries

State Fiscal Year (S-FY) Q1 and Q2 2021

Retrospective Payment Integrity (Data Mining)

<table>
<thead>
<tr>
<th>S-FY</th>
<th>Reporting Period</th>
<th>Data Mining Algorithms</th>
<th>Provider Count</th>
<th>Overpayments Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>Q1 07/01 - 09/30/20</td>
<td>40</td>
<td>66</td>
<td>$ 0</td>
</tr>
<tr>
<td>2021</td>
<td>Q2 10/01 – 12/31/20</td>
<td>40</td>
<td>10</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

1 Recoupments permitted by HFS on 10/31/2020, notice to Benefit Administrators 11/2020, notice to Providers 12/2020, initial recoveries anticipated in February 2021.

Proactive Preventative Loss

<table>
<thead>
<tr>
<th>S-FY</th>
<th>Reporting Period</th>
<th>Overpayments Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>Q1 07/01 - 09/30/20</td>
<td>$ 333,400</td>
</tr>
<tr>
<td>2021</td>
<td>Q2 10/01 – 12/31/20</td>
<td>$ 716,000</td>
</tr>
</tbody>
</table>
Additional CountyCare Compliance Recoveries

Administrative Policies Not Followed

Failure of Benefit Administrator to Comply with Provider Payment Holds
• Recovery: $180,400

Failure to Comply with Payment Holds for a Specific Code
Qualified Medicare Beneficiary program code (QMB 09 Code)
• Potential Recovery: $9,675,000
• Actual Recovery: $6,689,000
Appendix

Compliance Annual Reports
Corporate Compliance Annual Reports

CCH System Compliance Program and CountyCare Medicaid Plan Compliance Program
Questions?
ATTACHMENT #5
30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions

*Lower readmission rate is favorable
Case Mix Index, Medical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

*Higher case mix index is favorable
Case Mix Index, Surgical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

*Higher case mix index is favorable
Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience

*Higher top box score is favorable*
HbA1c <8%
HRO Domain: HEDIS

*Higher percent of patients with HbA1c in control (<8%) is favorable*
<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
</tr>
</thead>
</table>
| **30-Day Readmission Rate**   | • *Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger*  
  • *Calculation:* Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)  
  • *Population included:* all inpatient discharges from Stroger  
  • *Cohort inclusions:* any payer; any age; alive at discharge  
  • *Cohort exclusions:* Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth  
  • *Reporting timeframe:* reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge  
  • *Data source:* Vizient Clinical Data Base |
| **Case Mix Index**            | • *Average relative DRG weight of a hospital’s inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges*  
  • *Population included:* all inpatient discharges from Stroger  
  • *Cohort inclusions:* any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (Surgical: an OR procedure is performed)  
  • *Cohort exclusions:* none  
  • *Reporting timeframe:* reported monthly by most current month available; reported by month of patient discharge  
  • *Data source:* Vizient Clinical Data Base |
| **Recommend the Hospital**    | • *Percent of patient responses with “Definitely Yes” (top box response) for Recommend the Hospital item in HCAHPS survey*  
  • *Calculation:* Percent of patient responses with “Definitely Yes” (top box) / total survey responses  
  • *Population included:* Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient  
  • *Cohort exclusions:* discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; “no-publicity” patients”; patients who are excluded because of rules and regulates of state in which hospital is located  
  • *Reporting timeframe:* reported monthly by most current month available; reported by month of survey received date  
  • *Data source:* Press Ganey |
| **HbA1c <8%**                 | • *Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is in control (<8.0%)*  
  • *Calculation:* Percent of diabetic patients with HbA1c in control / total diabetic patients  
  • *Population included:* (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) OR (One diabetic Inpatient visit in the current year or previous year) OR (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)  
  • *Cohort exclusions:* none  
  • *Reporting timeframe:* reported monthly by most current month available; reported by month of patient visit  
  • *Data source:* NCQA, HEDIS |
ATTACHMENT #6
Executive Summary: Statement of Financial Condition

- Cook County Health (CCH) interim financial results for the period ending December 31, 2020:
  - Cash. The County’s preliminary cash report on revenues and expenses for December 31st show a negative variance of $51.6M. CountyCare PMPM payment impacted the revenue variance and increased claims payments impact expenses.
  - Accrual. On an accrual basis, interim financials show that CCH is ending December $2.32M ahead of budget.
  - Revenue Commentary:
    - One time payment of BCBS Equity Program payment of $6M
  - Expenditures:
    - Approximately $6M in COVID-19 expenditures yet to be reimbursed by the CARES Act
Interim Financial Results – December 31, 2020

This Period:

- Better than expected Net Patient Service Revenue due to slightly higher charges than expected in December
- One-time other revenue due to Blue Cross Health Equity Initiative

Other Key Activities:

- Finalizing rates retroactive to January 1, 2021 in February
- CARES Act reimbursement for $6M in expenses in December
- On pace to save $5M during the first quarter in contract negotiations

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 Graduate Medical Education payments.
(3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

Source: CCH unaudited financial statements and FY20 budget.
Expenditure Savings: Contract Savings

CCH Savings Forecast
Annual Savings Opportunities by Quarter
As of February 9, 2021 ($ in Millions)

Identified Opportunity
In Negotiations
Near-Complete Negotiations
Completed Negotiations
Additional Savings Target
Cumulative Savings Target
## CCH Health Providers Revenue – December 31, 2020

### Revenue Operating Indicators

<table>
<thead>
<tr>
<th>Patient Activity</th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
<th>FY2020 Actual</th>
<th>FY2019 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>1,329</td>
<td>1,082</td>
<td>247</td>
<td>23%</td>
<td>1,509</td>
<td>1,261</td>
</tr>
<tr>
<td>Patient Days</td>
<td>7,669</td>
<td>5,606</td>
<td>2,063</td>
<td>37%</td>
<td>8,064</td>
<td>7,116</td>
</tr>
<tr>
<td>Average Daily Census</td>
<td>247</td>
<td>181</td>
<td>67</td>
<td>37%</td>
<td>260</td>
<td>230</td>
</tr>
<tr>
<td>Adjusted Patient Days</td>
<td>18,079</td>
<td>16,795</td>
<td>1,284</td>
<td>8%</td>
<td>22,821</td>
<td>20,701</td>
</tr>
</tbody>
</table>
CCH 12 Month Patient Activity Levels

Admissions - FY 2021

FY2021 Actual: 1,329
FY2021 Budget: 1,082

Ave. Daily Census - FY 2021

FY2021 Actual: 247
FY2021 Budget: 181
CCH 12 Month Patient Activity Levels

Adjusted Patient Days - FY 2021

<table>
<thead>
<tr>
<th>Month</th>
<th>Actual</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>18,079</td>
<td>16,795</td>
</tr>
</tbody>
</table>

Discharges - FY 2021

<table>
<thead>
<tr>
<th>Month</th>
<th>Actual</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>1,359</td>
<td>1,082</td>
</tr>
</tbody>
</table>
Patient Activity Indicators – December 2020

Primary Care Visits

FY2021: 19,382 (704 tele-visits)
FY2021 Target: 22,049

Specialty Care Visits

FY2021: 25,588
FY2021 Target: 25,701
Patient Activity Indicators – December 2020

**ER Visits**

FY2021: 7,450
FY2021 Target: 9,725

**Surgery**

FY2021: 1,094
FY2021 Target: 954

**Deliveries**

FY2021: 69
FY2021 Target: 63
CCH Health Providers Revenue – December 31, 2020

Payer Mix Analysis (by Charges)

Note:
CountyCare is a Medicaid managed care program. It is shown separately to provide visibility to CountyCare.
Financial Key Performance Indicators – December 31, 2020

**Accounts Receivable Days**

<table>
<thead>
<tr>
<th>Month</th>
<th>Actual</th>
<th>Target ≤ 40 Days</th>
<th>Value (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>$367</td>
<td></td>
<td>$383</td>
</tr>
<tr>
<td>May</td>
<td>$383</td>
<td></td>
<td>$365</td>
</tr>
<tr>
<td>Jun</td>
<td>$364</td>
<td></td>
<td>$364</td>
</tr>
<tr>
<td>Jul</td>
<td>$320</td>
<td></td>
<td>$286</td>
</tr>
<tr>
<td>Aug</td>
<td>$286</td>
<td></td>
<td>$314</td>
</tr>
<tr>
<td>Sep</td>
<td>$314</td>
<td></td>
<td>$321</td>
</tr>
<tr>
<td>Oct</td>
<td>$321</td>
<td></td>
<td>$343</td>
</tr>
</tbody>
</table>

**Discharged Not Final Billed (DNFB) Days**

<table>
<thead>
<tr>
<th>Month</th>
<th>Actual</th>
<th>Target 4 - 6 Days</th>
<th>Value (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>$36</td>
<td></td>
<td>$53</td>
</tr>
<tr>
<td>May</td>
<td>16</td>
<td></td>
<td>$51</td>
</tr>
<tr>
<td>Jun</td>
<td>17</td>
<td></td>
<td>$62</td>
</tr>
<tr>
<td>Jul</td>
<td>17</td>
<td></td>
<td>$30</td>
</tr>
<tr>
<td>Aug</td>
<td>8</td>
<td></td>
<td>$30</td>
</tr>
<tr>
<td>Sep</td>
<td>7</td>
<td></td>
<td>$27</td>
</tr>
<tr>
<td>Oct</td>
<td>9</td>
<td></td>
<td>$35</td>
</tr>
<tr>
<td>Nov</td>
<td>7</td>
<td></td>
<td>$28</td>
</tr>
<tr>
<td>Dec</td>
<td>5</td>
<td></td>
<td>$22</td>
</tr>
</tbody>
</table>
Denials -- December 2020

<table>
<thead>
<tr>
<th></th>
<th>Month /YTD</th>
<th>Month/ YTD</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Denials</td>
<td>16%</td>
<td>$19,738,836</td>
<td>5%</td>
</tr>
<tr>
<td>Write Offs</td>
<td>2%</td>
<td>$2,228,552</td>
<td>2%</td>
</tr>
</tbody>
</table>

- Hard Denials/Write offs met the benchmark for December
- More than half of denials relate to prior authorization
  - Focus is on the highest dollar areas (e.g., infusion, radiology, outpatient surgery)
**Health Plan Services Financial Results – December 31, 2020**

**Dollars in 000s except PMPM amounts**

<table>
<thead>
<tr>
<th></th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
<th>FY20 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capitation Revenue</strong></td>
<td>$180,472</td>
<td>$180,500</td>
<td>$(28)</td>
<td>-0.02%</td>
<td>$146,827</td>
</tr>
<tr>
<td>CCH Directed Payments</td>
<td>$9,291</td>
<td>$11,860</td>
<td>$(2,569)</td>
<td>-21.7%</td>
<td></td>
</tr>
<tr>
<td>CCH Directed Payments</td>
<td>$(9,291)</td>
<td>$(11,860)</td>
<td>$2,569</td>
<td>-21.7%</td>
<td></td>
</tr>
</tbody>
</table>

**Operating Expenses**

- **Clinical - CCH**: $(8,447) $6,264 $(2,183) -34.85% $12,293
- **Clinical - External**: $164,937 $162,451 $(2,486) -1.53% $129,096
- **Administrative**: $8,724 $12,210 $3,486 28.55% $7,612

**Total Expenses**: $182,108 $180,926 $(1,183) -0.65% $149,001

**Operating Gain (Loss)**

- $(1,636) $(426) $(1,211) 284.36% $2,174

**Activity Levels**

- **Member Months**: 378,218 373,464 4,754 1.27% 319,566
- **CCH CountyCare Member Months**: 38,782 N/A N/A 10.25% 34,360
- **CCH % CountyCare Member Months**: 10.25% N/A N/A 10.75%

**Operating Indicators**

- **Revenue Per Member Per Month (PMPM)**: $477.16 $483.31 $(6.15) -1.27% $459.46
- **Clinical Cost PMPM**: $458.42 $451.76 $(6.67) -1.48% $442.44
- **Medical Loss Ratio (1)**: 93.2% 90.50% -2.75% -0.04% 94.30%
- **Administrative Cost Ratio**: 4.4% 6.16% 1.72% 27.97% 4.60%

**Notes:**

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

**Commentary**

- Total membership exceeds budget by 4,754 due to increased Medicaid enrollment as a result of the COVID-19 induced growth in unemployment, and no state redetermination of Medicaid eligibility.
- CountyCare’s reimbursement to CCH for directed payments is lower than expected but is offset by CCH domestic spend.
- Operating Loss of $(1.6)M consists of $(400)k from CountyCare and $(1.2)M from Medicare. CountyCare loss is driven by the State of Illinois Intergovernmental Transfer (IGT) costs of $5.7M.
- State of Illinois and CCH have agreement in concept to reduce IGT by 50% beginning in January 2021.
### Commentary

- Membership is lower than budget, driving lower than expected revenue. Revenue on a per member per month basis slightly exceeding budgeted PMPM.
- Revenue does not include risk adjustment, which is expected to increase total revenue once risk-adjustment completed by CMS.
- Total operating loss exceeds budgeted operating loss by $(405,000).

### Medicare Financial Results – December 31, 2020

<table>
<thead>
<tr>
<th>Dollars in 000s except PMPM amounts</th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capitation Revenue</td>
<td>$761</td>
<td>$1,477</td>
<td>$(715)</td>
<td>-48.44%</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical - CCH</td>
<td>$211</td>
<td>$295</td>
<td>$85</td>
<td>28.62%</td>
</tr>
<tr>
<td>Clinical - External</td>
<td>$910</td>
<td>$1,181</td>
<td>$271</td>
<td>22.95%</td>
</tr>
<tr>
<td>Administrative</td>
<td>$888</td>
<td>$842</td>
<td>$(46)</td>
<td>-5.41%</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$2,009</td>
<td>$2,319</td>
<td>$310</td>
<td>13.38%</td>
</tr>
<tr>
<td>Operating Gain (Loss)</td>
<td>$(1,247)</td>
<td>$(842)</td>
<td>$(405)</td>
<td>48.12%</td>
</tr>
<tr>
<td>Activity Levels</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Months</td>
<td>505</td>
<td>1,000</td>
<td>(495)</td>
<td>-49.50%</td>
</tr>
<tr>
<td>Operating Indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue Per Member Per Month (PMPM)</td>
<td>$1,507.67</td>
<td>$1,476.76</td>
<td>$30.91</td>
<td>2.09%</td>
</tr>
<tr>
<td>Clinical Cost PMPM</td>
<td>$2,219.88</td>
<td>$1,476.76</td>
<td>$(743.13)</td>
<td>-50.32%</td>
</tr>
</tbody>
</table>
THANK YOU
COVID-19: Meaningful Community Engagement for Health and Equity

Cook County Department of Public Health
February 2021
Mobilizing Community Partnerships
Suburban Cook County (SCC) COVID-19 Community Supports Program and Worker Protection Program

“...community-based organizations are helping to reach populations disproportionately impacted by COVID-19. Their existing relationships with these populations creates a greater impact in communities where there is hesitancy and distrust. The results of these partnerships are helping to create equitable outcomes for these populations hardest hit by the COVID-19 pandemic.”
Mobilizing Community Partnerships
SCC COVID-19 Community Supports Program and Worker Protection Program

- Amplify critical and timely messages for workers and residents
- Provide education and guidance to support workplace and community COVID-19 mitigation practices
- Provide needed resources to lessen the health, social and economic impacts of COVID-19
SCC COVID-19 Community Supports Program

- Collaboration with Hektoen Institute

- Nearly $5 million awarded to 42 community-based organizations

- Community Supports:
  - Outreach and education
  - Expansion of existing programs and services
  - Community testing support

- 6 month project period (Dec 1, 2020 – May 31, 2021)
<table>
<thead>
<tr>
<th>Award Amount:</th>
<th>Option 1 Organizations</th>
<th>SCC Region(s) CBO will Serve</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,000</td>
<td>Alivio Medical Center</td>
<td>N X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Barbara Westbrook Smith Family Life Center NFP</td>
<td>W</td>
</tr>
<tr>
<td>$20,000</td>
<td>Best of Proviso Township</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Center for Community Academic Success Partnerships</td>
<td>S</td>
</tr>
<tr>
<td>$20,000</td>
<td>Centro de Trabajadores Unidos / United Workers' Center</td>
<td>SW</td>
</tr>
<tr>
<td>$20,000</td>
<td>Cornerstone Community Development Corporation</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Dream Academy Foundation</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Ecker Center for Behavioral Health</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>It Could Be Your Kid</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Journeys</td>
<td>The Road Home</td>
</tr>
<tr>
<td>$20,000</td>
<td>Nations Warriors Alliance</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Next Move Community Services</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Northwest Compass, Inc.</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Oak Park Regional Housing Center</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Proactive Community Services</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Progress Center for Independent Living</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Quinn Center of St. Eulalia</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Seasons Community Outreach Services</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Sibling Leadership Network</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>The Monroe Foundation</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>The Nehimiah Community Project</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Thinking Beyond</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>True Love Center</td>
<td>X</td>
</tr>
<tr>
<td>$20,000</td>
<td>Williams Aftercare Recovery Center</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option 2 Organizations &amp; Award Amounts</th>
<th>SCC Region(s) CBO will Serve</th>
<th>Community Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arab American Family Services ($299,694)</td>
<td>N X S SW</td>
<td>Testing Education Existing Prog/Svs</td>
</tr>
<tr>
<td>Center of Concern ($195,845)</td>
<td>W</td>
<td>X</td>
</tr>
<tr>
<td>Family Christian Health Center ($246,396)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Farmworker and Landscaper Advocacy Project (FLAP) ($297,952)</td>
<td>X X X X</td>
<td>X</td>
</tr>
<tr>
<td>First Baptist Church of Melrose Park ($172,616)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Illinois Association of Free and Charitable Clinics ($294,800)</td>
<td>X X X X</td>
<td>X</td>
</tr>
<tr>
<td>Latino Alzheimer’s and Memory Disorders Alliance (LAMDA) ($221,025)</td>
<td>X X</td>
<td>X X</td>
</tr>
<tr>
<td>Loyola University Chicago ($300,000)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Partners for Our Communities ($99,823)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pillars Community Health ($192,194)</td>
<td>X X X X</td>
<td>X</td>
</tr>
<tr>
<td>Proviso Leyden Council for Community Action, Inc. ($264,899)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Respond Now ($227,111)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Rincon Family Services ($297,000)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sisters Working It Out ($297,974)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Southland Ministerial Health Network, NFP ($203,892)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Suburban Primary Health Care Council / DBA: Access to Care ($300,000)</td>
<td>X X X X</td>
<td>X X</td>
</tr>
<tr>
<td>TCA HEALTH, INC. NFP ($272,868)</td>
<td>X X</td>
<td>X X</td>
</tr>
<tr>
<td>The Link &amp; Option Center, Inc. ($299,881)</td>
<td>X</td>
<td>X X</td>
</tr>
</tbody>
</table>
SCC COVID-19 Community Supports Program

Outreach and Education

Accomplishments:

• Barbara Westbrook Smith Family Life Center posted two #MaskUp campaign posts that reached 951 people, and 8 posts focused on the 3 W’s that reached over 3,000 people.

• Rincon Family Services is developing a Spanish language podcast with COVID information.

• Latino Alzheimer's and Memory Disorders Alliance outreached to 167 Latinx households impacted by technology barriers.

• Access to Care mailed masks and COVID-19 information to 4,000 households.
SCC COVID-19 Community Supports Program

Expansion of Existing Program and Services

Accomplishments:

• Loyola University’s COVID response team hired a bilingual dietician to help with food/nutrition provision and guidance.

• Respond Now distributed masks and gloves during food pantry, street outreach, and at alternative housing locations for homeless populations.

• Northwest Compass provided masks, gloves, and sanitizing products to clients and general public, and arranged for cleaning services for clients in three of their housing programs.

• Quinn Center of St. Eulalia provided approximately 1000 masks during weekly food distribution events and 90 care packages to senior populations.
SCC COVID-19 Community Supports Program

Testing

Accomplishments:

• Family Christian Health Center expanded their COVID-19 Testing, which led to a 99% increase in testing access. Provided approx. 100/per week, over 3,000+ to date.

• TCA Health increased testing hours and number of communities served to reach African Americans, Latinx, and Arab Americans.
SCC Worker Protection Program Overview

- **Vision**: Promote and protect the health and safety of workers through bi-directional, worker-centered systems for education, reporting and compliance

- **Goal**: Equip employers and workers with information, resources and support to minimize the spread of diseases and promote health & safety in workplaces

- **Partners**: Raise the Floor, 5 worker centers and Temp Work Union Alliance Project

- **Aims** between Dec 1, 2020 and May 31, 2021 are to:
  - Educate 7,000 workers on their rights and link them to existing resources
  - Educate 150 employers on guidance and best practices
  - Build CCDPH staff capacity, including tracers, on worker perspectives and rights
## Community & Population Reach of Worker Centers & Temporary Worker Union Alliance Project

<table>
<thead>
<tr>
<th>Communities</th>
<th>Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arise Chicago</strong></td>
<td>Cicero, Berwyn, Aurora, Melrose Park, Evanston, Des Plaines, Elmwood Park,</td>
</tr>
<tr>
<td></td>
<td>Waukegan, Hillside, McCook, Palatine, Niles, Burbank, Rolling Meadows,</td>
</tr>
<tr>
<td></td>
<td>Summit, Wheeling</td>
</tr>
<tr>
<td></td>
<td>Low-wage, Immigrants, People of Color workers</td>
</tr>
<tr>
<td><strong>Chicago Community and Workers Rights</strong></td>
<td>Cicero, Wheeling, Harvey, Berwyn</td>
</tr>
<tr>
<td></td>
<td>Undocumented and Latinx low-wage workers</td>
</tr>
<tr>
<td><strong>Centro de Trabajadores Unidos</strong></td>
<td>South Holland, Posen, Blue Island, Harvey, Lansing, Chicago Heights,</td>
</tr>
<tr>
<td></td>
<td>Calumet Park</td>
</tr>
<tr>
<td></td>
<td>Latinx and African American low-wage workers</td>
</tr>
<tr>
<td><strong>Chicago Workers Collaborative</strong></td>
<td>Elgin, Streamwood, Hanover Park, Schaumburg, Hoffman Estates, Palatine,</td>
</tr>
<tr>
<td></td>
<td>Rolling Meadows, Elk Grove Village, Des Plaines, Rolling Meadows, Mount</td>
</tr>
<tr>
<td></td>
<td>Prospect, Prospect Heights, Wheeling, Cicero, Berwyn, Summit</td>
</tr>
<tr>
<td></td>
<td>Latinx and African American workers; Sector: Temp workers in all blue-collar</td>
</tr>
<tr>
<td></td>
<td>industries, but primarily manufacturing and packing, specifically meatpacking</td>
</tr>
<tr>
<td></td>
<td>food production and assembly line work</td>
</tr>
<tr>
<td><strong>Warehouse Workers for Justice</strong></td>
<td>McCook, Bedford Park, Melrose Park, Maywood, Matteson, Markam, Robbins,</td>
</tr>
<tr>
<td></td>
<td>Chicago Heights, Bedford Park, Burbank</td>
</tr>
<tr>
<td></td>
<td>Latinx, African American workers, Formerly incarcerated workers; Sector -</td>
</tr>
<tr>
<td></td>
<td>Warehousing and Transportation workers</td>
</tr>
<tr>
<td><strong>Temporary Worker Union Alliance Project</strong></td>
<td>Bedford Park, Oaklawn, Burbank</td>
</tr>
<tr>
<td></td>
<td>Latinx and African American workers</td>
</tr>
</tbody>
</table>
SCC Worker Protection Program

Outreach and Education

Accomplishments:

• Three worker centers conducted "Know-Your-Rights" and COVID-19 safety trainings, collectively reaching 2,291 Latinx, Polish, and undocumented workers.

• Two worker centers distributed masks and PPE, collectively reaching 10,076 Black/African American, Hispanic/Latinx, and undocumented workers.

• All worker centers shared targeted communication to Hispanic/Latinx and Black/African American workers.
Congratulations. The Public Health Accreditation Board is pleased to notify you that the PHAB Accreditation Committee, on February 12, 2021, made its decision to continue accreditation of the Cook County Department of Public Health. This accreditation is for five years.
Thank you.
ATTACHMENT #8
CEO Report

Israel Rocha, Jr., CEO

February 26, 2021
I.C.A.R.E. Awards
Employees of the Month – January 2021
I.C.A.R.E Quality

**INTEGRITY:** Cook County Health defines integrity as being trustworthy, dependable, and reliable when called upon to deliver a service. This includes fulfilling assigned tasks, communicating openly and honestly, and acting in ways that reflect positively on Cook County Health.

**COLLABORATION:** Cook County Health defines collaboration as always interacting with coworkers and other departments in a respectful manner and valuing their contributions. This includes cooperating with coworkers and assisting them when help is needed.

**ACCOUNTABILITY:** Cook County Health defines Accountability as taking ownership over your actions - good or bad. This includes recognizing that you have a role to play in the success of Cook County Health and ensuring that your actions align to the improvement of the patient experience, employee experience, and the attainment of our strategic priorities.

**RESPECT:** Cook County Health defines respect as being friendly and polite with gracious consideration toward others. It is recognizing that our actions can directly impact ourselves, our colleagues, our department, the patient experience, and Cook County Health as a whole.

**EXCELLENCE:** Cook County Health defines excellence as aspiring to provide exceptional patient care and customer service through job excellence, professionalism, and a positive attitude. This includes being flexible, willing to accept new tasks, ask questions, and use time wisely.
I.C.A.R.E. Award Winners

January 2021

Integrity: Barbara Marban
Barbara Marban is a Physical Therapy Assistant for Cook County Health. She spends an extended amount of time checking on patients to ensure they have everything they need and is always willing to lend an extra hand. Her colleague says there is nothing she won’t do for patients over the course of her 35-plus year career.

Collaboration: Josh Ablis
Josh Ablis is a Senior Project Manager in the Project Management Office. He keeps the team focused on accomplishing set goals and is constantly striving for improvement. Mr. Ablis is a role model for how we should respectfully interact with one another and continues to serve as a reminder to put our patients at the center of our focus.

Accountability: Lillian Hampton
Lillian Hampton is an Administrative Assistant IV in the Surgery Oncology Clinic. She takes ownership over her actions. Ms. Hampton works very well with others and is always willing to have an open ear for fresh ideas to improve the health care integrity of Stroger Hospital.
I.C.A.R.E. Award Winners

January 2021

Respect

**Chad Simmons**

Chad Simmons is a Physician Assistant I in the Orthopedics Clinic. His colleague who nominated him said their patient had the best experience with Mr. Simmons. The patient said that from the moment she was called in the waiting room, to the end of the visit, she felt so comfortable with him. Mr. Simmons took the time to let her know what was going to happen, show her images and involved her throughout the whole process – she can't say enough good things about him.

Excellence:

**Patricia Torres-Thompson**

Patricia Torres-Thompson is a Recruitment and Selection Analyst in Human Resources and is leading the COVID-19 hiring project. She has kept the team on task and has been very patient doing so. Ms. Torres-Thompson provides great customer service to her hiring managers and new hires in her role at Cook County Health.
COVID-19 Update

CCH Patient COVID Testing
# CCH COVID Testing

All CCH Testing* as of 2/21/21

<table>
<thead>
<tr>
<th>Test Result</th>
<th>Test Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>98,317</td>
<td>92%</td>
</tr>
<tr>
<td>Positive</td>
<td>8,370</td>
<td>8%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>647</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>107,334</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*This slide represents all tests conducted at CCH. If a patient was tested multiple times, each test is counted.
## Patient Testing

**All CCH Testing as of 2/21/21**

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>33%</td>
</tr>
<tr>
<td>Male</td>
<td>67%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>10%</td>
</tr>
<tr>
<td>21-40</td>
<td>42%</td>
</tr>
<tr>
<td>41-64</td>
<td>38%</td>
</tr>
<tr>
<td>65+</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>35%</td>
</tr>
<tr>
<td>Male</td>
<td>65%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>7%</td>
</tr>
<tr>
<td>21-40</td>
<td>36%</td>
</tr>
<tr>
<td>41-64</td>
<td>47%</td>
</tr>
<tr>
<td>65+</td>
<td>10%</td>
</tr>
</tbody>
</table>

Due to rounding, totals may not equal 100.
# Patient Testing

## All CCH Testing as of 2/21/21

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>African/American</td>
<td>58%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Other/Multiple/Unknown</td>
<td>9%</td>
</tr>
<tr>
<td>White</td>
<td>29%</td>
</tr>
</tbody>
</table>

## Positives Only

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>African/American</td>
<td>45%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>5%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Other/Multiple/Unknown</td>
<td>13%</td>
</tr>
<tr>
<td>White</td>
<td>35%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino/Spanish Origin</td>
<td>21%</td>
</tr>
<tr>
<td>Non-Hispanic/Latino/Spanish Origin</td>
<td>79%</td>
</tr>
</tbody>
</table>

## Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino/Spanish Origin</td>
<td>39%</td>
</tr>
<tr>
<td>Non-Hispanic/Latino/Spanish Origin</td>
<td>61%</td>
</tr>
</tbody>
</table>

Due to rounding, totals may not equal 100.
Cermak Update
This graph illustrates the impact of testing availability. As was true in the community, our initial testing was constrained exclusively to symptomatic patients. The availability expanded eventually to include patients without overt signs of infection and then to surveillance. Testing continues to inform care and housing and plays a critical role in focused interventions and ongoing containment.

Cermak Update

The Importance of Testing

Rolling 7 Day Positivity Rate as of 2/23/21 = 0.8%
Cermak Update

- Cermak remains our highest priority.
- Population continues to rise compressing space to accommodate social distancing. There are approximately 600 detainees awaiting transfer to the Illinois Department of Corrections. The number continues to rise as the state has suspended prison transfers and now requires all transfers to have 2 doses of vaccine.
- Lower census allowed for single celling, distancing and other mitigation strategies that have led to containment.

Source: https://www.cookcountysheriff.org/data/
Department of Corrections & JTDC Vaccines

**Staff**

- More than 3,500 doses of vaccine have been administered since 1/20/21

**Detainees**

- Detainees and prisoners are Phase 1b
  - Detainees are being offered Moderna which aligns with the Illinois Department of Corrections in the event a patient is transferred prior to their second dose.
  - Detainees are provided with a CDC vaccination card and a list of community clinics in the event they are released prior to second dose.
  - To date, nearly 1,300 detainees have received their first dose.
COVID-19 Vaccination

CCH Staff
COVID-19 CCH Vaccination Reporting

CCH Staff Vaccination Summary

CCH Staff vaccinated
~70%

5,089

CCH Employees vaccinated
~56%

3,384

As of 02/16/2021
Staff includes FTEs and contractors
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated by Race/Ethnicity

As of 02/16/2021

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Vaccinated</th>
<th>Not Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>29/32</td>
<td>91%</td>
</tr>
<tr>
<td>Asian</td>
<td>887/1,165</td>
<td>76%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>433/729</td>
<td>59%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>33/63</td>
<td>52%</td>
</tr>
<tr>
<td>Black or African-American</td>
<td>1132/2,862</td>
<td>40%</td>
</tr>
</tbody>
</table>

Vaccinated (56%)  Not Vaccinated (44%)

As of 02/16/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Age

As of 02/15/2021

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vaccinated</th>
<th>Not Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;21 Years</td>
<td>25.0%</td>
<td></td>
</tr>
<tr>
<td>21-30 Years</td>
<td>65.4%</td>
<td></td>
</tr>
<tr>
<td>31-40 Years</td>
<td>52.9%</td>
<td>47.1%</td>
</tr>
<tr>
<td>41-50 Years</td>
<td>53.3%</td>
<td>46.7%</td>
</tr>
<tr>
<td>51-60 Years</td>
<td>56.1%</td>
<td>43.9%</td>
</tr>
<tr>
<td>61-70 Years</td>
<td>58.3%</td>
<td>41.7%</td>
</tr>
<tr>
<td>71-80 Years</td>
<td>46.4%</td>
<td>53.6%</td>
</tr>
<tr>
<td>&gt; 80 Years</td>
<td>83.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>100.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

% CCH Staff Vaccinated (56%) Not Vaccinated (44%)

As of 02/15/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Job Category

As of 02/16/2021

- Management/Administrative Support/Clerical: 304 out of 1013 vaccinated (30.0%)
- Clinical Support: 158 out of 445 vaccinated (35.5%)
- Service and Maintenance: 140 out of 364 vaccinated (38.5%)
- Public Health Professionals: 16 out of 39 vaccinated (41.0%)
- Technicians and Technologists: 261 out of 529 vaccinated (49.3%)
- Nursing: 748 out of 1371 vaccinated (54.6%)
- Hospital Police/Security: 22 out of 36 vaccinated (61.1%)
- Trades: 61 out of 101 vaccinated (60.4%)
- Administrative/Clerical Support: 207 out of 207 vaccinated (100.0%)
- Non-Clinical Leadership: 63 out of 63 vaccinated (100.0%)
- Administrative/Clerial Support: 207 out of 207 vaccinated (100.0%)
- Doctors: 819 out of 980 vaccinated (83.6%)
- Pharmacists: 65 out of 98 vaccinated (66.3%)
- Healthcare Professionals: 301 out of 460 vaccinated (65.4%)
- Public Health: 59 out of 59 vaccinated (100.0%)
- Pharmacy: 56 out of 56 vaccinated (100.0%)
- Public Health Professionals: 16 out of 39 vaccinated (41.0%)
- Service and Maintenance: 140 out of 364 vaccinated (38.5%)
- Clinical Support: 158 out of 445 vaccinated (35.5%)
- Management/Administrative Support/Clerical: 304 out of 1013 vaccinated (30.0%)

Vaccinated (56%)  Not Vaccinated (44%)

As of 02/16/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Union vs. Non-Union

As of 02/16/2021

**UNION**
- Vaccinated (2769) 53%
- Not-Vaccinated (2424) 47%

**NON-UNION**
- Vaccinated (615) 71%
- Not-Vaccinated (251) 29%

Union (5193) 86%
Non-Union (866) 14%

As of 02/16/2021
COVID-19 Vaccination

Patient & Community Points of Distribution (PODs)
# Doses Distributed at CCH PODS as of 2.19.21

Open to CCH patients and the general public who meet current eligibility. Appointments required.

<table>
<thead>
<tr>
<th>CCH Chicago PODs*</th>
<th>Total</th>
<th>CCH Suburban PODs**</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin Health Center</td>
<td>1,142</td>
<td>Arlington Heights Health Center</td>
<td>8,413</td>
</tr>
<tr>
<td>Dr. Jorge Prieto Health Center</td>
<td>1,070</td>
<td>Blue Island Health Center</td>
<td>5,807</td>
</tr>
<tr>
<td>Englewood Health Center</td>
<td>1,144</td>
<td>Cottage Grove Health Center</td>
<td>4,399</td>
</tr>
<tr>
<td>Logan Square Health Center</td>
<td>1,093</td>
<td>Morton East Health Center</td>
<td>2,183</td>
</tr>
<tr>
<td>Sengstacke Health Center</td>
<td>2,526</td>
<td>North Riverside Health Center</td>
<td>6,466</td>
</tr>
<tr>
<td>Ruth M. Rothstein CORE Center</td>
<td>2,400</td>
<td>Robbins Health Center</td>
<td>4,725</td>
</tr>
<tr>
<td>Stroger Hospital</td>
<td>2,268</td>
<td>TOTAL</td>
<td>31,993</td>
</tr>
<tr>
<td>**TOTAL</td>
<td>**11,643</td>
<td>**TOTAL</td>
<td>**31,993</td>
</tr>
</tbody>
</table>

*Vaccine Distributed to CCH by the Chicago Department of Public Health. City sites began later than suburban sites thus the lag in shots administered.

**Vaccine Distributed to CCH by the Cook County Department of Public Health
Doses Distributed at Mega and Targeted PODS as of 2.19.21

**Mega PODs**: Open to the general public who meet current eligibility criteria.

**Targeted PODs**: Open initially to a specific eligible population (i.e. educators, police, etc) within a geographic region.

<table>
<thead>
<tr>
<th>Mega PODs</th>
<th>Total</th>
<th>Targeted PODs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinley Park Convention Center</td>
<td>35,699</td>
<td>Thornton Fractional South HS</td>
<td>1,264</td>
</tr>
<tr>
<td>Triton College</td>
<td>7,494</td>
<td>MABAS 3/New Trier HS</td>
<td>Opened 2/24</td>
</tr>
<tr>
<td>South Suburban College</td>
<td>3,260</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>46,453</strong></td>
<td><strong>TOTAL</strong></td>
<td><strong>1,264</strong></td>
</tr>
</tbody>
</table>
Vaccine Eligibility – CDC/ACIP* Recommendations

*Centers for Disease Control & Prevention Advisory Committee on Immunization Practices

• Phased Approach for Vaccine Allocation
  ➢ Phase 1a
    ▪ Healthcare Personnel
    ▪ Long-term care facility (LTCF) residents
  ➢ Phase 1b
    ▪ Frontline essential workers
    ▪ Persons aged 65 years and over
  o Phase 1c
    ▪ Persons aged 16-64 years with high-risk medical conditions
    ▪ Essential workers not recommended for vaccination in Phase 1b
  o Phase 2
    ▪ All persons aged over 16 years not previously recommended for vaccination

Source: https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm?s_cid=mm695152e2_w1.1.21
Vaccine Eligibility – IDPH* Guidance

*Illinois Department of Public Health

COVID-19 Vaccination Phase 1b
Persons that have been disproportionately affected by COVID-19 and frontline workers with higher risk of exposure due to inability to perform work duties remotely and proximity to coworkers or the public

<table>
<thead>
<tr>
<th>Eligible individuals</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elder</td>
<td>Age 65+</td>
</tr>
<tr>
<td>First Responders</td>
<td>Fire, law enforcement, 911 workers, security personnel, school officers</td>
</tr>
<tr>
<td>Education (Congregate Child Care, Pre-K through 12th grade)</td>
<td>Teachers, principals, student support, student aids, day care workers (see more details in backup)</td>
</tr>
<tr>
<td>Food and Agriculture</td>
<td>Processing, plants, veterinary health, livestock services, animal care</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>Industrial production of good for distribution to retail, wholesale or other manufactures</td>
</tr>
<tr>
<td>Corrections Workers and Inmates</td>
<td>Prison/jail officers, juvenile facility staff, workers providing in-person support, inmates</td>
</tr>
<tr>
<td>United State Postal Services Workers</td>
<td>--</td>
</tr>
<tr>
<td>Public Transit Workers</td>
<td>Flight crew, bus drivers, train conductors, taxi drivers, para-transit drivers, in-person support, ride sharing services</td>
</tr>
<tr>
<td>Grocery Store Workers</td>
<td>Baggers, cashiers, stockers, pick-up, customer service</td>
</tr>
<tr>
<td>Shelters/Adult Day Care</td>
<td>Homeless shelter, women's shelter, adult day/drop-in program, sheltered workshop, psycho-social rehab</td>
</tr>
</tbody>
</table>
Community Vaccination Access Points

Capacity Based on Availability of Vaccine

- **CCH Facilities**
  - Administered our 100,000th dose on 2/19/21!

- **Large & Targeted Vaccination Sites**
  - Tinley Park Convention Center
  - Triton College
  - South Suburban College
  - Thornton Fractional High School
  - New Trier High School
  - Additional sites continue to be identified and evaluated with a focus on equity

- **CCDPH Mobile Units**
  - Suburban Cook County Board Districts prioritized based on COVID cases and economic indicators

- **CCH/CCDPH Strike Teams**
  - Homeless shelters, home-bound populations, low-wage work locations, hard-to-reach populations

- **Community Drive-Thru Vaccination Locations**
  - Cook County Forest Preserve District sites

City Locations
- Logan Square
- Austin
- Prieto
- Stroger Hospital
- CORE
- Englewood
- Provident Hospital

Suburban Locations
- Arlington Heights
- Morton East
- North Riverside
- Blue Island
- Robbins
- Cottage Grove
Community Vaccination Access Points

Capacity Based on Availability of Vaccine

- **Hospitals**
  - Vaccinated hospital personnel, some EMTs/Paramedics
  - Loyola, Advocate vaccinating 1a and beyond from community

- **Pharmacies**
  - Jewel-Osco, Walgreens, Mariano’s providing vaccine for Phase 1a and beyond at select sites

- **Community Healthcare Providers**
  - Federally Qualified Health Centers (FQHCs), Oak Street Health

- **Schools + EMS/Fire – Hyperlocal sites**
  - Planning for frontline essential workers at local level

- **Federal Pharmacy Program**
  - Partnership with CVS and Walgreens to provide vaccine to Long Term Care Facilities
Microsite: vaccine.cookcountyil.gov
Launched January 25, 2021

Cook County is currently in Phase 1b which includes individuals 65 and over and front line essential workers. Vaccine supply is extremely limited at this time. Please be patient.

English Español

Vaccine Sign-Up Hotline: 833-308-1988 M-F 7am-7pm CT

Sign-up 	 COVID-19 FAQs 	 Top Ten Reasons to Be Vaccinated 	 Pfizer EUA 	 Moderna EUA

Click Here to Sign-Up
Vaccine Registration & Appointment

Vaccine Appointment and Call Center Administration: Provides self-service capability to schedule a vaccine appointment for the patient. It also allows for patients to have appointments scheduled through the use of the call center. A critical function of the appointment system is its integration into CCH electronic medical record, which automatically provides real time feeds into ICARE.

- **Features include:**
  - Web base
  - Supports up to 4000 users per second
  - AES 256 encryption - with data at rest and in transit
  - Meets HIPAA requirements
  - SMS and Email notifications
  - Uses barcoding technology to eliminate the hassle of having to manually enter every vaccine’s details or scheduling patients for the second vaccine.
Microsite & Call Center

Launched January 25, 2021

Microsite Stats

• vaccine.cookcountyil.gov
  • The microsite has received more than 700,000 unique registrations since it launched on January 25th.
  • The site averages 775,000 hits each day with 421,000 unique visits.
  • On average, there are 3,400 unique visitors active at any given moment.
  • CCH continues to monitor the user experience and make improvements to the site.

Call Center Stats

• 1-833-308-1988 Monday-Friday, 7:00AM – 7:00PM
  • Over the past week, the Vaccine Registration/Sign Up Call Center averaged more than 12,000 calls each day.
Education & Engagement

• Tours of vaccine sites with Community Based Organizations
• Townhall Meetings
• Public Service Partnership with CBS
• Vaccine marketing campaign to launch in March
CCDPH Contact Tracing
CCDPH Contact Tracing Initiative Update

**Staffing – as of 2/19/21**
- The Contact Tracing Initiative includes more than 180 contact tracers and 60 case investigators.
- There are more than 50 bilingual staff at this time.

- ~18,000 actionable COVID positive cases in suburban Cook County
  - Of those cases, 70.3% were called & 47.5% were interviewed
  - Of those called, 67.6% were interviewed

**Close Contact Outreach (1/15 – 2/15, 2021)**
- 87% of close contacts were called & 73.3% were reached & interviewed
CCDPH Contact Tracing Initiative
COVID-19 Community Supports Program

Accomplishments:

- Family Christian Health Center expanded their COVID-19 Testing
  - 99% increase in testing access
  - Provided ~100 tests/per week, over 3,000 to date
- Loyola hired a bilingual dietician to help with food/nutrition provision and guidance
- Rincon Family Services is developing a Spanish language podcast with COVID information
- Access to Care mailed masks and COVID-19 information to 4,000 households
- CBOs continue to amplify key CCDPH messages and campaigns
CCDPH Contact Tracing Initiative
Worker Protection Program

- Partnership between CCDPH and Worker Centers & Temporary Worker Union Alliance
- Promotes and protects the health and safety of workers through bi-directional, worker-centered systems for education, reporting and compliance
- Worker Centers currently Conducting ‘Know Your Rights’ trainings
- Also disseminating information about workplace protections under IL Executive Order #43
- Worker centers will also be engaged in vaccination planning
Questions?
Recent Cook County Health COVID-19 Media Coverage

147 Media Hits on COVID-19 from January – February 2021

Tinley Park Convention Center Opens as Mass COVID Vaccination Site

Cook County study finds Hispanic community suffering from more COVID-19 hospitalizations

Nearly 1.9 million seek vaccine appointments at Cook County site in first hour of website launch

Segunda dosis vacuna COVID-19: ¿Qué efectos secundarios podría tener?

Social Graces: I’m eligible for a vaccine but still can work from home. Should I get one or forgo my dose?

Cook County administers 100,000th vaccine dose as shortages caused by storm continue

Cook County COVID vaccine site at South Suburban College opening Thursday
Media Dashboard: January 26 – February 22, 2021

**Total Number of Media Hits:** 154

**Top 5 Local Media Outlets**
1. NBC-5
2. Chicago Tribune
3. Daily Herald
4. WBBM-AM
5. WGN-9 and Patch

**Top 5 National Media Outlets**
1. Yahoo! News
2. MSN
3. Becker’s Hospital Review
4. Modern Healthcare
5. U.S. News & World Report

**Most Common Topics**
1. Triton College opens as Cook County mass vaccination site
2. Several Cook County vaccination sites close due to inclement weather
3. Tinley Park Convention Center opens as Cook County mass vaccination site
4. CCH announces South Suburban College as COVID-19 vaccination site
5. Doctors warn hiccups could be a symptom of COVID-19
Social Media Insights

As of February 22

Twitter (28-Day Summary)
- Impressions: **146K**
- Profile visits: **6,911** (up 87%)
- Mentions: **163**
- Followers: **3,696** (up 446)

LinkedIn (30-Day Summary)
- Impressions: **21.6K**
- Unique visitors: **636** (up 23%)
- Followers: **6,261** (up 498)

Facebook (28-Day Summary)
- Post reach: **34.8K** (up 229%)
- Post engagement: **6,252** (up 106%)
- Page views: **2,098** (up 66%)
- Page likes: **5,023** (up 155)
- Page followers: **5,967** (up 31)

Instagram (30-Day Summary)
- Impressions: **16,188**
- Reach: **1,842**
- Profile visits: **887**
- Followers: **2,285** (up 219)
Activities and Announcements

COVID-19
See presentation.

Black History Month Panel Discussion

On February 25, 2021, Cook County Health hosted a Black History Month panel discussion on Facebook Live with African Americans in Medicine. With opening remarks from President Preckwinkle and Israel Rocha, Dr. Claudia Fegan moderated a panel of African American medical professionals discussing the important role African Americans have played in medicine and addressed vaccine hesitancy in the African American community. Panelists included:

- Jorelle R. Alexander, DMD, System Chair of the Department of Oral Health
- Jacqueline Boone, RN, Divisional Nursing Director, Patient Care Services, CORE Center
- Courtney M.P. Hollowell, MD, Chair of the Division of Urology
- Sharon A. Irons, MD, Chair of the Division of General Internal Medicine
- George W. Paul, MD, Chair of the Division of Pediatrics, Emergency Medicine Administration

Food as Medicine

As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.

Through February 16, CCH’s Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 309 visits to CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, North Riverside, Provident/Sengstacke, Prieto, and Robbins.

A distribution scheduled for February 16 at Robbins Health Center was cancelled due to the extreme snow. CCH is working with GCFD on a potential rescheduled date.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 37,679 individuals, representing 124,729 household members, totaling more than 802,500 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The Greater Chicago Food Depository’s Fresh Food Truck visits for the month of March include the following ACHN Health Centers.

- March 4 – Prieto Health Center – 2424 S. Pulaski Road, Chicago, IL 60623
- March 9 – Provident Hospital/Sengstacke Health Center – 500 W. 51st Street, Chicago, IL 60615
- March 18 – Arlington Heights – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
CCH began hosting Top Box pickups at Provident Hospital in December 2020 – these will continue through the first half of 2021, while we monitor participation. Additional CCH pickup sites may be added, depending on interest from staff and community members.

Top Box pickups at Provident Hospital are scheduled for the following Fridays from 3-6pm: February 26, March 26, April 23, May 21, and June 25.

A variety of pre-packed boxes of fruits, vegetables, and various proteins are available for pre-order. Top Box Foods accepts debit and credit card payments, as well as SNAP, making it an option for community members who may be resource limited. Visit the Top Box Foods website at https://www.topboxfoods.com/cook-county-chicago/home for more information and to place an order.

Top Box Foods is a Chicago-based nonprofit organization that seeks to make great, healthy, affordable food accessible to all. Top Box Foods offers fresh produce, frozen meats, and other essentials and believes that filling your plate and feeding your community doesn’t have to empty your wallet.

IMPACT 2023 Objective 5.1C

Community Advisory Councils

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

Upcoming CAC meeting dates, including the 2021 schedule:

**North Riverside:** Wednesday at 1:00 PM: March 17, June 16, September 15, December 15
1800 S. Harlem Avenue, North Riverside, IL 60546

**Englewood:** Thursday at 1:00 PM - March 18, June 17, September 16, December 16
1135 W. 69th Street, Chicago, IL 60621

**Provident Hospital/Sengstacke Health Center:** Wednesday at 10:00 AM: April 14, July 14, October 13
500 W. 51st Street, Chicago, IL 60609

**Cottage Grove:** Tuesday at 1:00 PM: April 27, July 27, October 26
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

**Robbins:** Tuesday at 1:00 PM: May 18, August 17, November 16
13450 S. Kedzie Road, Robbins, IL 60472

**Arlington Heights:** Tuesday at 1:00 PM: May 25, August 24, November 23
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

IMPACT 2023 Focus Area 5
Legislative Update

State

- Representative Camille Lilly filed HB3232, which is a joint effort between Cook County and Cook County Health to improve health equity and access to care. A Senate bill will also be filed.

HB3232 seeks to increase transparency and public access to hospital data, including what hospitals are and are not doing when it comes to provision of care to uninsured patients, what services uninsured patients are using, and demographics of these patients, as well as other data related to what hospitals are doing to advance health equity and reduce health disparities. The legislation also seeks to improve the process by which patients are screened for and connected to Medicaid and hospital financial assistance programs.

This effort will help lay the groundwork for future changes and system improvements for more equitable access to care by insured and uninsured patients across all hospitals.

- After serving 50 years in the Illinois House, and nearly three decades as Speaker of the House, Mike Madigan announced his resignation from the 22nd district, effective February 18. Local committeemen will convene to appoint his replacement.

- The Governor delivered his state of the state and budget address on February 17. Additional details about the proposed FY2022 budget can be found at budget.illinois.gov. A summary follows:

  - FY2022 state budget includes $41.6B in General Revenue Funds (GRF), reflecting a $1.8B or 4.2% decrease from FY2021
    - $932M in savings identified through closing of corporate tax loopholes
    - Budget does not account for any federal stimulus
    - Mostly flat funding of state agencies at FY2021 levels
      - Healthcare and Family Services
        - Maintains Medicaid eligibility and covered services at FY2021 levels; no rate reductions
        - Projects an additional 185,000 individuals to be added to Medicaid
        - Decrease of $638M in GRF – primarily due to 6.2% enhanced FMAP and lower than expected liabilities; assumes eFMAP through December 2021
        - $150M annual investment in healthcare transformation
      - Department of Human Services
        - Continues eviction mitigation for individuals impacted by COVID-19 ($145M)
        - Additional funding for Temporary Assistance for Needy Families ($15.8M)
        - Intent to pilot an Overdose Prevention Site (OPS)
      - Public Health
        - Maintains $1B in funding for public health preparedness and COVID-19 responses at state and local health departments
        - Additional $4.8M to hire 50 nursing staff for regulation of long-term care facilities
      - Aging
        - Additional $29.4M for Community Care Program to account for homemaker rate increases effective January 1, 2022
        - Additional $11.3M for home delivered meals to older adults

- The House and Senate are currently scheduled to return to Springfield March 2.
Earlier this month, Mercy Hospital and Medical Center filed for Chapter 11 bankruptcy. The Illinois Facilities and Services Review Board denied Mercy’s application to close their hospital as well as a separate application to open an outpatient facility. At the March 16 meeting, the Board is scheduled to hear from Mercy Hospital again about their intent to close.

On January 19, federal CMS notified the Illinois Department of Healthcare and Family Services of partial approval of Illinois’s Continuity of Care / Administrative Simplification 1115 Medicaid waiver. The waiver request was submitted early 2020 (pre-pandemic) and included three requests:
- Allow for Medicaid recipients who have their coverage reinstated within 90 days to return to their Managed Care Organization (instead of 60 days) – approved
- Waive requirement to implement Hospital Presumptive Eligibility – approved
- Allow for Medicaid to continue covering women post-partum up to 12 months (instead of ending on day 61) – not approved. HFS is working with the new administration to resubmit this request and provide more current data. HFS has also indicated their intent to cover all post-partum women, including undocumented women and others who might not otherwise qualify due to immigration status.

Federal
- In February, Congress has been focused on the second impeachment of former President Trump and the negotiations and legislative maneuvers toward enacting President Biden’s “American Rescue Plan.” Meanwhile, the new administration has continued to focus on staffing the leadership for federal departments and agencies, while starting to implement the President’s priorities, including COVID response and rolling back some policies of the previous administration.

Biden “American Rescue Plan”
Appealing to President Biden’s stated preference for working in a bipartisan fashion, a group of 10 Republican senators crafted a proposal for a more limited version of the COVID relief bill promoted by the White House. Ultimately, however, Democrats decided that the package was insufficient to meet the needs they had identified.

In order to advance the legislation, Congressional Democrats decided to use the budget reconciliation process whereby both chambers pass a budget resolution which instructs Congressional authorizing committees to develop legislation that meets certain budget targets. While the Senate debated the articles of impeachment the week of Feb. 8, 12 House committees began marking up bills pursuant to their “reconciliation instructions”.

The House Budget Committee will compile the 12 bills into one FY21 Reconciliation bill which will then be readied for House floor consideration by the Rules Committee. House leadership expect debate and votes to conclude by the end of the week.

The Senate will not mark up individual committee bills but proceed to floor debate on its version, likely an amendment in the nature of a substitute, in the first week of March. The House plans to move to adopt a bill with any amendments from the Senate and send it to the President by March 14.

The House Oversight and Reform Committee reconciliation bill includes $350 billion in aid for state and local governments, with $65 billion in direct funding for every county, allocated based on population. Cook County would be estimated to receive just over $1 billion if this provision were enacted.
The House Energy and Commerce Committee reconciliation bill includes most of the health provisions of interest to CCH:

**Health Disparities:**
- Medicaid coverage for incarcerated individuals 30 days prior to their release, to ensure continuity of care for justice-connected individuals
  - Begins one year after enactment
  - Sunsets after five years
- A Medicaid state option to allow states to cover postpartum women for 12 months after birth, to help address the maternal mortality crisis disproportionately affecting women of color
- $250 million for nursing home strike teams to help facilities manage COVID-19 outbreaks when they occur
- $1.8 billion to support the purchase, procurement, or distribution of COVID-19 test and testing supplies, PPE, and vaccines for staff and individuals in congregate settings
  - Funding would go to states, localities, territories, and tribes for strategies and activities to detect, diagnose, trace or monitor COVID-19 in congregate settings
  - Settings include prisons, jails, detention centers, long-term care facilities, psychiatric hospitals and residential treatment facilities, intermediate care facilities, and other settings providing care for individuals with disabilities
- $800 million to the National Health Service Corps to support primary health care clinicians in high-need areas
- $240 million to support the Nurse Corps Loan Repayment program, which helps support nurses working in critical shortage and underserved areas

**Vaccines:**
- $7.5 billion for CDC to prepare, promote, distribute, administer, monitor, and track COVID-19 vaccines
  - Includes distribution and administration, support for state, local, tribal, and territorial public health departments, community vaccination centers, IT enhancements, facility enhancements, and public communication
- $1 billion for the CDC to undertake a vaccine awareness and engagement campaign
- Medicaid coverage of COVID-19 vaccines, including the option for states to provide coverage to the uninsured, without cost sharing at 100 percent FMAP for the duration of the public health emergency.

**Testing:**
- $46 billion for testing, contact tracing, and mitigation
  - Implementing a national strategy for testing, contact tracing, surveillance, and mitigation
  - Providing technical assistance, guidance, support, and grants or contracts to States
  - Manufacturing, procurement, distribution, administration of tests, including personal protective equipment (PPE) and supplies necessary for administration
  - Establishing and expanding federal, State, or local testing and contact tracing capabilities, including investments in laboratory capacity, community-based testing sites, and mobile testing units
- $1.75 billion for genomic sequencing and surveillance of the circulating strains of COVID-19.
- $500 million to allow CDC to establish, expand, and maintain data surveillance and analytics, including modernizing US disease warning system to forecast and track hotspots for COVID-19.

**Public Health Workforce:**
- $7.6 billion in funding to public health departments to hire 100,000 full-time employees into the public health workforce
  - Positions would include contact tracers, social support specialists, community health workers, public health nurses, epidemiologists, lab personnel, and communications. Funds would also support PPE, technology, data management, supplies, and reporting
$100 million to support the Medical Reserve Corps, a network of volunteer medical and public health professionals that support emergency response efforts and community health activities

**Mental Health:**
- $3.5 billion for SAMHSA, split between the Substance Abuse Prevention and Treatment and Community Mental Health block grant programs
- $100 million to the HRSA Behavioral Health Workforce Education and Training Program to expand access to behavioral health services by focusing on training behavioral health paraprofessionals
- $140 million to develop a program for mental and behavioral health and to prevent burnout among health care providers and public safety officers, including training and outreach
- $80 million to provide support for mental health and substance use disorder services at community-based entities and behavioral health organizations
- $10 million to support the National Childhood Traumatic Stress Network, which works to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events
- $50 million to SAMHSA Suicide Prevention and Project Aware programs which support youth mental health services and suicide prevention efforts.

**Private Health Insurance Coverage:**
- Expand ACA Marketplace premium tax credits to more middle-class Americans for 2021 and 2022, including those with incomes above 400 percent of FPL
- Allow individuals receiving unemployment compensation during the public health emergency to access ACA premium tax credits regardless of income
- Provide partial COBRA subsidies to help unemployed workers maintain their employer sponsored health insurance coverage

**Consumer Water and Energy Assistance:**
- $4.5 billion to HHS for home energy assistance through the Low-Income Home Energy Assistance Program (LIHEAP)
- $500 million in additional funds for HHS for the Low-Income Household Drinking Water and Wastewater Emergency Assistance Program (established by Congress at the end of 2020)

• **Biden Administration Health Leadership Appointments**
President Biden’s nominee for HHS Secretary, California Attorney General Xavier Becerra, has nominations scheduled before the Senate Health, Education, Labor and Pensions Committee on February 23 and before the Senate Finance Committee on February 24.

On February 19 Biden nominated Chiquita Brooks-LaSure to serve as CMS Administrator. Brooks-LaSure was an Obama Administration official at CMS and had served as a Democratic staffer for the House Ways and Means Committee when Becerra was a member.

• **Budget and Appropriations**
While Congress is focused on the FY21 Reconciliation bill as a vehicle to advance the President’s American Relief Plan, it is beginning to work on the FY22 annual appropriations process. The President has not yet submitted his FY22 budget request. While it is not unusual for presidential budgets to be released after the official February 1 deadline, it is particularly common in presidential transition years.

• **117th Congress Leadership Changes**
With the Senate reaching agreement on organization for the new Congress, Democrats officially seized committee gavels. The Chair of the Senate Finance Committee with jurisdiction over Medicare and Medicaid, is Senator Ron Wyden (D-OR.). Senator Mike Crapo (R-ID) is the Ranking Member. The Chair of the Senate HELP Committee, with jurisdiction over programs in the Public Health Services Act, is Senator Patty Murray (D-WA) with Senator Richard Burr (R-NC) as Ranking Member. Senator Murray will also serve
as Chair of the Labor-HHS Subcommittee of the Senate Appropriations Committee, with Senator Roy Blunt (R-MO) as Ranking Member.

Community Affairs

COVID Outreach Efforts

In collaboration with the Cook County Department of Public Health Office of Community Mobilization, Cook County Health is hosting tours of the vaccination sites for community organizations and leaders. The tours will help the organizations talk to their constituents about the Covid-19 vaccine, the vaccination process, dispel rumors and encourage people from the community to get vaccinated. So far, participants have found the tours to be extremely informative. They have also shared suggestions and improvements to the process.

Completed Tours

- February 3 – Triton College – T Building, 2000 5th Ave, River Grove, IL 60171
- February 5 – Triton College – T Building, 2000 5th Ave, River Grove, IL 60171
- February 9 – Robbins Health Center – 13450 S Kedzie Ave, Robbins, IL 60472
- February 10 – Cottage Grove Health Center – 1645 Cottage Grove Ave, Ford Heights, IL 60411
- February 11 – North Riverside Health Center – 1800 S Harlem Ave, North Riverside, IL 60546

Upcoming Tours in March

- March TBD – South Suburban College – 15800 State St, South Holland, IL 60473
- March TBD – Arlington Heights Health Center – 3250 N Arlington Heights Rd, Arlington Heights, IL 60004
- March TBD – North Suburban Site – Site location will be announced soon

In addition to the vaccination site tours, CCH has developed educational PowerPoint presentations in English and Spanish that are being presented at the Advisory Council meetings and other community meetings. The presentation provides information on the vaccine, the vaccination registration process, the vaccination sites and encourages a dialogue on vaccine facts and myths. Presentations to date include:

Upcoming Covid-19 Virtual Educational Presentations in March

- March 4 – Sarah’s Inn – North Riverside, IL 60546 – English support group for women who are victims of domestic violence.
- March 4 – Sarah’s Inn – North Riverside, IL 60546 – Spanish support group for women who are victims of domestic violence.
- Late March TBD – Apostolic Church of God – 6320 S. Dorchester Ave., Chicago, IL 60637
Racial Healing Circles

As an effort to become an anti-racist organization, Cook County Health will be hosting racial healing circles at Provident Hospital and on the South Side, funded by Chicago Community Trust and Illinois Department of Human Services. The plan consists of having circles with Provident Hospital employees, Community Advisory Council members, and members with the Cook County Department of Public Health Learning and Action Network members. Each healing circle will take approximately three hours, and some will be broken into two 1.5 hour sessions.

The current Healing Circles proposed schedule is as follows:

- January 19 – **Racial and Health Equity Initiative Committee** – morning session
- March 15 – **South Suburban CCDPH Partners and Advisory Council members** – morning
- March 22 – **South Chicago Partners and Advisory Council members** – morning
- March 26 – **West Suburbs CCDPH Partners and Advisory Council members** – morning
- March 29 – **Spanish Language Partners and Advisory Council members** – afternoon
- March 30 – **Provident Hospital Staff** – afternoon
- March 31 – **Provident Hospital Staff** – afternoon

Outreach Events

The Cook County Health outreach team continues to work with partners and community organizations to promote CCH’s ambulatory sites and programs and enrollment in the CountyCare Medicaid Plan. Flyers and giveaways are provided to partners, who in turn hand them out at socially distanced events that they host. In addition to handing out informational “goodie bags”, the CCH team also participates in virtual outreach meetings. Below are highlights of some events in which the outreach team participated this past month:

- February 4 – **Worth Township’s Emergency Free Food Distribution** – 11601 S. Pulaski Avenue, Alsip, IL 60803
- February 14 – **Something Good in Englewood’s Valentine Love Event** – 6344 S. Peoria Street, Chicago, IL 60621
- February 16 – **Illinois Action for Children’s South Suburban Parent Educator Virtual Collaborative Meeting** – 17926 S. Halsted, Homewood, IL 60340
- February 20 – **True Vine Missionary Baptist Church’s Groceries from the Heart & PPE Giveaway** – 14324 S. Marshfield Avenue, Dixmoor, IL 60426
- March 3 – **Cook County Southland Juvenile Justice Council meeting** – virtual meeting

Media, social media reports and other documents attached.