Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, May 27, 2022 at the hour of 9:00 A.M. This meeting was held by remote means only, due to the determination that a public health emergency exists.

I. Attendance/Call to Order

Chair Taylor called the meeting to order.

Present: Chair Lyndon Taylor, Vice Chair Hon. Dr. Dennis Deer, LCPC, CCFC and Directors Raul Garza; Ada Mary Gugenheim; Joseph M. Harrington; Karen E. Kim, MD, MS; Mike Koetting; David Ernesto Munar; and Otis L. Story, Sr. (9)

Absent: Directors Robert Currie; Heather M. Prendergast, MD, MS, MPH; and Robert G. Reiter, Jr. (3)

Additional attendees and/or presenters were:

Claudia Fegan, MD – Chief Medical Officer
Aaron Galeener – Interim Chief Executive Officer, CountyCare/Health Plan Services
Andrea M. Gibson – Chief Strategy Officer
Jeff McCutchan – General Counsel
Israel Rocha, Jr. –Chief Executive Officer
Deborah Santana – Secretary to the Board

The next regular meeting of the Board of Directors is scheduled for Friday, June 24, 2022 at 9:00 A.M.

II. Employee Recognition (Attachment #1)

Dr. Claudia Fegan, Chief Medical Officer, recognized a number of employees for their outstanding work.

III. Board Resolutions

A. Resolution Celebrating Cook County Health's Community Vaccination Program (Attachment #2)

The Resolution was read into the record.

IV. Electronically Submitted Public Speaker Testimony (Attachment #3)

The following testimonies were read into the record:

1. Testimony submitted from individual identified as AK – Medical ICU Nurse
2. Barb O'Brien – NNOC Chair of the Professional Practice Committee for Stroger Hospital and CountyCare (Integrated Care)
3. Barbara Kacmar – Employee
4. Consuelo Vargas – Former Employee
5. Falguni Dave – Medical ICU Nurse, Stroger Hospital
6. Tasha Mosley-Brown – NNOC Chief Nurse Representative for CCHHS
7. Statement from National Nurses Organizing Committee Registered Nurses
8. Statement from Registered Nurse Leaders of the National Nurses Organizing Committee Registered Nurses

NOTE: action was taken on Agenda Items V(A), V(B), V(D), V(E) and VI(A) in one (1) combined motion.

V. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, April 29, 2022

Chair Taylor inquired whether any corrections or revisions to the minutes were needed. Hearing none, he advanced to the next item.

B. Human Resources Committee Meeting, May 19, 2022

i. Meeting Minutes, which include the following action item:
- Proposed Collective Bargaining Agreement (CBA) including an economic package (wage increases and healthcare) between the County of Cook and the International Brotherhood of Teamsters Local 743 representing Provident Hospital employees

Director Koetting provided an overview of the Meeting Minutes. The Board reviewed and discussed the information.

C. Managed Care Committee Metrics (Attachment #4)

i. Metrics Review (Committee did not meet in May)

Aaron Galeener, Interim Chief Executive Officer of Health Plan Services, provided an overview of the Metrics. The Board reviewed and discussed the information.

D. Quality and Patient Safety Committee Meeting, May 19, 2022

i. Meeting Minutes, which include the following action items:
- Stroger Hospital and Provident Hospital Medical Staff Appointments / Reappointments / Changes
- Proposed Clinical Training Affiliation Agreement

Director Gugenheim provided an overview of the Meeting Minutes. The Board reviewed and discussed the information.

E. Finance Committee Meeting, May 19, 2022

i. Meeting Minutes, which include the following action items:
- Contracts and Procurement Items

Chair Taylor provided an overview of the Meeting Minutes. He noted that there were a number of contractual items (request numbers 6, 12, 15, 19, 20 and 21) that are pending review by Contract Compliance.

VI. Action Items

A. Contracts and Procurement Items

There were no Contracts and Procurement Items presented directly for the Board's consideration.

VI. Action Items (continued)

B. FY23-FY25 Strategic Plan (Attachment #5)

Israel Rocha, Jr., Chief Executive Officer, and Andrea M. Gibson, Chief Strategy Officer, provided a recap of the activities and revisions made during the strategic planning process that led to the finalized version presented for the Board's consideration today. Upon passage, detailed work plans will be developed, and it will be integrated into the proposed FY23 preliminary budget and three (3) year financial forecast.

It was noted that the proposed FY23 preliminary budget and three (3) year financial forecast is expected to be presented to the Cook County Board in September; the Strategic Plan is expected to be presented to the Cook County Board in October.

C. Any items listed under Sections III, V, VI and IX

Director Harrington, seconded by Director Koetting, moved to approve the following:

- Item V(A) April 29, 2022 Board Meeting Minutes;
- Item V(B) May 19, 2022 Human Resources Committee Meeting Minutes;
- Item V(D) May 19, 2022 Minutes of the Quality and Patient Safety Committee Meeting, which include the Stroger and Provident Hospital Medical Staff appointments / reappointments / changes, and proposed clinical training affiliation agreement;
- Item V(E) May 19, 2022 Minutes of the Finance Committee Meeting, which include the Contracts and Procurement Items; and
- Item VI(A) FY23-FY25 Strategic Plan.

On the combined motion, a roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Taylor and Directors Garza*, Gugenheim, Harrington, Kim, Koetting and Munar (7)

Nays: None (0)

Absent: Vice Chair Deer and Directors Currie, Prendergast, Reiter and Story (5)

THE MOTION CARRIED.

Director Garza recused himself and voted present on request numbers 7 and 11 contained within the May 19, 2022 Finance Committee Meeting Minutes under the Contracts and Procurement Items.

VII. Report from Chair of the Board

Chair Taylor thanked Ms. Gibson and all staff involved for the incredibly hard work done to develop the Strategic Plan.

VIII. Report from Chief Executive Officer (Attachment #6)

Israel Rocha, Jr., Chief Executive Officer, provided an overview of the reports presented. The Board reviewed and discussed the information.

IX. Closed Meeting Items

A. Claims and Litigation
B. Discussion of personnel matters
C. Update on Labor Negotiations
D. May 19, 2022 Human Resources Committee Meeting Minutes, which include a proposed CBA including an economic package (wage increases and healthcare) between the County of Cook and the International Brotherhood of Teamsters Local 743 representing Provident Hospital employees
E. Evaluation and consideration of FY2022 Executive Incentive Plan for CCHHS CEO

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

IX. Closed Meeting Items (continued)

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

Yeas: Chair Taylor and Directors Garza, Gugenheim, Harrington, Kim, Koetting, Munar and Story (8)

Nays: None (0)

Absent: Vice Chair Deer and Directors Currie, Prendergast and Reiter (4)

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

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

Director Koetting, seconded by Director Harrington, moved to approve the FY2022 Executive Incentive Plan for the CCH Chief Executive Officer.

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

Yeas: Chair Taylor and Directors Garza, Gugenheim, Harrington, Koetting, Munar and Story (7)

Nays: None (0)

Absent: Vice Chair Deer and Directors Currie, Kim, Prendergast and Reiter (5)

THE MOTION CARRIED UNANIMOUSLY.

X. Adjourn

As the agenda was exhausted, Chair Taylor declared the meeting ADJOURNED.

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

XXXXXXXXXXXXXXXXXXXXXXX
Lyndon Taylor, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
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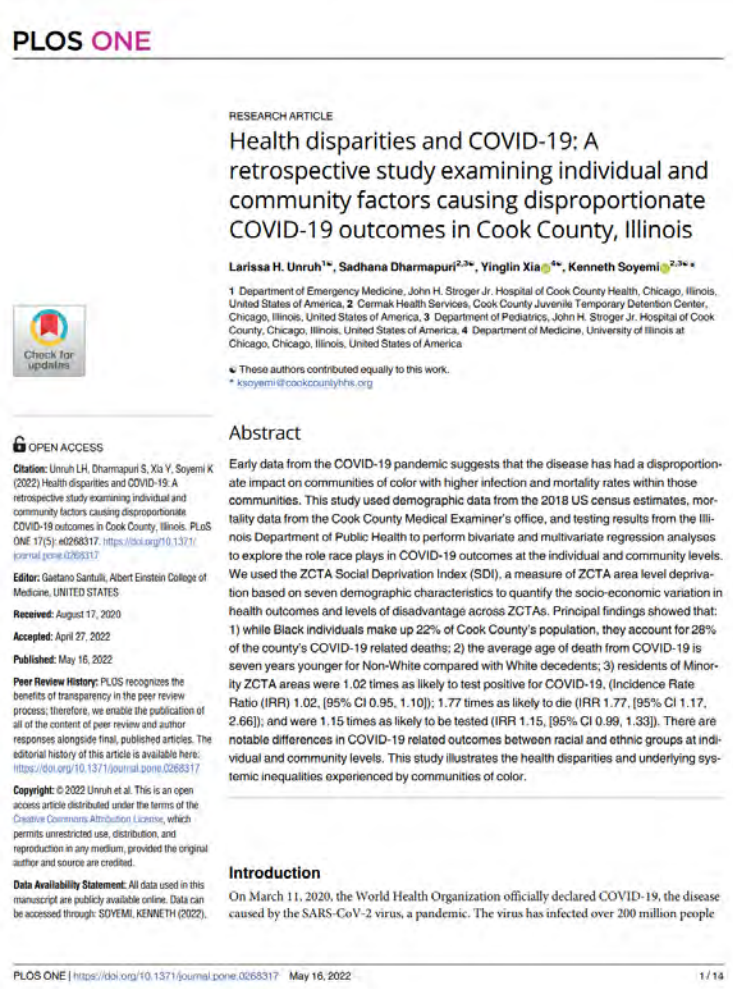
ATTACHMENT #1

Employee Recognition

May 2022

COOK COUNTY HEALTH

COVID Research



PLOS ONE

RESEARCH ARTICLE

Health disparities and COVID-19: A retrospective study examining individual and community factors causing disproportionate COVID-19 outcomes in Cook County, Illinois

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OPEN ACCESS

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Abstract

Early data from the COVID-19 pandemic suggests that the disease has had a disproportionate impact on communities of color with higher infection and mortality rates within those communities. This study used demographic data from the 2018 US census estimates, mortality data from the Cook County Medical Examiner's office, and testing results from the Illinois Department of Public Health to perform bivariate and multivariate regression analyses to explore the role race plays in COVID-19 outcomes at the individual and community levels. We used the ZCTA Social Deprivation Index (SDI), a measure of ZCTA area level deprivation based on seven demographic characteristics to quantify the socio-economic variation in health outcomes and levels of disadvantage across ZCTAs. Principal findings showed that: 1) while Black individuals make up 22% of Cook County's population, they account for 28% of the county's COVID-19 related deaths; 2) the average age of death from COVID-19 is seven years younger for Non-White compared with White decedents; 3) residents of Minority ZCTA areas were 1.02 times as likely to test positive for COVID-19, (Incidence Rate Ratio (IRR) 1.02, [95% CI 0.95, 1.10]); 1.77 times as likely to die (IRR 1.77, [95% CI 1.17, 2.66]); and were 1.15 times as likely to be tested (IRR 1.15, [95% CI 0.99, 1.33]). There are notable differences in COVID-19 related outcomes between racial and ethnic groups at individual and community levels. This study illustrates the health disparities and underlying systemic inequalities experienced by communities of color.

Introduction

On March 11, 2020, the World Health Organization officially declared COVID-19, the disease caused by the SARS-CoV-2 virus, a pandemic. The virus has infected over 200 million people

Dr. Larissa Unruh, Chief Resident

Emergency Medicine

Stroger Hospital

Dr. Sadhana Dharmapuri, Attending

Adolescent & Young Adult Medicine

Stroger & Provident Hospitals

Dr. Kenneth Soyemi, Medical Director,

Cook County Juvenile Temporary Detention Center

COOK COUNTY HEALTH

Nursing Clinical Excellence Award Winners

Leadership
Blaine Stringer MSN, RN, CEN, NE-BC
Medical Surgical Nursing

Volunteerism
Joyce Ogunti, RN, BSN
Emergency Services Nursing

Rising Star
Anu Thomas, RN
General Medicine/Oncology-Unit

Community Care
Martia Brown, RN, BSN
Englewood Health Center

Clinical Nursing
Regina Lapcevic, RN,BNS
Adult Cardiology-Clinical

Education and Mentorship
Cheryl D. Eadie, DNP, RN
Senior Instructor

Correctional Health
Augustus Alabi, RN
Cermak Health Services

Patient Care Support
Rosemary Salas, MA
Orthopedics, ACHN

COOK COUNTY HEALTH

Institutional Research Day Winners

Dr. Daniel Riggins, Internal Medicine
Dr. Preston Banoub, Surgery
Dr. Viviana Barquet, Surgery
Dr. Teresa Evans, Trauma & Burn
Dr. Dae Yong Park, Internal Medicine
Dr. Maha Elsebaie, Internal Medicine
Dr. Ufuk Vardar, Internal Medicine
Dr. Antonia Nemanich, Emergency Medicine
Dr. Miao Jenny Hua, Internal Medicine

COOK COUNTY HEALTH

Institutional Research Day Committee

Man Hwa Estelle Hu, Librarian
Dr. Steve Aks, Emergency Medicine/Toxicology
Dr. Michael Hoffman, Internal Medicine
Dr. Juleigh Nowinski-Konchak, Preventive Medicine
Dr. Katayoun Rezai, Infectious Disease Medicine
Dr. William Trick, Collaborative Research Unit
Dr. Elena Gonzalez, Dermatology
Dr. Jenny Hua, Preventive Medicine
Dr. Prasanth Lingamaneni, Internal Medicine
Dr. Rochelle Rennie, Family Medicine
Dr. Hafeez Shaka, Internal Medicine
Errick Christian, Emergency Medicine

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ATTACHMENT #2

Resolution Celebrating Cook County Health's Community Vaccination Program

WHEREAS, Cook County Health (CCH) has a 185 year history of caring for all residents of Cook County, regardless of ability to pay; and

WHEREAS, CCH remains at the forefront of responding to the COVID-19 pandemic, the most devastating public health emergency of our time; and

WHEREAS, CCH is dedicated to providing equitable, high-quality medical care, education and resources for all residents throughout the pandemic; and

WHEREAS, when the first COVID-19 vaccines became available, CCH committed to providing broad, equitable access to vaccinations; and

WHEREAS, COVID-19 vaccines are safe and were developed based on decades of scientific research; and

WHEREAS, getting vaccinated remains the easiest and most effective way to protect yourself and those around you from infection; and

WHEREAS, a recent study from the US Centers for Disease Control and Prevention found that, even during the Omicron surge, a primary series of an MRNA vaccine was 79 percent effective against serious illness and death from COVID-19, and that increased to 94% effective if the individual received a booster shot; and

WHEREAS, CCH administered its first dose of COVID-19 vaccine on December 11, 2020; and

WHEREAS, just weeks later, CCH was preparing to stand up its first community mass vaccination site; and

WHEREAS, in all, CCH opened six mass vaccination sites across Cook County, that could each accommodate up to 4,000 people a day; and

WHEREAS, CCH also offered vaccinations at Stroger and Provident Hospitals, its community health centers, correctional health facilities and at pop-up events; and

WHEREAS, Cook County Government, CCH, which includes the Cook County Department of Public Health (CCDPH) launched My Shot Cook County, an award-winning, omni-channel public education campaign that provides accurate, understandable information about COVID-19 and vaccination to Cook County communities, generating more than 101 million overall impressions; and

WHEREAS, tremendous efforts were made to reduce barriers to vaccination at CCH locations, including welcoming walk-ins, expanding vaccination clinic hours, promotions for essential workers, and incentives to make getting vaccinated as easy as possible; and

WHEREAS, in collaboration with community-based organizations, a hyperlocal vaccine equity strategy was employed to reach individuals who remained unvaccinated and to bring information and vaccine access to them in the communities where they live and work; and

WHEREAS, the week of April 24, 2022, CCH administered its one millionth dose of COVID-19 vaccine; and

WHEREAS, CCH is among the first health systems in the country to achieve this level of success in vaccinating its communities; and

WHEREAS, providing this number of vaccines has undoubtedly saved lives, prevented catastrophic illness and kept families whole during the pandemic; and

WHEREAS, this milestone would not be possible without the incredible hard work and dedication of CCH staff, including CCDPH, President Preckwinkle, the Board of Commissioners and our partners at Cook County Government, Governor Pritzker, the State of Illinois, the Illinois National Guard, local municipalities and officials and community-based organizations; and

WHEREAS, CCH and its partners remain steadfast in their commitment to continuing to provide widespread, equitable access to COVID-19 vaccines as we continue to fight this pandemic; and

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of Cook County Health, does hereby gratefully acknowledge the entire Cook County Health team for their incredible contributions to administering more than one million doses of COVID-19 vaccine and for their ongoing work at the frontlines of the COVID-19 pandemic.

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ATTACHMENT #3

I am a Medical ICU nurse and have been the frontline of the designated Covid-19 unit throughout the pandemic. In the Chicago Tribune on May 25, Cook County Board Commissioner Stanley Moore was quoted saying: "I love my job and in order for me to keep it and to concentrate on it, I have to make a decent salary." Commissioner Moore, I can't argue with that sentiment; I feel exactly the same. You felt that it was the right thing to do to increase elected officials' six figure salaries by an impressive 10%. What I want to know is, where is this same energy when it comes to the frontline nurses who have been facing enormous stress and danger throughout this pandemic? We've been coming to you for five months now saying exactly the same thing. We love our jobs, and in order for us to keep them and to concentrate on them, we have to make a decent salary. We're doing work that is highly skilled as well as physically and psychologically demanding. We're dedicated to Cook County, or we would already have left to high-paying agency jobs as so many of our former co-workers did. We love our jobs. But in order for us to keep our jobs and to concentrate on them, we need to make a decent salary. Commissioners of the Board, you've voted to do the right thing for yourselves. Who's going to do the right thing for us?

My name is Barb O'Brien, newly elected NNOC Chair of the Professional Practice Committee (PPC) for Stroger Hospital and CountyCare (Integrated Care). I speak on behalf of all nurses in these affiliates.

We want to offer our congratulations on your most recent vote to increase YOUR compensation by 10% with built-in increases to occur annually. Kudos for also ensuring that your annual increases occur INDEFINITELY. We also want to extend our sympathies for the ways in which you all have suffered during your tenure as commissioners - having to remove your children from private school is EGREGIOUS not to mention the fact that you attend numerous virtual meetings from home. Your sacrifices have not gone unnoticed.

While you are relishing in the victory of the 13-4 vote and the additional 10%, let me remind you of the proposal for retention benefits that has gone unaddressed since January 2022. NNOC nurses have asked for retention pay, incentives to pick up extra shifts to help with the staffing shortage, and the security of knowing that when (not if) they get COVID (again), their employer will provide COVID sick pay. We have been waiting for over five (5) months.

And while we have been waiting….CCHHS leadership has requested millions of dollars to renew agency contracts, there are closed sessions to discuss the incentive package for the CEO, CountyCare continues to enroll thousands of members equating to thousands of dollars, AI firms are hired to the tune of $18 million dollars while nurses are written out of the budget, a new CNO is hired, and county commissioners compensation increase. What about the nurses?

We are tired. We are burnt-out. And we are urging you to answer and vote on our proposal just like you did for yourselves.

My name is Barbara Kacmar and I have worked at Cook County Hospital for over 21 years and sadly I can see how nursing morale has decreased over time due to lack of appreciation from management for our loyalty and hard work. Over the last few years many CCH nurses left early before their full intended retirement, not only because of Covid but the lack of support from management, and zero appreciation for their years of hard work for our institution which is vital to our community.

When CCH nurses were asking for Covid differential pay, after putting up a long fight we were "awarded" 5$ /hr for approximately 2 months, while other hospitals were retaining their nurses with bonuses, extra pay for OT and other incentives.

We CCH nurses are shocked that administrators are able to pay Nursing Agencies this huge amount of money, $10s of millions a month, and not making efforts to hire new ones or retain experienced CCH nurses. Can Cook County Taxpayers afford this?

My name is Consuelo Vargas and I worked in the ER at John Stroger Hospital from 2014-2021. I was also the Chief Nurse Rep of the health system as a member of NNOC. I have always said to those in upper management that a Cook County nurse can go find work anywhere but many of the patients we serve cannot find healthcare anywhere. I worked for other hospitals where I saw what happened to people when they didn't have insurance or the right kind of insurance. I didn't need to look at charts or graphs because I saw what those numbers represent. They represent people. So when I came to County I felt proud to work in a place that didn't treat those seeking care as a burden to their bottom line. What I have seen is how poorly the RNs are treated and it has gotten worse since I left. As RNs left management acted as if it didn't matter. A nurse is a nurse is a nurse was the attitude. The RNs are not seen as valuable so more and more nurses left and more and more will leave. So who will be there to train up and coming RNs. It takes someone who is all in to work at CCHHS with their skills, compassion, and heart. Someone who is willing to take the time to understand and meet a patient's needs based not only on their complaint but the barriers they face because of their socio-economic status, language, and stereotypes placed on them by society. My decision to leave was not an easy one and it lays heavy on my heart to this day. I did not leave to take a high paying agency position. I left because I could not leave work feeling disappointed in hospital leadership every single day. Your nurses are breaking and I can attest that the healing takes a long time if their wounds heal at all. Today you have the opportunity to stop the hemorrhaging of RNs from CCHHS. Nurses have been telling management how to make things right and today the RNs are coming to you. For some you are their last chance, the last opportunity, the last try before they make a decision to stay or leave.

My name is Falguni Dave, I am a nurse working in the COVID medical ICU at Stroger Hospital. I want to say that working during a pandemic is nothing short of a real-life nightmare. The pandemic itself has crippled the healthcare field. We are losing nurses due to the long-term effects of COVID, burnout, and most importantly due to the lack of respect for the profession of nursing and being devalued as staff by our employers.

This current surge has made staffing critically short. On top of working drastically short during this pandemic we are being told by Stroger Hospital and its leadership that if we get sick with COVID we will have to use our own earned sick time and vacation time to cover our loss in pay while we recover. If a nurse does not have any time left in these two banks, then they will consider evaluating our individual case and see if we qualify for any additional time. So, if I am the only one who is earning a paycheck for my family, and I fall sick due to COVID while I was taking care of your loved one then my family will suffer because I do not have any time in my PTO bank to cover my loss in pay. So that means I may miss my rent/mortgage payment, I may not be able to provide food and/or any medicine for my family. This is all because Stroger Hospital and its leadership do not think I and my fellow staff nurses at the hospital need the separate COVID time off they are obligated by OSHA to provide to their employees. Which is needed to give nurses peace of mind knowing that if we get sick while caring for your family, we are in turn covered, regardless of having any Paid Time Off in our bank and that we will be able to take care of our families as well.

This failure to meet our basic needs as frontline patient caregivers in a pandemic underscore how devalued nurses are right now. Where's the outrage? For the nurses who haven't caught covid yet and are still able to work, we don't have enough staff on a regular basis to meet the needs of a covid patient. The highest levels of nursing administration are being pulled to the floor to meet the needs of very sick covid-positive patients who require proning. A lifesaving technique that requires a full team of healthcare staff to complete. Patients are coding, nurses are leaving their staff jobs and participating in the growing churn of bouncing from one understaffed, disrespectfully run hospital system to another. Leaving a wake of underpaid staff nurses behind them, who trained them during their short stay while making thousands of dollars less.

We need to bring dignity back to the profession of nursing as a career, not a contract. We do that by telling our fellow RNs, join or form a union. By telling our allies, support our demands locally by writing your elected officials and following public health guidance to keep our hospital admissions maintainable. And, by reminding all that safe nurse to patient ratios saves lives. It is staff nurses who demand and in real time enforce safe staffing and patient advocacy at the bedside. Support us.

Why do the County Commissioners and the board think that you all deserve a 10% raise with a built in 3% annual across the board increase every year until someone has the brains to appeal it an give it back to the nurses. Let me get this straight, the work and sacrifice of County nurses throughout this devastating global health crisis has gone unseen and unheard. The fact is, we were and still are the ones contracting Covid at work, many nurses have become disabled, many nurses have lost their lives, and many many more brought Covid-19 home with them infecting their loved ones with no ability to stop the constant exposure BECAUSE WE ARE COUNTY NURSES. While this was happening to us,

you all sat in front of a screen, and you are still sitting in front of a screen, in the comfort of your own homes or offices to perform your jobs. Somehow, you all believe that you deserve a raise and salary comparable to those that work in similar jobs to you in government relations. You believe this while Cook County Health nurses make the lowest wages by comparison to other hospitals – including two directly across the street from Stroger. We have been offered no retention bonuses, extra shift incentives, or any form of compensation that would lead to a nurse, the most important part of keeping our healthcare system and patients alive, feeling respected and valued in a pandemic. County nurses did not receive any substantial amount of money for Covid, ever. Even when the federal government gave out so much money to the states and Cook County received a large sum of the state's federal money for Covid response. You spent it all on grossly overpaying temporary, short term agency nurse contracts and we County nurses had to train those nurses in a never ending cycle that threatened our patient's quality of care every day and STILL DOES. You keep approving more and more money for agency contracts each month. $35 million last month. That is disgusting when you won't even consider continuing to provide covid relief pay when we contract the virus over and over at work. You make us use our sick time until we run out and then you discipline us like we can help being nurses in a pandemic. You all fill your pockets with taxpayer money and give none to your nurses who have worked themselves to death during the pandemic. We deserve more, and we deserve answers to our concerns and transparency on how and where all the covid relief money went that wan meant for the true FRONT LINE HEALTHCARE WORKERS. NNOC RNs demand retention compensation before any member of this government dare approve their own ballooning bank account from their comfy office chair.

To Whom it may concern,

My name is Tasha Mosley-Brown, newly elected NNOC Chief Nurse Representative for Cook County Health and Hospital System. I speak on behalf of all nurses within the system when I say that we are appalled to learn that as of 05/24/2022, the commissioners voted 13 -4 to increase your compensation for elected officials by 10%, starting with the new term beginning this December with increases of up to 3% "scheduled" annually after that. Yet, our proposal for retention benefits remains on the desk, unanswered collecting dust since January 2022. In addition, leadership has requested millions of dollars to continue onboarding agency staff to supplement staffing within our system. During the month of May, CCHHS celebrated "nurses" month. Nurses are not interested in being gifted back packs, ice cream socials, paper certificates for "our services" , and zooms that teach us "wellness" tips. Submitting testimonies is getting old and nurses ae fed up, over worked and just tired. Nurses want to feel appreciated by having our proposal answered, voted on, and passed by a UNAMINOUS vote just like the commissioners passed for themselves on 05/24/2022. My hope is that this is the last testimony written on this subject matter.

NNOC RN statement. The leadership of Cook County government approved automatic annual increases for themselves this week in May of 2022. In the Chicago Tribune on May 24th, reporter Alice Yin wrote that the 17 Cook County Commissioners and Board President Preckwinkle approved a "significant and indefinite" gain to their salaries.

County Board President Preckwinkle has shamefully told registered nurses working at Cook County Health that having approved the operating budget for the fiscal year, there is no money available to compensate their healthcare staff. The County has told nurses that they can't provide them retention compensation after surviving the Covid-19 pandemic because they would have to give it to "everyone else." It is strange, that in the circumstances facing our communities, the operating budget can indefinitely sustain the burden of elected officials bloated salaries, but it cannot also be fixed on the retention of its registered nurses. What care has a County Commissioner provided to a patient of our community? In fact, what decision has a County Commissioner made that didn't jeopardize patient care?

Commissioner Stanley Moore, D-Chicago, who recently paid a disruptive visit to our County Hospital, told the Tribune that "It's unfair to people who want to do this job and commit full-time efforts to their community." How do the County Commissioners, the County Board President, the sheriff, the assessor, the clerk, treasurer, circuit court clerk, and three members of the Board of Review commit more of their efforts to the community than registered nurses, social workers, surgical technicians, food service workers, therapists, chaplains, transporters, sterile processors, community health workers, sanitations service workers, environmental service workers, teachers, state's attorneys and chief judges? How do County elected officials justify giving perpetual wage increases to themselves and employees operating strictly within the revenue generation and collection arms of government more than the employees who actually provide the services to the communities that you all allegedly represent. How is a phone call to a commissioner more useful to Cook County Health patients that a phone call to a registered nurse? It isn't is the answer. What will happen when the only people left to call are politicians, because the nurses left after years of abuse and neglect. The most common infraction in labor at Cook County is the allegation of negligence in the performance of duties. Today, we allege this with evidence against the Cook County government and this board meant to hold them accountable on behalf of its healthcare workers. County RNs demand retention bonuses and other forms of compensation that will make working for our hospital competitive enough to not shut its doors or kill its patients due to your further negligence.

This testimony is submitted by Registered Nurse Leaders of the National Nurse's Organizing Committee at Cook County Health and Hospital System. Since June of 2021, Cook County has aggressively dismissed and violated the promises it made to staff nurses throughout the pandemic. It is both embarrassing and frightening that Cook County cannot meet its financial commitments to owed wages. For nearly a year, we nurses have been waiting to receive increases to our compensation that the Cook County Board of Commissioners agreed to and ratified by vote. In this same period of failure to implement the gains owed to us, CCHHS has unilaterally reduced earned benefit and hourly rates multiple times – they are stealing money we nurses have earned. These practices highlight the exact reasons your nursing talent is leaving for other hospital systems and agency employment. You are allowing the nursing shortage created by your long-term inadequate staffing practices to be aggressively amplified by these refusals to pay nurses competently what we are owed. In addition, you all are making it impossible to understand how many permanent nurses still work at CCHHS by refusing to provide accurate reports on hiring and vacancies. NNOC RNs demand better than this. Cook County taxpayers deserve better than this. Cook County Health and Hospital System patients deserve better than this.

We would like to provide meaningful context to the situation your nurses are truly in. There has been talk of the "nursing shortage" for over a decade. The last year has been the worst the nursing profession has ever seen. The hospital has told us that this is due to record levels of nurses retiring, possibly due to Covid-19 and increased levels of violence towards healthcare workers, and not enough teachers to churn out new graduates. But according to the 2017 U.S. Department of Health and Human Services report on supply and demand of the nursing workforce from 2014-2030 there are enough nurses to meet the demand in most states, some with a surplus of which Illinois was included. In fact, Illinois is projected to have a 2.6% surplus of registered nurses in supply by 2030. So, if there is in fact a surplus of nurses, why is CCHHS pushing the rhetoric that there is a nursing shortage and not enough nurses willing to stay in direct care?

Consider our County RN insight further. It is a known hospital practice to understaff RNs on every shift in all units possible. Why? Because nursing service is included in the price of the hospital room. Unlike physicians who can bill separately for their services. If admitted to a general care bed your nurse may have 5 patients or she could have 9 patients, but the room and board bill will be the same for each patient no matter how many patients the nurse has. Therefore, it is more profitable or budget friendly to have fewer nurses taking care of more patients. For this reason, County hospital practices bare bone staffing. When Covid-19 hit and there was a surge in admissions many temporary nurse positions started appearing through temporary staffing agencies because we could not meet the staffing demands for the influx of Covid patients. These temporary RN positions pay 3-4 times what permanent County staff nurses make because demand has been so high. Temporary nurses are somewhat akin to a substitute teacher. They are used as a supplement when hospital staffing is not adequate. They receive little in hospital training (approximately 4 to 8 hours) and are expected to jump in and take patients, and permanent staff are expected to help them acclimate. As you can imagine, County nurses have felt insulted the entire pandemic. Our hospital that we have been loyal to, many of us for decades, is now expecting us to mentor new batches of temporary nurses every 8-12 weeks. On top of carrying our own elevated patient loads, all while these temporary nurses are making 3-4

times our rates. Many County nurses decided to leave their long-time positions for temporary positions. At John H. Stroger Hospital (JSH), we lost upwards of 100 nurses that went to pursue these positions. As a quick fix for this mass exodus, you all started hiring temporary RNs. Many units are currently staffed with 50% to 75% temporary RNs, some days the percentage is higher.

Why does this matter? Temporary nurses are also trained RNs are they not? As long as nurse to patient ratios remain decent patients should still receive proper care correct? The answer is not that simple. County RNs are evidence-based researchers and medical professionals. We know that the evidence around temporary staffing of RNs is mixed. Some studies found increased patient falls and decreased quality of care, while others found no differences. Which means there is probably another confounding factor. We believe it isn't that temporary RNs are bad nurses, but that the percentage of temporary workers per unit is far too high. Temporary RNs are less familiar with unit layout, policy, and procedures, which is not a hindrance if you have a decent number of permanent staff, say 75% or more because then the temporary RNs have resources they can rely upon to point them in the right direction. When permanent County nurses are scarce, temporary workers have to just do the best they can with no one to guide them which can lead to increased patient complaints, decreased patient satisfaction, and more drug errors. A study by Senek et al. (2020) found that an increase in the proportion of temporary staff significantly increased the amount of care left undone. It also concluded that fully staffed shifts with a large amount of temporary RN staff had the same amount of care left undone as a severely understaffed shift with no temporary workers. Care left undone has been associated with poor patient outcomes and increased mortality. We found another study showing high levels of temporary RN staff resulted in a substantial increase for hazard of death while temporary staffing at low levels had no increase.

In spite of these facts, County's solution to our nurse staffing issues is to hire MORE temporary staff and to refuse to offer retention benefits to current permanent staff, hence more permanent staff will be leaving. Surrounding hospitals have offered their current staff retention benefits such as wage increases, bonuses for extra shifts, and lump sum retention bonuses, but County has done nothing.

The County system is the safety net hospital for all of Cook County, meaning we nurses take care of everyone regardless of their insurance status and their ability to pay. This means that the taxpayers support the hospital. A study conducted right here in Illinois by Laster et al. (2021), found that if medical/surgical units staffed with a 4:1 patient to nurse ratio (it can be as high as 7 or 8:1 at Stroger) during the 1-year study period, more than **1,595 deaths** would have been avoided and hospitals would have collectively **saved over $117 million**. Spending MORE money on permanent nursing staff actually saves money in the long run. County investing in its current nurses through retention benefits and increasing wages to make positions more desirable in hiring will be more beneficial to the hospital than padding staffing with temporary RNs because it will improve patient outcomes, which has been shown to save money Additionally, even offering retention benefits and raising wages somewhat would be less expensive than hiring temporary workers at 3-4 x the rate of permanent staff. CCHHS's behavior toward its nurses indicates a complete devaluation of the permanent staff that have remained loyal and believe in our mission of quality care regardless of insurance status. It also indicates that your hospital board does not really care about improving patient outcomes. There is not a nursing shortage,

just a shortage of nurses willing to work in hospitals that force nurses to risk their licenses by working in unsafe conditions for substandard pay.

NNOC RNs demand the CCHHS Board of Directors provide retention bonuses, pandemic-related differentials and bonuses, outstanding settlements on pandemic-related nursing assignments that violated the NNOC contract, full implementation of wage and benefit increases without engaging in simultaneous wage theft, accurate reports of permanent nurse staff vacancies and hires, respect, and dignity. County nurse's loyalty to both the profession of nursing and the County’s patients demands nothing less. This is not how heroes are meant to be treated.

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting Meeting
May 27, 2022

ATTACHMENT #4

Health Plan Services Update

Prepared for: CCH Board of Directors Meeting

Aaron Galeener

Interim Chief Executive Officer, Health Plan Services

May 27, 2022

CountyCare HEALTH PLAN

Metrics

Current Membership

Monthly membership as of May 6th, 2022

Category	Total Members	ACHN Members	% ACHN
FHP	266,975	20,352	7.6%
ACA	120,432	18,485	15.3%
ICP	30,380	5,091	16.8%
MLTSS	8,516	0	N/A
SNC	7,718	776	10.1%
Total	**434,021**	**44,704**	**10.3%**

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

CountyCare HEALTH PLAN

Managed Medicaid Market

Illinois Department of Healthcare and Family Services February 2022 Data

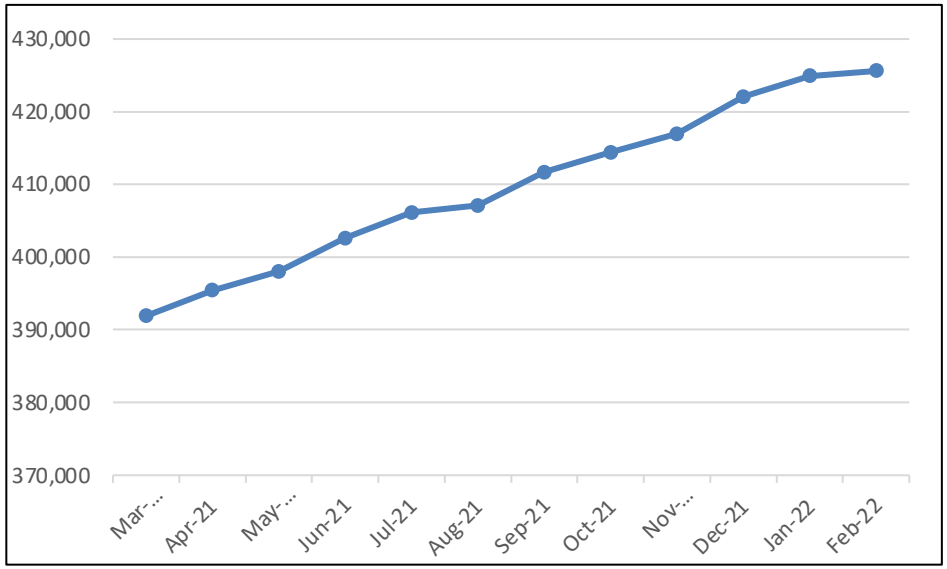
Managed Care Organization	Cook County	Cook Market Share
*CountyCare	425,608	32.5%
Blue Cross Blue Shield	336,328	25.7%
Meridian (a WellCare Co.)	315,302	24.0%
IlliniCare (Aetna/CVS)	127,590	9.7%
Molina	96,587	7.4%
YouthCare	9,735	0.7%
Total	**1,311,150**	**100.0%**

* Only Operating in Cook County

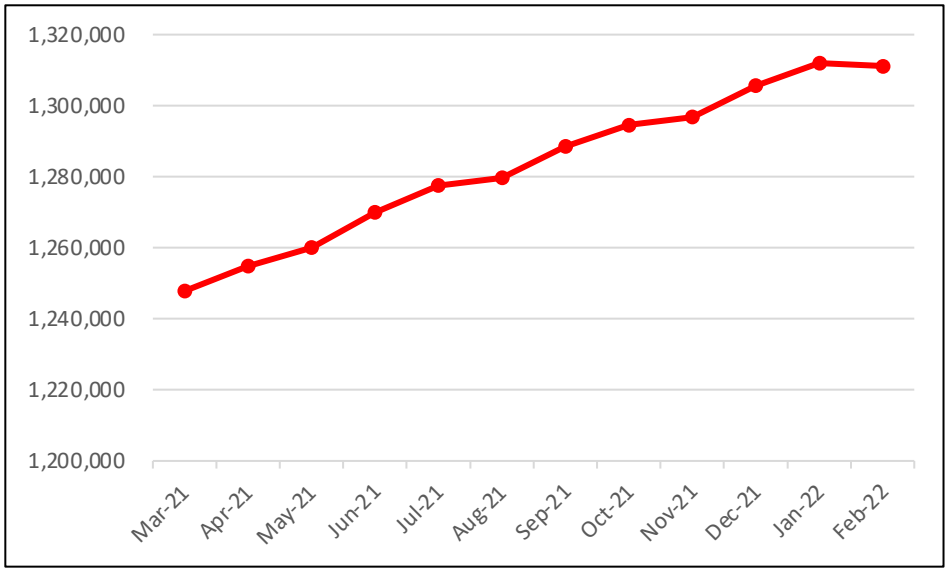
CountyCare HEALTH PLAN

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

CountyCare



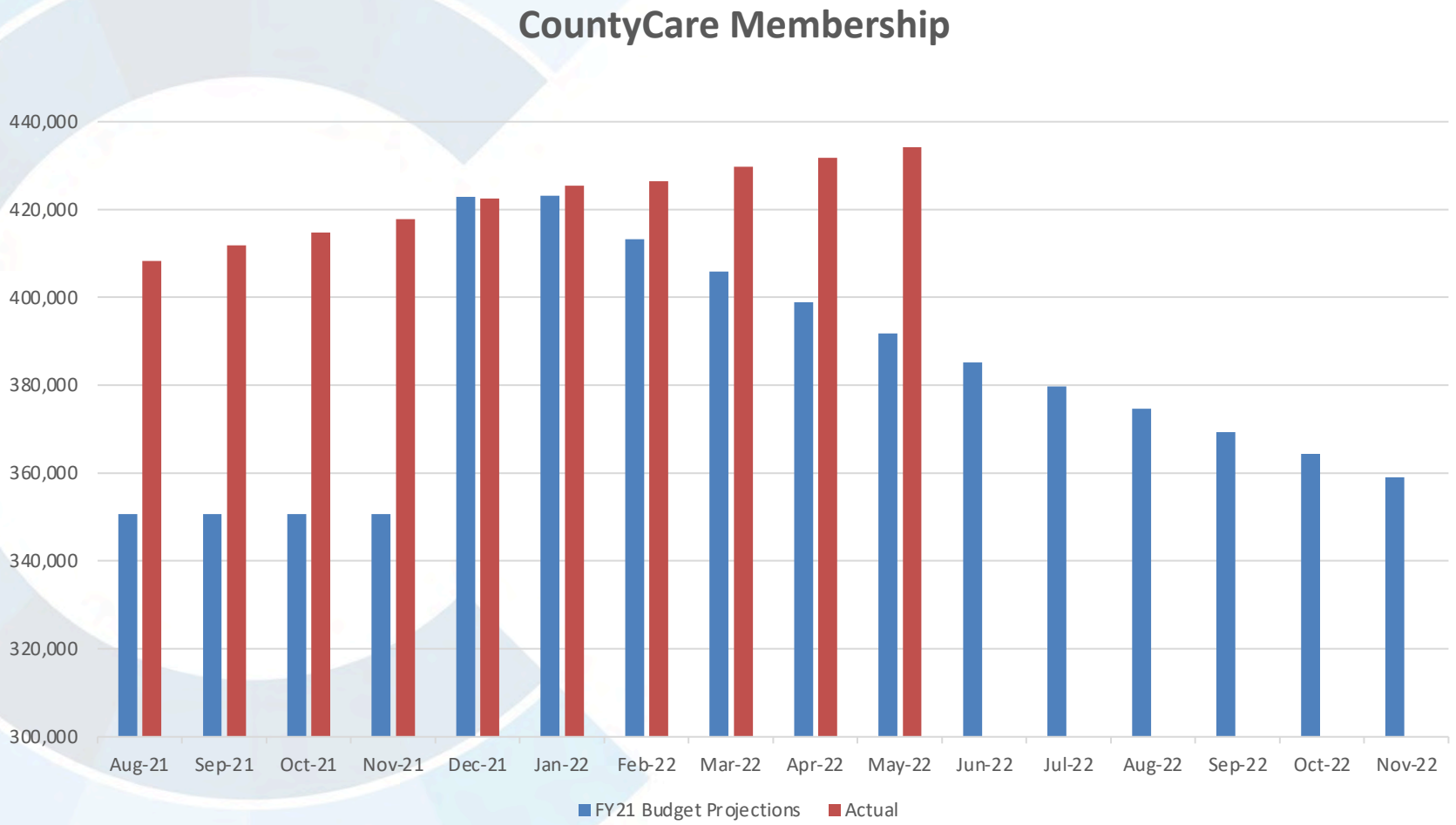
Cook County Medicaid Managed Care



- CountyCare's enrollment has increased 9% over the past 12 months, ahead of the Cook County increase of 5%
- CountyCare's enrollment increased 0.2% in February 2022 compared to the prior month

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx

FY 22 Budget | Membership



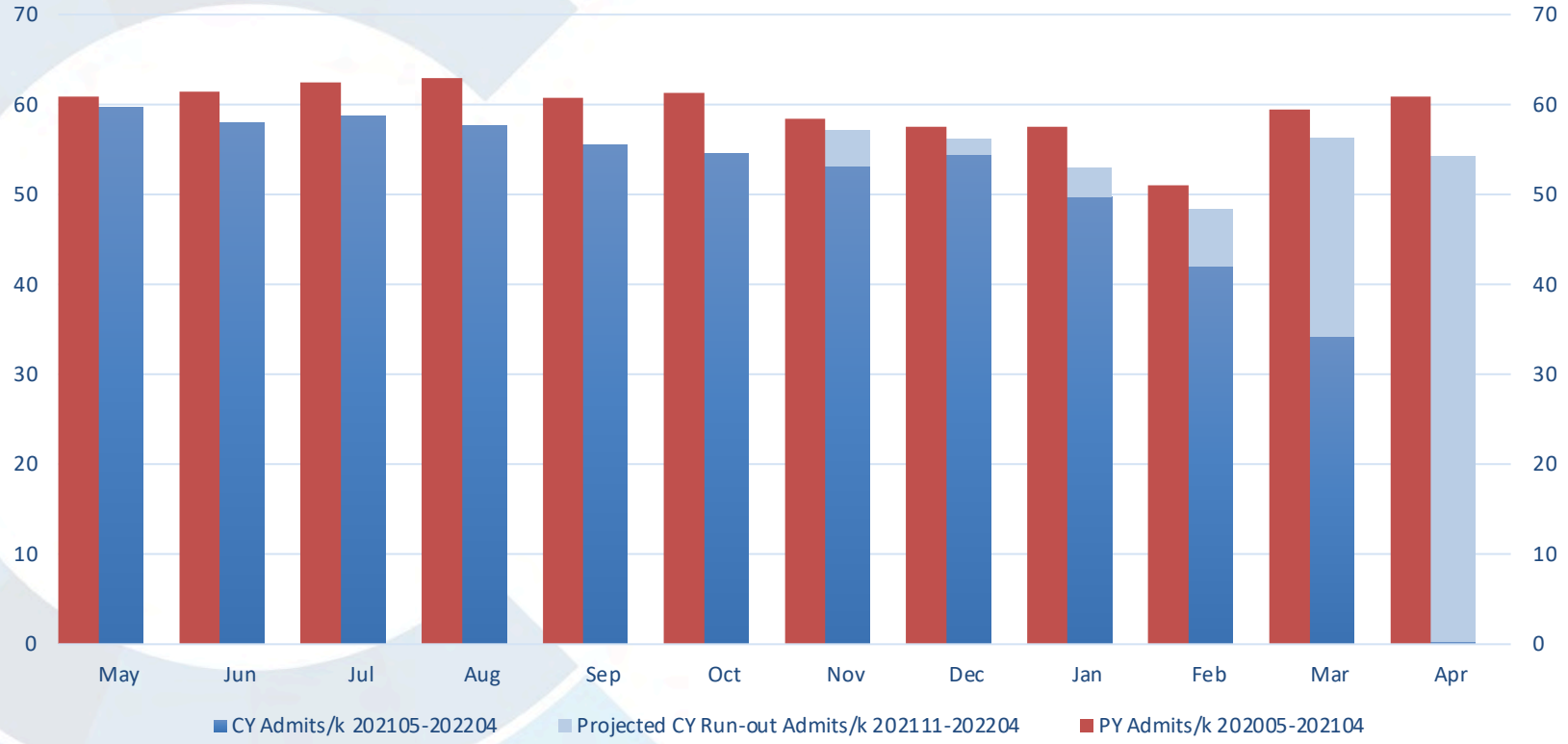
CountyCare HEALTH PLAN

Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	**State Goal**	**Feb 2022**	**Mar 2022**	**Apr 2022**
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	1.73%	0.57%	1.20%
Hold Time (minutes)	1:00	0:14	0:04	0:09
% Calls Answered < 30 seconds	> 80%	91.01%	97.74%	93.15%
		Quarterly		
Claims/Encounters Acceptance Rate	98%	98%		

CountyCare HEALTH PLAN

Current v. Prior Year: IP Acute Admits/1000



Updated monthly, paid through April 2021
All acute and surgical cases + approved acute authorizations
Domestic admissions are not included since they do not require Prior Authorization

CountyCare HEALTH PLAN

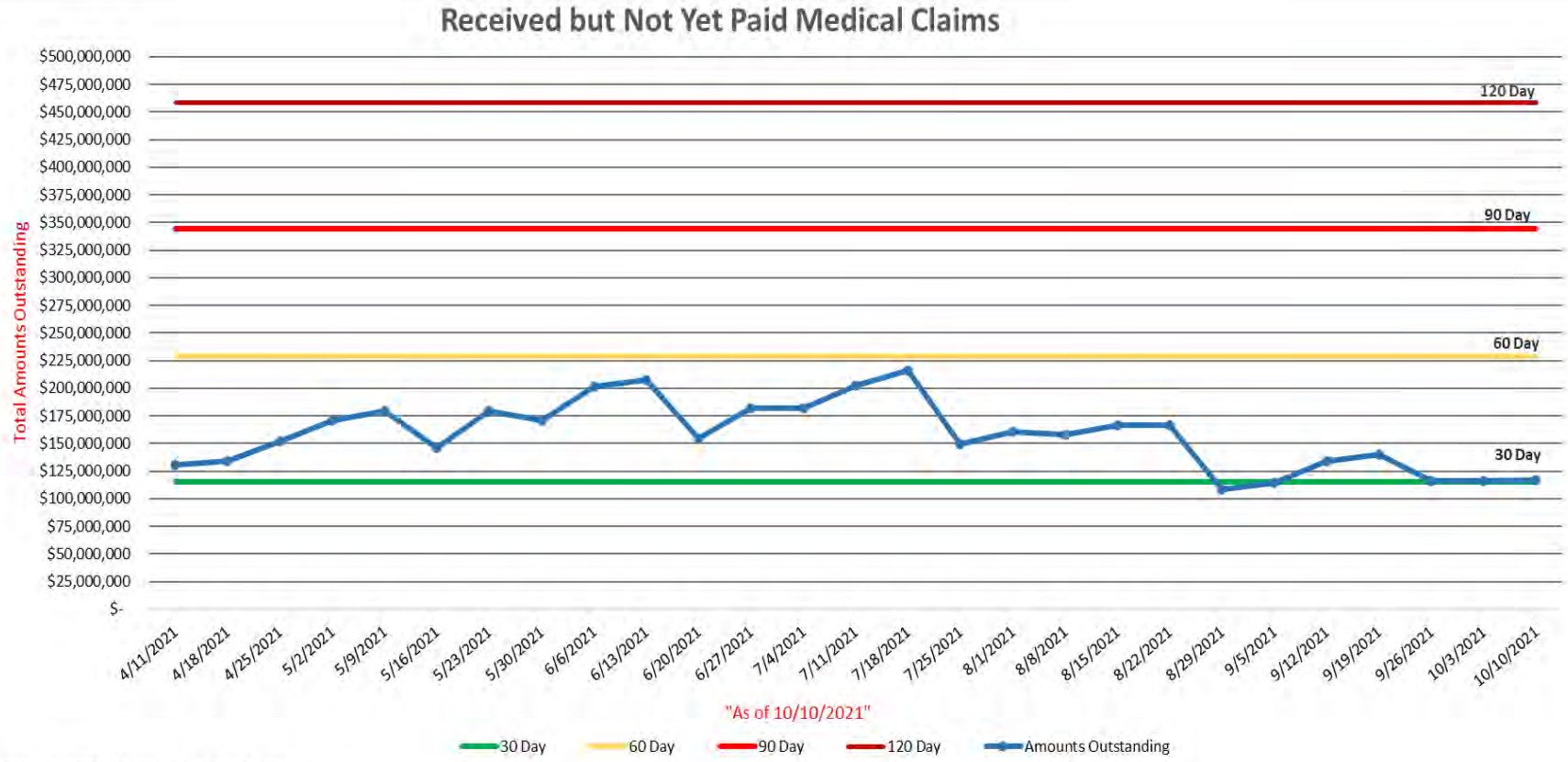
CountyCare COVID Vaccination Rates

Vaccination Phase	Count of Membership	Percent of Total Membership (431k)	Percent of Vaccine-Eligible Membership (384k)
1st of 2 doses only:	21,947	5.06%	5.68%
Fully Vaccinated:	192,745	44.44%	49.85%
Vaccinated with at least 1 dose:	215,366	49.66%	55.70%

Data as of 5/13/2021

CountyCare HEALTH PLAN

Claims Payments



*Assumes average of 15 days to process claims
*Assumes $57.5M in pending claims not yet adjudicated
*Medical claims only- does not include pharmacy, dental, vision or transportation claims. These claims typically average a 30-60 day payment timing.

CountyCare HEALTH PLAN

Claims Payments

Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	$ 109,814,352	$ 53,445,721	$ 46,955,452	$ 9,290,569	$ 219,506,093
Q2 2020	$ 116,483,514	$ 41,306,116	$ 27,968,899	$ 18,701,664	$ 204,460,193
Q3 2020	$ 118,379,552	$ 59,681,973	$ 26,222,464	$ 71,735	$ 204,355,723
Q4 2020	$ 111,807,287	$ 73,687,608	$ 61,649,515	$ 1,374,660	$ 248,519,070
Q1 2021	$ 111,325,661	$ 49,497,185	$ 4,766,955	$ 37,362	$ 165,627,162
Q2 2021	$ 131,867,220	$ 49,224,709	$ 566,619	$ 213,967	$ 181,872,515
Q3 2021	$ 89,511,334	$ 25,733,866	$ 38,516	$ 779,119	$ 116,062,835
Week of 10/10/2021	$ 97,272,348	$ 19,154,193	$ 29,912	$ 786,940	$ 117,243,393

***0-30 days is increased for an estimated $57.5M of received but not adjudicated claims**
***Medical claims only-does not include pharmacy, dental, vision or transportation claims**
***The amounts in the table are clean claims**

CountyCare HEALTH PLAN

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting Meeting
May 27, 2022

ATTACHMENT #5

IMPACT
CHANGE
EQUITY

APPROVED

MAY 27 2022

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

COOK COUNTY HEALTH
STRATEGIC PLAN 2023-2025

COOK COUNTY
HEALTH

Table of Contents

Note to the reader: IMPACT-CHANGE-EQUITY provides strategic concepts and initiatives to guide CCH through the next three years recognizing that the System is operating in an extremely dynamic local, state and federal environment that may result in adjustments and reprioritizations to ensure success for the organization. The organization of the plan should not be seen as a prioritization of initiatives and objectives; rather, it is intended to describe how CCH will adapt and respond to the healthcare landscape.

Once adopted, progress toward attainment of the objectives in IMPACT-CHANGE-EQUITY will be monitored by the CCH Board of Directors. Tactics, measurements and milestones will be incorporated into the budget approval process over the next three years.

For more information, please visit www.cookcountyhealth.org.

About Cook County Health

Cook County Health (CCH) is one of the largest public health systems in the United States, providing a range of health services to its patients, health plan members and the larger community. Through the health system and the health plan, CCH serves more than 600,000 unique individuals annually.

The System operates:

- John H. Stroger, Jr. Hospital of Cook County, a 450-bed tertiary, acute care hospital in the Illinois Medical District;
- Provident Hospital of Cook County, 79-bed community acute care hospital on the South Side of Chicago;
- More than a dozen community health centers throughout Cook County offering primary and specialty care, along with diagnostic services;
- The Ruth M. Rothstein CORE Center, a comprehensive care center for patients with HIV and other infectious diseases. The CORE Center is the largest provider of HIV care in the Midwest and one of the largest in the nation;
- Cook County Department of Public Health, a state and nationally certified public health department serving suburban Cook County;
- Correctional Health Services providing health care services to the detainees at the Cook County Jail and residents of the Juvenile Temporary Detention Center; and
- CountyCare, the largest Medicaid managed care plan in Cook County.

The System's hospitals and ambulatory network, including its Primary Care Medical Home model, are Joint Commission accredited. Stroger Hospital also holds certifications and recognitions in stroke, burn, cardiac, perinatal and oncology care and was recently named the most racially inclusive hospital in Illinois by the Lown Institute.

The Cook County Department of Public Health (CCDPH) is the nationally accredited, state-certified public health authority that serves the public health needs of nearly 2.3 million suburban residents in 125 municipalities by focusing on health promotion and prevention, while advocating for and assuring the natural, environmental, and social conditions necessary to advance physical, mental, and social well-being. CCDPH's approach brings residents, partners, and resources together to optimize health and achieve health equity for all people living in suburban Cook County. The department is responsible for the prevention of the spread of nearly 70 reportable communicable diseases and the enforcement of Cook County and Illinois public health laws, rules, and regulations, as well as providing numerous services and programs to promote health and mitigate disease. CCDPH continues to play a critical role throughout the pandemic from public education and distribution of personal protective equipment to implementation of local initiatives to increase access to vaccines for communities most impacted by COVID-19.

Despite competing with national brands, CountyCare stands as the largest Medicaid managed care plan in Cook County and has earned top-quality ratings. CountyCare is also accredited by the National Committee on Quality Assurance. CountyCare receives a capitated per-member per-month payment and pays for services rendered to members within its vast network which includes all CCH facilities, Federally Qualified Health Centers throughout Cook County, community mental health centers and drug treatment centers as well as 4,500 primary care providers, 20,000 specialists and more than 70 hospitals. CountyCare also covers approved home- and community-based services, vision, and dental services, and provides prescriptions through a broad network of pharmacies, including CCH in-person and mail order pharmacy services.

Letter from the CEO

I am immensely proud to serve as the Chief Executive Officer of Cook County Health and fully understand my responsibility to maintain its nearly 200-year-old mission while adapting to the myriad changes in the healthcare industry – the latest being the COVID-19 global pandemic that illuminated inequities and placed new responsibilities on every healthcare system.

And while Cook County Health has been in the business of health equity for nearly two centuries, the COVID-19 pandemic demonstrated that even we could do more to impact the inequities that continue to contribute to higher morbidity and mortality in vulnerable communities. Our role moving forward has to be to keep the conversations - as uncomfortable as they can be - front and center BUT also to demand the development of policies, programs and services to ensure every resident of Cook County has access to world class care.

The pandemic has forever changed our world. The healthcare system must adapt accordingly to improve both individual and community health or the millions who suffered or died from COVID-19 will have done so in vain. Cook County Health is well positioned to be at the forefront of this change. Over the past few years, we have demonstrated a nimbleness that few other health systems could, and we are committed to remaining flexible and responsive to the needs of the individuals and communities we serve.

Impact-Change-Equity provides a framework for our work for the next three years and beyond. The plan stays true to our historic mission but also envisions our future in a post-pandemic world. It recognizes where we have significant opportunity from strengthening our public health infrastructure to leading the way in developing and delivering equitable care continuums. The plan contemplates Cook County Health being both an employer and provider of choice delivering the highest quality healthcare while maintaining our important role in education, discovery, and innovation across the entire healthcare industry. This plan organizes our work into seven pillars and provides the necessary flexibility to adapt to current and emerging changes. In that sense, it is a living document that will provide us with direction as we navigate existing and new opportunities to improve the health of Cook County.

In the end, our collective aspiration is to build on the important legacy of this historic organization while positioning it for great success in the years to come. We will provide periodic reports on our progress and look forward to continued engagement with our patients, our employees, and the community we are so proud to serve.

Sincerely,

Israel Rocha
Chief Executive Officer

Mission, Vision & Values

Cook County Health has a nearly 200-year mission of caring for all regardless of their ability to pay. That mission will not change but our future work must include ensuring both coverage AND quality, timely and equal access to health services for all. This is a natural evolution of our historic mission as coverage without access will only create further inequities.

We are fortunate that in Illinois, children, regardless of immigration status, are covered by Medicaid. The Affordable Care Act provided expanded coverage to millions of individuals through both Medicaid and marketplace insurance plans. Illinois is the first state in the nation that has further expanded coverage to the undocumented ages 55 and older and, starting in 2023, to those undocumented individuals 42 and older. Despite these strides, we must remember that coverage does not equal access.

We have not solved for the shortage of providers, nurses and even facilities across the country – particularly as our population continues to age. These shortages are exacerbated in vulnerable communities and for those covered by Medicaid.

If we are serious about achieving health equity, we must achieve equal access to high quality care for everyone. We must advocate for policies and funding and we must encourage the healthcare industry to work together to address these challenges.

MISSION

Establish universal access to the world's best care and health services for all Cook County residents, regardless of the ability to pay, so all may live their healthiest life.

VISION

To ensure health as a human right.

VALUES

ICARE

Innovation
Compassion
Accountability
Respect
Excellence & Education

Strategic Pillars

PATIENT SAFETY, CLINICAL EXCELLENCE & QUALITY

Ensure the highest quality service and best clinical outcomes by providing patients the right care, at the right time, and in the right place.

HEALTH EQUITY, COMMUNITY HEALTH & INTEGRATION

Create just spaces where our patients' and community's comprehensive health needs are fully met and guide our development.

WORKFORCE: TALENT & TEAMS

Serve as the employer of choice by supporting and investing in our workforce, recruiting the best talent, and fostering robust teamwork.

FISCAL RESILIENCE

Ensure CCH finances enable the expansion of our mission.

PATIENT EXPERIENCE

Develop systems of care and education that provide for an empowered patient experience.

OPTIMIZATION, SYSTEMIZATION & PERFORMANCE IMPROVEMENT

Optimize our systems to ensure they are accessible, reliable, appropriate, effective, standardized, and resilient.

GROWTH, INNOVATION & TRANSFORMATION

Lead the journey to effective care and better health outcomes through sound infrastructure and transformative access to care resources.

Patient Safety, Clinical Excellence & Quality

Patient Safety, Clinical Excellence & Quality

Ensure the highest quality service and best clinical outcomes by providing patients the right care, at the right time, and in the right place.

Objectives	Key Results
Right Care: Provide safe, consistent high-quality care.	• Targeted patient care, quality and safety outcomes are at or exceed national and state benchmarks. • Patients have the information they need to make the best decisions about their health. • Secure Center of Excellence designations for critical services lines by delivering the best practices in care. • Patient care coordination is robust, multidisciplinary, and fully accessible. • The spectrum of comprehensive care services offered at Cook County Health is expanded. • A leading center in trauma-informed programs and services. • Progress toward becoming a model for shock trauma service.
Right Place: Ensure access to care for all patients in need in the right setting.	• Invest in key services and specialty care access (Behavioral Health, Cardiovascular, Neurosciences, Oncology, Endocrinology, etc.). • Acute care facilities are recognized as Pathway to Excellence Centers by Magnet® Hospital program. • Our educational training programs are nationally recognized. • Increase annual primary care visits for Managed Care empaneled members. • Create pathways for continued care for justice-involved patients. • Create a one-stop universal care access hotline for care services at Cook County Health.
Right Time: Provide timely access to the appropriate clinical intervention.	• Patients have timely and reliable access to care through a combination of enhanced efficiency and additional physical and telehealth capacity. • By ensuring all employees are working at the top of their licenses, patient wait times are decreased. • Mitigate variations in life expectancy throughout the county by providing timely and universal access to advanced care services. • Launch aggressive public health, community and health outreach campaigns to reach patients where they live and work.

Initiatives Completed or Underway

- ✓ Improved patient outcomes (ulcers/falls, Central Line-Associate Bloodstream Infection (CLABSI), Catheter Associated Urinary Tract Infection (CAUTI)).
- ✓ Established nursing quality metrics for Stroger; Implementing metrics for Provident and Ambulatory services.
- ✓ More than 91% of CCH employees are up to date with their vaccinations against COVID-19.
- ✓ Ongoing protocols to mitigate spread of COVID-19 at Cook County Jail.
- ✓ Various initiatives underway to improve metrics on handwashing, Left Without Being Seen in the Emergency Department, and Sepsis.

Health Equity, Community Health & Integration

Health Equity, Community Health & Integration

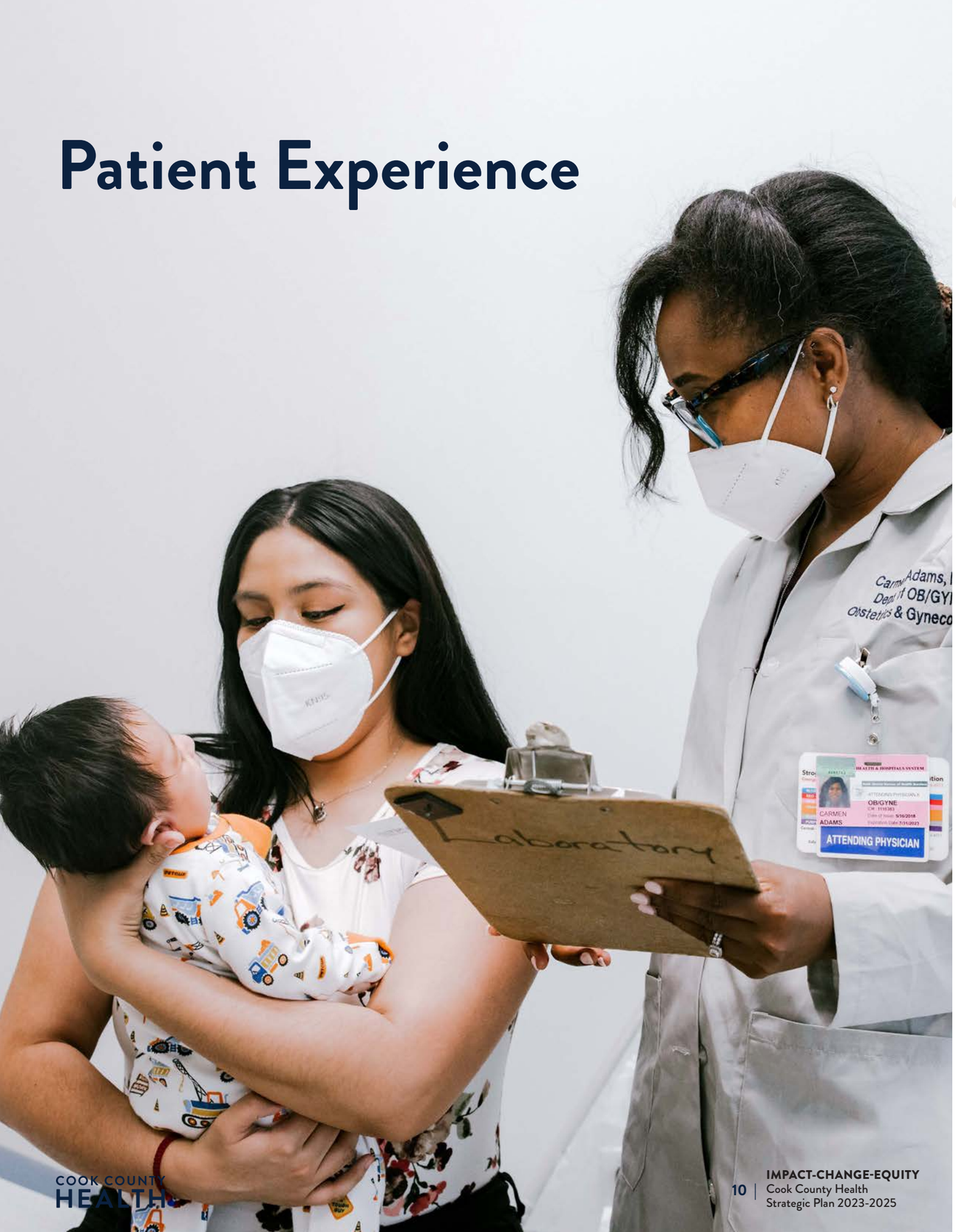
Create just spaces where our patients' and community's comprehensive health needs are fully met and guide our development.

Objectives	Key Results
Create just spaces.	• The physical locations of our clinics, hospitals and programs serve communities with the greatest need and resolve gaps in access to care. • Patients feel comfortable and at home when receiving care at CCH. • Patients receive healthcare information in the language of their choice. • CCH is recognized as a Leader in LGBTQ Healthcare Equality by the Human Rights Campaign. • CCH actively pursues MBE/WBE participation in procurement opportunities. • Make programs and services accessible to people with disabilities.
The comprehensive health needs of our patients and communities are fully met.	• The Change Institute of CCH implements key strategies to help reduce the gaps in life expectancy across Cook County. • The CCH 25 Campaign helps mitigate the top 25 conditions that lead to premature death across Cook County. • CCH operates patient support programs to mitigate the impact of social risk factors such as food or housing insecurity. • All patients receive access to the world's best treatments and advancements in medical care. • CCH/CCDPH leverage data and experience to address health inequities by implementing robust interventions to improve population health.

Initiatives Completed or Underway

- ✓ Established an Office of Equity and Inclusion.
- ✓ Administered 1 million COVID-19 vaccines.
- ✓ Conducted hyper-local campaign for COVID-19 vaccines led by CCDPH.
- ✓ Established Community Advisory Councils.

Patient Experience



Patient Experience

Develop systems of care and education that provide for an empowered patient experience.

Objectives	Key Results
Partner with patients, families, and caregivers to optimize patient outcomes and the patient experience.	• Improve patient satisfaction scores (Hospital Consumer Assessment of Healthcare Providers and Systems - HCAHPS). • Improve patient education and engagement. • Create an intuitive and seamless process to improve patient navigation across the continuum of care.
Ensure that the organization always listens to the voice of the patients and that we are fulfilling their key needs and requirements.	• Increase response rates on Press Ganey surveys. • Fortify patient family advisory councils. • Patients receive healthcare information in the language of their choice.
Empower patients to be involved in decision making and proactive about their care.	• Partner with patients in their care journey to ensure both parties are meeting obligations. • Increase the adoption of the patient portal. • Implement self-service scheduling for patients. • Decrease emergency room visits. • Establish patient health literacy trainings.

Initiatives Completed or Underway

- ✓ Implemented patient navigator program.
- ✓ Implemented leadership rounding.
- ✓ Launched patient family advisory councils at Stroger Hospital.
- ✓ Improved patient satisfaction scores from 51 to 67 percent.
- ✓ Implementing a wayfinding initiative.
- ✓ Improving communication with the patient through the “whiteboard initiative”.

Workforce: Talent & Teams

Workforce: Talent & Teams

Serve as the employer of choice by supporting and investing in our workforce, recruiting the best talent, and fostering robust teamwork.

Objectives	Key Results
Support and invest in our workforce.	• The Cook County Health University & Training Program helps employees achieve lifelong learning goals and required competencies. • Professional development and career pathway opportunities are available for all employees. • Resource and succession planning allows for increased employee mobility and opportunity. • Staff turnover and vacancies are reduced. • Employee engagement is increased. • Strong relationships and innovative programs with our union partners leads to employee retention and satisfaction. • Create performance-based incentives. • CCH continually utilizes pay parity studies to close race, ethnic, and gender gaps.
Recruit the best talent.	• The CCH recruitment team utilizes the best technology and recruitment resources to source exceptional candidates across all markets. • CCH offers candidates timely and competitive employment offers to help launch careers at CCH. • CCH offers approaches to employment that allows for flexibility and innovation. • CCH offers residency, scholarships, and other pipeline programs to help build our future employee workforce. • Our workforce reflects the diversity and experience of our patients.
Foster robust teamwork.	• Employee wellness programs are extensive and well-utilized. • Employee-led projects are fully supported and help transform system practices. • Project teams include representation from all levels of care and services. • Performance improvement programs are based on just culture methods. • Employee recognition programs are robust.

Initiatives Completed or Underway

- ✓ Launched process improvement project on the hiring process.
- ✓ Implemented hiring fairs.
- ✓ Established system-wide CCH Trauma-Informed Task Force and developed report with recommendations.

Fiscal Resilience

Ensure CCH finances enable the expansion of our mission.

Objectives	Key Results
Maintain financial strength.	• Develop a 3-year sustainable financial plan that is aligned with the strategic plan. • Maintain a positive operating margin. • Increase the CountyCare reserve to industry standards. • Continue to increase CountyCare member utilization of CCH services.
Optimize funding sources.	• Optimize third party payor reimbursements while minimizing barriers to care for patients. • Secure external funding to support key initiatives. • Continue to leverage the County tax allocation to support correctional and public health.
Control costs and maximize efficiencies.	• Establish annual targets based on industry benchmarks for overall staffing, including overtime and agency staffing that align with volumes and clinical complexity. • Conduct annual contract reviews and renegotiations to align expenses to reflect market improvements/savings. • Leverage value analysis process to reduce costs.

Initiatives Completed or Underway

- ✓ Managed FY21 budget with positive results.
- ✓ Established a revenue cycle turnaround plan.
- ✓ Achieved over $14M savings from contract renegotiations.
- ✓ Awarded over $150M in funding from the County's American Rescue Plan Act (ARPA).

Optimization, Systemization & Performance Improvement

Optimization, Systemization & Performance Improvement

Optimize our systems to ensure they are accessible, reliable, appropriate, effective, standardized, and resilient.

Objectives	Key Results
Standardize tools, processes and procedures across the system.	• Geographic localization is used in acute care setting to improve health outcomes and standardize care programs. • System integration with external providers and partners make seamless referrals and care processes (Direct Scheduling, Cerner HUB, etc.). • Electronic ticketing and monitoring programs ensure life safety systems and equipment continually operate at optimal conditions. • New contract and policy management system make standardization and systemization easy for CCH employees. • System-wide implementation of Objectives and Key Results Performance tracking system.
Implement performance and process improvement initiatives in both clinical and non-clinical areas.	• Patient length of stay in our acute care centers meets national benchmarks. • Clinical Documentation Initiative helps providers across all CCH divisions. • CCH call centers make patient access simple and available. • 5- And 10-Year Space Utilization Plan helps keep pace with infrastructure needs and ensures plant modernization. • Time to hire and procure is reduced. • Ongoing process improvement work helps establish enhanced Standard Operating Procedures. • Agency and overtime utilization is reduced.
Create and sustain a culture of high reliability and transparency.	• Maintain high reliability workgroups that achieve the aims of the strategic plan. • Achieve and hardwire objectives identified in high reliability goals. • CCDPH implements a Cook County Sustainable Health Goals program that aims to improve community health outcomes in the selected areas by 2035. • Office of Life Sciences ensures equitable access to needed programs and research. • Compliance programs use latest technology to ensure comprehensive adherence and adoption.

Initiatives Completed or Underway

- ✓ Established a community vaccine information portal and one of the largest vaccine call center in the State of Illinois, helping over 1 million users register for the vaccine.
- ✓ Restructured the CountyCare managed care contracting template to follow industry best practices.
- ✓ Created and successfully implemented a CountyCare financial performance improvement plan, inclusive of cash flow stress testing programs.
- ✓ Reinstated fire marshal program at CCH.
- ✓ Launched and systemized a hand hygiene monitoring program across CCH clinical areas.

Growth, Innovation & Transformation

Growth, Innovation & Transformation

Lead the journey to effective care and better health outcomes through sound infrastructure and transformative access to care resources.

Objectives	Key Results
Sound infrastructure and transformative access to care resources.	• Execute timely on all projects and enhancements in system and long-term facilities master plan. • Facilities are right-sized to ensure maximum efficiency, access and patient throughput. • Comprehensive bed board and patient transfer center is established (Including capacity for direct admissions from affiliated providers). • Surgical capacity expansion for both inpatient and outpatient services. • Care capacity at Provident Hospital, Stroger Hospitals and ACHN sites is expanded. • Community health needs assessment is conducted to ensure facilities and care access are available in underserved communities.
Use innovative products, services, processes, and technology to lead the journey to effective care and better health outcomes.	• Create new care delivery programs by testing transformative concepts (i.e., Mental Health Urgent Care Centers, Retail Clinics, etc.). • Establish a mental health initiative. • Develop a comprehensive Cook County Health Care Network with and for safety net providers. • Develop a multi-product strategy to serve members throughout their lifecycle (i.e., Medicaid, Exchange Products, Private Insurance, Medicare, PACE, etc.). • Create a learning collaborative with community-based organizations to ensure responsiveness to patient needs and foster new support programs. • Modernize technology systems at CCH.
Promote a culture of innovation throughout the organization.	• Establish innovative and sustainable solutions to improve healthcare delivery systems. • Establish partnerships in care with organizations to jointly build community care capacity. • Secure external funding for innovation that aligns with strategic objectives. • Establish new patient safety and quality protocols. • Pioneer new discoveries in care. • Launch new clinical education, training and research programs. • Develop new strategies for justice involved patients. • Create new public health programs that increase engagement and expanded data sharing.

Initiatives Completed or Underway

- ✓ Opened new health centers in Arlington Heights, North Riverside, and Belmont Cragin.
- ✓ Invested in imaging, dialysis, and other modernization at Provident Hospital.
- ✓ Built out telehealth capabilities.
- ✓ Established community COVID-19 vaccine program and information portal.
- ✓ Initiated the process to conduct a facilities master plan.
- ✓ Established new collaborations with other hospitals.

A Case for Change

Over the course of the COVID-19 pandemic, the healthcare industry rallied with a sense of urgency in a way we have not experienced in recent decades. In addition to caring for more than 2,000 hospitalized COVID patients, providing more than 300,000 COVID-19 tests and developing an award winning, multi-million-dollar public education campaign, CCH built one of the largest mass vaccination efforts in the US administering one million doses to date. While our efforts were broad in reach, we hyper-focused on communities hardest hit by the pandemic. We conducted more than 1,300 hyperlocal vaccination events providing over 45,000 in additional community vaccinations. As part of our strategic plan, CCH will leverage a similar multi-pronged response to address other disease states that disproportionally impact the CCH patient population.

The Change Institute of Cook County Health

If CCH approaches other diseases with the same urgency and innovation used in our approach to COVID-19, we can make a major difference in health outcomes now and in the future.

To focus this work, CCH announced the creation of The Change Institute in March, 2022. The Change Institute will focus work on four of the most prevalent causes of premature death in Cook County – cancer, diabetes, heart disease and stroke. By addressing the stages of care for each disease, we will identify actionable steps that deliver immediate impact and improve health outcomes for generations to come. This is a bold initiative that will centralize and integrate much of our existing work and address: prevention, primary care and acute care, as well as social risk factors to fill in gaps to ensure a robust approach to preventing disease and premature death.

Why should CCH take this on?

Cancer

- Black men have the highest rate of prostate cancer deaths, more than twice as high as any other group.[1]
- Hispanic men and women are almost twice as likely to have, and to die from, liver cancer.[2]
- Hispanic women are 40 percent more likely to be diagnosed with preventable cervical cancer, and 30 percent are more likely to die, compared to non-Hispanic women. [3]
- Black women are more 40% more likely to die of breast cancer than white women. [4]

Diabetes

- In 2017, black men and women were nearly two and a half times more likely to be hospitalized for lower limb amputations related to diabetes compared to non-Hispanic whites.[5]

Heart Disease/Stroke

- In 2018, African Americans were 30 percent more likely to die from heart disease than non-Hispanic whites. [6]
- African American women are nearly 60 percent more likely to have high blood pressure compared to non-Hispanic white women. [7]
- Of African American women ages 20 and older, 49 percent have heart disease. [8]
- Black men are 70 percent more likely to die from a stroke compared to non-Hispanic whites. [9]

More information on The Change Institute can be found at www.cicch.org.

[1] https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/
[2] https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=61
[3] https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=61
[4] Why Black women are more at risk of dying from breast cancer | Health News | stlamerican.com
[5] https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18#:~:text=In%202017%2C%20non%2DHispanic%20blacks,compared%20to%20non%2DHispanic%20whites
[6] https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19
[7] https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19
[8] https://www.goredforwomen.org/en/about-heart-disease-in-women/facts/heart-disease-in-african-american-women
[9] https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=28

Appendix

APPENDIX

Community Town Hall Meetings & Survey Summary

As part of the community input process, Cook County Health (CCH) hosted four virtual Strategic Planning Town Halls. CCH sent out more than 23,000 Town Hall email invites though a community email distribution list on three separate occasions. In addition, Community Affairs staff contacted partner organizations to ensure that they would disseminate the schedule to their constituencies and to encourage their participation at these meetings.

The times and dates of the meetings were as follows:

March 1, 2022 – Tuesday, 6 PM – 7 PM (Spanish)

March 2, 2022 – Wednesday, 6 PM – 7 PM

March 3, 2022 – Thursday, 8 AM – 9 AM

March 3, 2022 – Thursday, 12 PM – 1 PM (Advisory Councils)

The virtual town halls brought a mixture of community members, partner organizations and representatives from different health care entities and medical insurance plans. At each town hall, CEO Rocha provided a general welcome on the Strategic Planning process and explained the focus on receiving feedback on CCH's Strengths, Weaknesses, Opportunities and Threats (SWOT). The Chief Strategy Officer guided participants through the SWOT analysis.

All participants were encouraged to fill out surveys to provide general feedback.

Spanish Language community town hall (March 1, 2022 6PM)

- 38 people registered, and 33 people attended this town hall.
- This town hall sought input from residents who identify as Latino/Hispanic.
- Representatives from Mujeres Latinas en Acción and Enlace Chicago spoke about issues with the CareLink program and access to medical services by the uninsured.
- Participants also encouraged CCH to provide more materials in Spanish, including more marketing in the Spanish language media.
- Some participants also expressed that staff should be reminded to have more empathy with patients, especially those who do not speak the language.

Evening Community town hall (March 2, 2022 6PM)

- 55 people registered, and 30 people attended this town hall.
- The Proyecto Acción de los Suburbios del Oeste (PASO) Executive Director thanked CCH/CCDPH for the Covid-19 vaccination clinic and spoke about the expansion of mental health services in the community.
- The League of Women Voters mentioned that CCH has impressive new facilities and commented that high charity care and low reimbursements is a threat.
- Health Connect One mentioned that expansion of maternal programs is an opportunity.
- A representative of the Collaborative for Health Equity of Cook County mentioned that an ARPA initiative should be to abolish medical debt and expand financial assistance programs.

Morning community town hall (March 3, 2022 8AM)

- 88 registered and 69 people attended this town hall.
- The Health & Medicine Policy Research Group provided feedback which included suggestions to expand maternal child programs, increase the use of community health workers in initiatives and increase behavioral health and public health funding.
- Several participants spoke on the need to expand behavioral and mental health services and added that wraparound services such as housing and food security should be included to medical action plans.
- The hiring process and the constant change of providers is a threat mentioned by some participants.
- Participants indicated that dealing with health disparities and the social determinants of health should be a focus area.

CCH Community Advisory Councils' community town hall (March 3, 2022 12 PM)

- About half of the 110 advisory council members representing the Arlington Heights, Blue Island, Cottage Grove, Englewood, North Riverside, Provident Hospital, and Robbins Advisory Councils attended the presentation.
- Expansion of community programs including health screenings was recommended as an action item.
- Kudos for the creation of the Health Equity Office and the COVID-19 vaccination initiatives.
- Behavioral health is an issue that needs more resources.

Community Survey Results

CCH received over 100 responses to the survey. Respondents identified CCH's commitment to serve everyone, provide high-quality medical care, and engage with community as strengths. Weaknesses identified include administrative processes, customer service, gaining access to specialty services and staffing. Opportunities highlighted include expansion of partnerships, adding mental health services, and addressing housing and food insecurity. Threats that were noted include availability of financial resources, healthcare recruiting, and the pace to implement non-traditional care settings (e.g., telehealth, in home care, etc.).

Employee Town Hall Meetings & Survey Summary

To receive employee input during the strategic planning process, Cook County Health (CCH) hosted two virtual Employee Town Hall meetings in advance of drafting of the Strategic Plan and conducted an employee survey to obtain valuable feedback. CCH emailed employees and advised them of the opportunity to participate in the town halls. In total, more than 450 individuals attended the employee Town Hall meetings which took place on:

March 1, 2022 – Tuesday, 12 PM – 1 PM

March 2, 2022 – Wednesday, 7 PM – 8 PM

The virtual employee town halls brought representatives from all operational areas including the community health centers and the CountyCare health plan. At each town hall, CEO Rocha provided a general welcome on the Strategic Planning process and explained the focus on receiving feedback on CCH's Strengths, Weaknesses, Opportunities and Threats (SWOT). He also mentioned that these meetings were the first step to obtain information and general feedback on CCH. The Chief Strategy Officer guided participants through the SWOT analysis.

Some comments from the town halls include the following:

- One person commented that CCH has great physicians and staff that care for patients.
- The expansion and promotion of telehealth services to take care of patients as a tangible opportunity by several employees.
- Several people mentioned that workforce development, including retention, and the hiring process possess challenges to the health system. They suggested the hiring of more clerks and support staff that can help in the most basic level.
- Using the equity lens (language, race, gender, ethnicity and SOGI data) would help as we deal with patient issues. The expansion of language services is an opportunity to an apparent threat.
- Identify grant opportunities related to improving chronic health conditions such as HTN, DM, COPD, CHF, HCV to name is an opportunity. In addition, expand behavioral health programs.

Employee Survey

CCH received nearly 400 responses to the survey. Strengths that were noted included CCH's commitment to the underserved, the quality of care/clinical expertise, and the ability to mobilize for new circumstances (e.g., mass vaccine sites). Weaknesses identified include patient experience, lack of flexibility in internal processes, staffing – retention recruitment, and role definition and accountability. Opportunities highlighted included leveraging federal dollars for investments, service line development for specialty services, and capital planning and investment in facilities/equipment. Threats that were noted included future pandemic surges, antiquated processes, and patient choice.

Cook County Health Timeline

2017

- Cook County tax allocation supporting operations decreases to $102M representing less than 5% of CCH operating revenues.
- Cook County Health expands CareLink program to provide emphasis on care-coordinated primary care.
- Cook County Health provides 53% of all charity care in Cook County.
- State of Illinois issues Medicaid Managed Care Organization Request for Proposals and subsequently, awards seven four-year contracts for Medicaid Managed Care services in Cook County effective January 1, 2018.
- CountyCare acquires Medicaid members of Family Health Network.

2018

- Cook County tax allocation supporting operations remains flat at $102M representing less than 3% of CCH operating revenues.
- CountyCare acquires Medicaid members of Aetna Better.
- CountyCare's monthly average membership (335,968) was below the budgeted monthly membership (377,316).
- More than 31,000 individuals enrolled in expanded CareLink program. 2018 is the first full year of the expanded program.
- JB Pritzker sworn in as Illinois Governor.

2019

- Cook County tax allocation supporting operations remains flat at $102M representing less than 3% of CCH operating revenues.
- Repeal of the Affordable Care Act's Individual Mandate takes effect January 1, 2019.
- Medicaid enrollment in Cook County declines to fewer than one million. Media reports indicate that initial eligibility and redetermination application backlogs at state contributing to decline.
- More than 30,000 individuals enrolled in expanded CareLink program.
- CCH opens new community health center in Arlington Heights and new professional building on its central campus.
- State of Illinois approves Certificate of Need for new Provident Hospital.
- Pipeline Health purchases Westlake, Weiss Memorial and West Suburban from Tenet Healthcare for $70 million. Subsequently, Westlake Hospital was closed.
- MetroSouth Medical Center in Blue Island closes.
- COVID-19 first identified in Wuhan, China in November. Worldwide concern begins to mount, and healthcare systems begin to prepare.

2020

- 1st confirmed case of COVID-19 in Cook County in February 2020.
- COVID-19 declared a pandemic. Federal, state and county emergencies are declared. State pauses Medicaid redetermination and expands emergency Medicaid.
- Pandemic responses include expansion of inpatient services, transition to telehealth services, engagement in clinical trials, and testing and mitigation protocols for patients, staff, and members of the community.
- Centene acquired WellCare/Meridian reducing the number of Medicaid plans operating in Cook County to five, down from seven when the state awarded contracts in 2017.
- CountyCare membership trending above budget in part due to state suspending redetermination. Monthly membership averaged 344,389, above the budget of 326,034.
- CCH charity care declines due to emergency Medicaid, suspension of redetermination and decreased volumes – all pandemic related factors.
- CCH opens new community health centers in Blue Island and North Riverside replacing outdated facilities in Oak Forest and Cicero.
- New Chief Executive Officer joins CCH.

2021

- CCH charity care continues to decline but at a slower pace.
- Cook County tax allocation increases to $122.7 in effort to cover costs of public health, correctional health, and a portion of charity care. Allocation represents approximately 4% of CCH operating revenues.
- FDA approves Emergency Use Authorization for various COVID-19 vaccines.
- CCH opens mass vaccination sites, develops hyper local strategy to address equity and public education and awareness campaign. CCH administered more than 930,000 doses of vaccine in 2021.
- CountyCare average monthly membership (399,514) trending above budget (356,343) in part due to continued public health emergency, continued emergency Medicaid, suspension of redetermination, and increased auto-assignment percentage to 50%.
- State expands Medicaid to undocumented Cook County residents 65+ which moved approximately 3,500 CCH patients into covered status allowing CCH to collect more than $19M that likely would have qualified for charity care.
- Mercy Hospital in Chicago closes. Mercy was subsequently sold to Michigan-based Insight Chicago and has not announced final plans for the facility.
- CCH opens new community health center in Belmont-Cragin neighborhood and new outpatient dialysis center at Provident Hospital.
- CCH creates a Center for Equity & Inclusion and hires its first Chief Equity & Inclusion Officer.
- CCH announces collaboration with University of Illinois Health for specialty pediatric care.

2022

- Cook County tax allocation increases to $137.7 in effort to cover costs of public health, correctional health, and a portion of charity care. Allocation represents approximately 3.6% of CCH operating revenues.
- State expands Medicaid to undocumented Cook County residents ages 55-64. CCH estimates more than 5,500 charity care or self-pay patients will be eligible for this expansion further reducing CCH charity care expenses.
- CountyCare membership continues above budget; however, CCH's 2022 budget projections contemplate lower membership in anticipation that redetermination is reinstated and emergency Medicaid suspended as the pandemic begins to subside.
- CCH announces the creation of The Change Institute of Cook County Health to develop innovative, cohesive strategies to bridge gaps in treatment and prevention for the most common causes of death in Cook County.
- CCH administered nearly one million vaccines since vaccines were first approved in 2020.
- Media reports indicate that California-based Pipeline Health will sell West Suburban Medical Center in Oak Park and Weiss Memorial Hospital in Uptown to Michigan-based Resilience Healthcare.

Cook County Health: By The Numbers

Provider on inpatient and outpatient care

200,000+
Number of unique patients

1,000,000
Annual outpatient visits

3,200,000
Annual inpatient prescription doses

1,000,000
Annual outpatient prescriptions

100,000+
Emergency/Trauma visits annually

50,000
Visits to Ruth Rothstein CORE Center

30,000
Annual intake screenings at the jail

3,000,000
Doses of medication distributed at the jail annually

1,000,000
Doses of vaccine administered since start of pandemic

300,000
COVID-19 tests administered since start of pandemic

Health Plan Services

430,000
Number of CountyCare members

#1
CountyCare market share ranking

#1
Quality rating for CountyCare

$75M
CountyCare reserve funding

50%
PCP Engagement Rate

50%
Percent of Members in Value-Based Care

Cook County Department of Public Health

3,700
Inspections Completed Annually (Restaurants, pools, tattoo parlors, tanning salons, wells/septic, lead assessments, other) (FY2021)

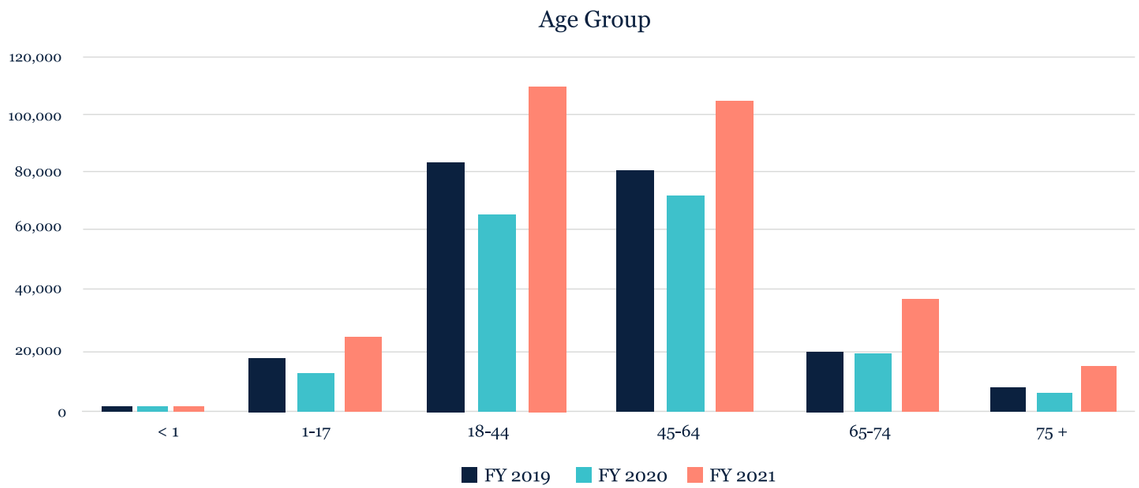
2,700
Tuberculosis patient visits annually (FY2021)

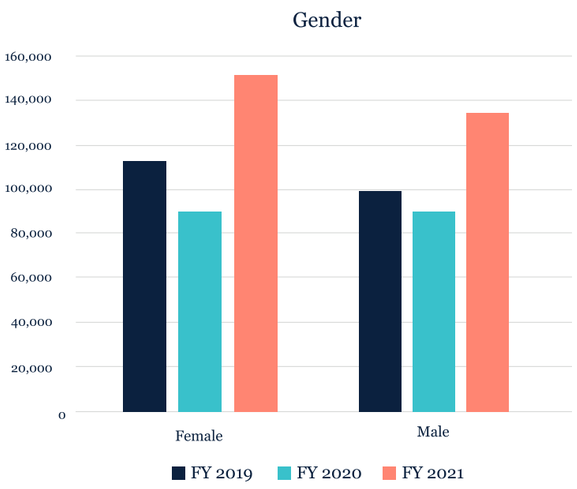
17,000
Annual Communicable Disease Cases Reported (FY2021)

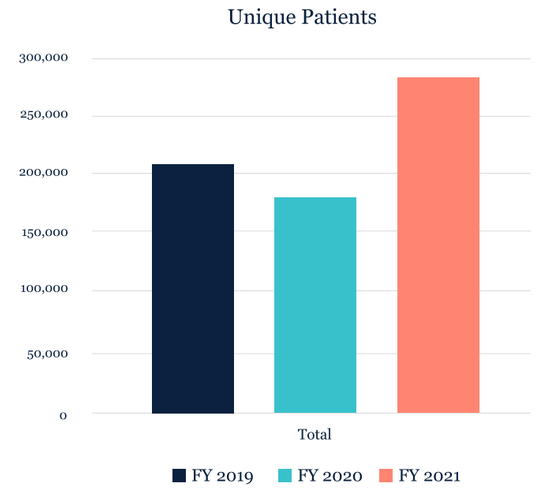
1,100
COVID-19 Hyper Local sites/Vaccines

Demographics, Utilization and Membership Data

CCH Patient Demographics

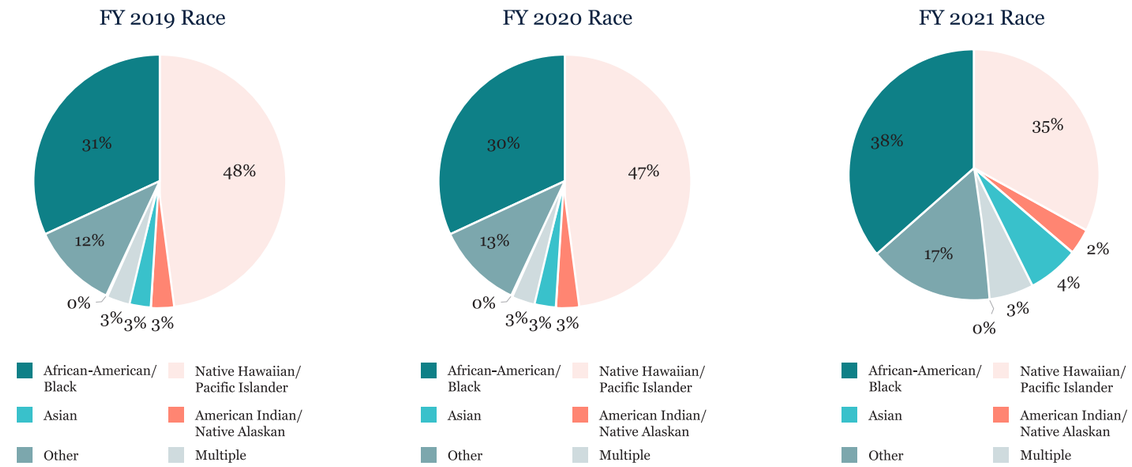


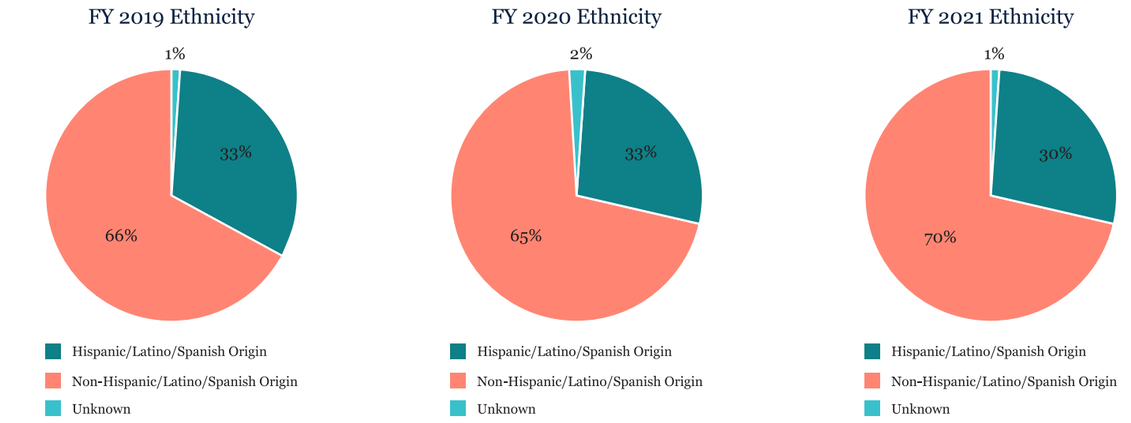


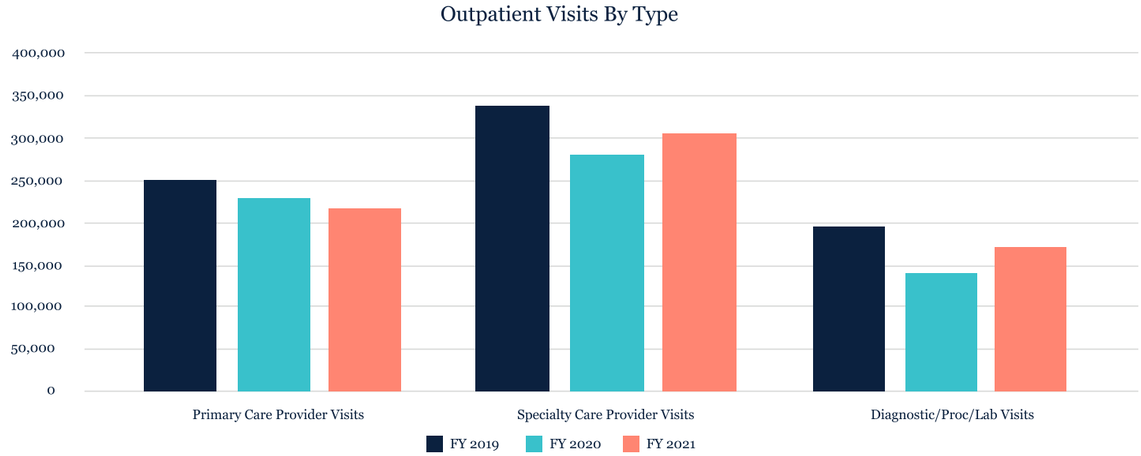


Note: Patient data inclusive of community usage of permanent ACHN sites for COVID-19 vaccines in 2021.

CCH Patient Demographics

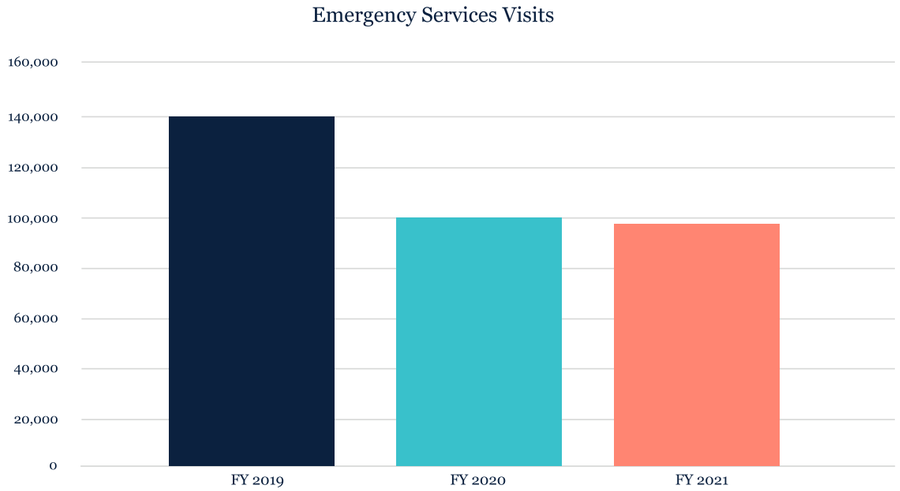


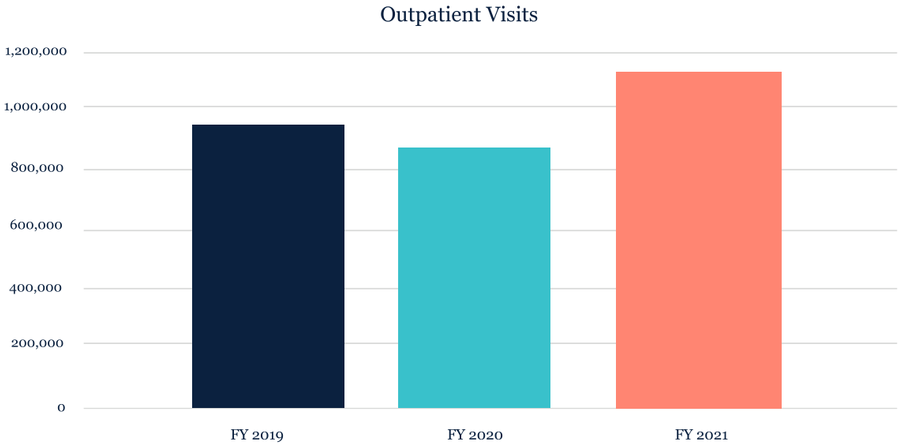


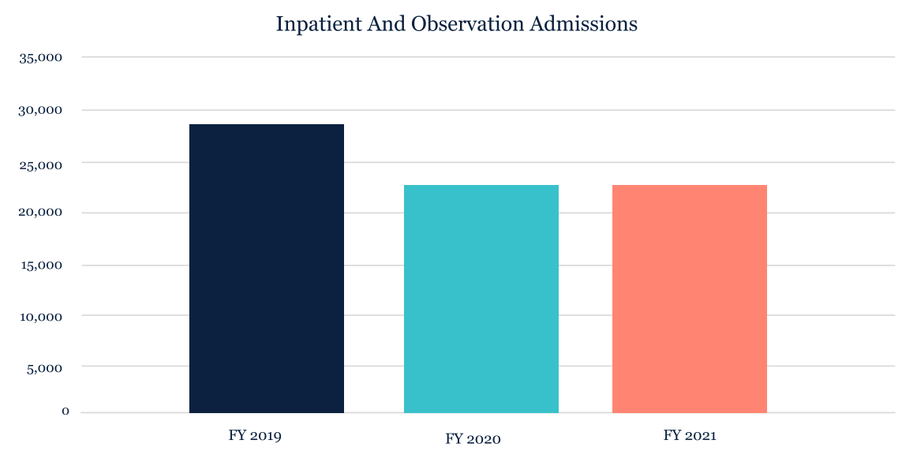


Note: Patient data inclusive of community usage of permanent ACHN sites for COVID-19 vaccines in 2021.

CCH Visits By Type







Note: Patient data inclusive of community usage of permanent ACHN sites for COVID-19 vaccines in 2021.

HIGHLIGHT

IMPACT 2023 Accomplishments

Initiatives Completed or Underway

- ✓ Improved CMS Star Rating and Leapfrog Hospital Safety Grade.
- ✓ Achieved national recognition for Cardiology/ Stroke programs.
- ✓ Improved patient outcomes for ulcers and falls.
- ✓ Implemented maternal health navigator program.
- ✓ Met or exceeded benchmarks for HEDIS and Pay for Performance.
- ✓ Open new health facilities at Belmont Cragin, North Riverside, Blue Island and Harrison Square.
- ✓ CountyCare received top quality ranking.

Grow to Serve and Compete

- ✓ Amended collective bargaining agreements to create a “domestic tier” to incentivize Cook County employees to use CCH facilities.
- ✓ Began implementation of more comprehensive service lines for cardiovascular, neurosciences and oncology.
- ✓ Increased CountyCare member utilization of CCH services.
- ✓ Renewed CountyCare MCO contract with the State.
- ✓ Increased the State auto-assignment percentage for CountyCare members due to achieving the highest quality levels.
- ✓ Invested in imaging, dialysis, and other modernization at Provident.

Foster Fiscal Stewardship

- ✓ CountyCare reduced claims payment timing from 120 days to under 45 days.
- ✓ Cook County increased the tax allocation to cover annual costs at correctional and public health.
- ✓ Implemented revenue cycle improvements, hired a Chief Revenue Officer and developed a revenue cycle turnaround plan.
- ✓ Established a CountyCare reserve.

Leverage and Invest in Assets

- ✓ Established employee recognition/awards program.
- ✓ Increased patients with Medicaid managed care.

Impact Social Determinants and Advocate for Patients

- ✓ Implemented value-added benefits for CountyCare members.
- ✓ Established an Equity and Inclusion Office.
- ✓ Increased MBE/WBE participation.
- ✓ CountyCare increased BEP participation to meet State goals.
- ✓ CountyCare invested $5M in the Flexible Housing Pool to provide housing to CountyCare members.
- ✓ Community Advisory Councils established at all Cook County Health Centers.

ARTICLE V. COOK COUNTY HEALTH AND HOSPITALS SYSTEM[10]

Sec. 38-70. - Short title.

This article shall be known and may be cited as the "Ordinance Establishing the Cook County Health and Hospitals System." [11]

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-71. - Declaration.

(a) The County Board hereby establishes the Cook County Health and Hospitals System ("CCHHS or System") which shall be an agency of and funded by Cook County. All personnel, facilities, equipment and supplies within the formerly constituted Cook County Bureau of Health Services are now established within the CCHHS. Pursuant to the provisions contained herein, the CCHHS and all personnel, facilities, equipment and supplies within the CCHHS shall be governed by a Board of Directors ("System Board") as provided herein. The System Board shall be accountable to and shall be funded by the County Board and shall obtain County Board approval as required herein. The County Board hereby finds and declares that the CCHHS shall:

(1) Provide integrated health services with dignity and respect, regardless of a patient's ability to pay;

(2) Provide access to quality preventive, acute, and chronic health care for all the People of Cook County, Illinois (the "County");

(3) Provide quality emergency medical services to all the People of the County;

(4) Provide health education for patients, and participate in the education of future generations of health care professionals;

(5) Engage in research which enhances its ability to meet the healthcare needs of the People of the County; and,

(6) Perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil Administrative Code of Illinois, 20 ILCS 5/5-1et seq.; and as further detailed in regulations promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 600.100 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County.

(b) This article recognizes the essential nature of the Mission of the CCHHS as set forth in Section 38-74, and the need for sufficient and sustainable public funding of the CCHHS in order to fulfill its mission of universal access to quality health care.

(c) CCHHS shall cooperate with the Cook County Board of Commissioners and the Office of the Cook County Board President and the President's various Bureau Chiefs on operational matters, uncompensated care policies, determining appropriate benchmarking and reporting (including, but not limited to, revenue and finance enhancements, operational and quality improvements and expenditure authority), strategic plans and the legislative policy agenda for CCHHS to ensure efficiency across County operations.

(d) The System Board can best fulfill its mission by consistently and regularly consulting with the Cook County Board, in its official capacity and as the Board of Public Health and the Office of the President in the development of policies, procedures, and operational decisions. However, no reference herein to CCHHS working with, collaborating with, cooperating with, or otherwise interacting with the County Board or the Office of the President is intended to revoke or diminish the System Board's authority to act independently on the matters under consideration except where otherwise provided in this Article.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-72. - Definitions.

For purposes of this article, the following words or terms shall have the meaning or construction ascribed to them in this section:

Chairperson means the chairperson of the System Board.

Cook County Code means the Code of Ordinances of Cook County, Illinois.

Cook County Health and Hospitals System also referred to as "CCHHS", means the public health system comprised of the facilities at, and the services provided by or through, the Ambulatory and Community Health Network, Correctional Health Services of Cook County, Cook County Department of Public Health, Oak Forest Health Center of Cook County, Provident Hospital of Cook County, Ruth M. Rothstein CORE Center, and John H. Stroger, Jr. Hospital of Cook County, (collectively, the "CCHHS Facilities").

County means the County of Cook, a body politic and corporate of Illinois.

County Board means the Board of Commissioners of Cook County, Illinois.

Director means a member of the System Board.

Fiscal Year means the fiscal year of the County.

Ordinance means the Ordinance Establishing the Cook County Health and Hospitals System, as amended.

President means the President of the Cook County Board of Commissioners.

System Board means the board of directors charged with governing the CCHHS.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-73. - Establishment of the Cook County Health and Hospitals System Board of Directors ("System Board").

(a) The System Board is hereby created and established. The System Board shall consist of 11 members called Directors. The County Board delegates governance of the CCHHS to the System Board. The System Board shall, upon the appointment of its Directors as provided herein, assume responsibility for the governance of the CCHHS. Effective February 27, 2020, the System Board shall consist of 12 members.

(b) Notwithstanding any provision of this article, the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code of Ordinances, and other provisions of the Cook County Code of Ordinances conferring authority and imposing duties and responsibilities upon the Board of Health and the Cook County Department of Public Health, shall remain in full force and effect.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-74. - Mission of the CCHHS.

(a) The System Board shall have the responsibility to carry out and fulfill the mission of the CCHHS by:

(1) Continuing to provide integrated health services with dignity and respect, regardless of a patient's ability to pay and working with the Office of the President to determine and establish uncompensated care policies; and

(2) Continuing to provide access to quality primary, preventive, acute, and chronic health care for all the People of the County;

(3) Continuing to provide high quality emergency medical services to all the People of the County;

(4) Continuing to provide health education for patients, and continuing to participate in the education of future generations of health care professionals;

(5) Continuing to engage in research which enhances the CCHHS' ability to meet the healthcare needs of the People of the County;

(6) Ensuring efficiency in service delivery and sound fiscal management of all aspects of the CCHHS, including the collection of all revenues from governmental and private third-party payers and other sources and working with the Office of the Cook County Board President, and the Cook County Bureau of Finance to ensure sound fiscal management and financial reporting;

(7) Except where otherwise permitted herein, ensuring that all operations of the CCHHS, especially contractual and personnel matters, are conducted free from any political interference and in accordance with the provisions of the CCHHS Employment Plan and Supplemental Policies established in the federal civil litigation filed in the Northern District of Illinois under Case No. 69 C 2145 and titled Shakman, et al. v. Democratic Organization, et al. that may be modified from time to time and all applicable laws; and

(8) Perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil Administrative Code of Illinois, 20 ILCS 5/5-1 et seq.; and as further detailed in regulations promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 600.100 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County; and

[1] Editor's note— Ord. No. 08-O-35, adopted May 20, 2008, set out provisions intended for use as Art. IV, §§ 38-70—38-93. Inasmuch as this article so numbered already exists, to avoid duplication and at the editor's discretion, these provisions have been included as Art. V, §§ 38-70—38-93.

9) Work with the Office of the President to determine and establish, appropriate benchmarking and reporting (including, but not limited to, revenue and finance enhancements, operational and quality improvements and expenditure authority), strategic plans and the legislative policy agenda for CCHHS.

(b) The System Board shall be responsible to the People of the County for the proper use of all funds appropriated to the CCHHS by the County Board.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-75. - Nomination and appointment of directors.

(a) Upon confirming that a vacancy in the office of Director has occurred or will occur, a Nominating Committee of 13 persons including a Chair shall be appointed by the President and convene to prepare a list of nominees consisting of a total of three nominees per vacancy except the President's designated appointment. This list shall be provided within 45 days of the President's request. If the number of nominees accepted by the President is fewer than the number of vacancies, the Nominating Committee will submit replacement nominees until the President has accepted that number of nominees that corresponds to the number of vacancies.

(b) Nominating Committee.

(1) The Nominating Committee shall consist of one representative from the following organizations:

a. Civic Federation of Chicago;

b. Civic Committee of the Commercial Club of Chicago;

c. Chicago Urban League;

d. Healthcare Financial Management Association;

e. [Reserved].

f. Illinois Public Health Association;

g. Illinois Health and Hospital Association;

h. Health and Medicine Policy Research Group;

i. Chicago Department of Public Health;

j. Cook County Physicians Association;

k. Chicago Federation of Labor;

l. Chicago Medical Society;

m. Association of Community Safety Net Hospitals; and

n. Midwest Latino Health Research Center.

(2) All decisions of the Nominating Committee shall be by majority vote of the membership.

(c) The President shall submit the nominees he/she selects to the County Board for approval of appointment. The President shall exercise good faith in transmitting the nomination(s) to the County Board.

(d) Appointment of Directors. The County Board shall approve or reject each of the nominees submitted by the President, as well as the President's direct appointment, within 14 days from the date the President submitted the nominees, or at the next regular meeting of the County Board held subsequent to the 14-day period. Where the County Board rejects the President's selection of any nominee for the office of Director, the President shall within seven days select a replacement nominee from the remaining nominees on the list received from the Nominating Committee. There is no limit on the number of nominees the County Board may reject. The County Board shall exercise good faith in approving the appointment of Directors as soon as reasonably practicable. In the event the nominees initially submitted to the President by the Nominating Committee are exhausted before the County Board approves the number of nominees required to fill all vacancies, the President shall direct the nominating Committee to reconvene and to select and submit an additional three nominees for each Director still to be appointed.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-76. - Members of the System Board.

(a) General. Except for the President's direct appointment, the appointed Directors are not employees of the County and shall receive no compensation for their service, but may be reimbursed for actual and necessary expenses while serving on the System Board. Directors shall have a fiduciary duty to the CCHHS and the County; and Directors shall keep confidential information received in close sessions of Board and Board Committee meetings and information received through otherwise privileged and confidential communications.

(b) Number of Directors. There shall be 11 Directors of the System Board. Effective February 27, 2020, there shall be 12 Directors.

(c) Ex Officio Director. One of the Directors shall be the Chairperson of the Health and Hospitals Committee of the County Board who shall serve as an ex officio member with voting rights. This Director shall serve as a liaison between the County Board and the System Board. The Ex Officio member of the System Board shall not serve as the Chairperson.

(d) President Appointment. Effective February 27, 2020, one of the 12 Directors shall be a direct appointment of the President; said direct appointment may also be an employee of the County. The direct appointment member shall not serve as the Chairperson.

(e) Terms of Directors.

(1) Ex Officio Director. Upon appointment or election of a successor as Chairperson of the Health and Hospitals Committee of the County Board, the successor shall immediately and automatically replace the prior Director as ex officio Director with voting rights.

(2) President's Direct Appointment. Effective February 27, 2020, the President shall be permitted to have one direct appointment on the System Board. The President's direct appointment shall be subject to the advice and consent of the County Board. The President's direct appointment shall have the same rights as any other Director and shall be subject to the same four-year term and background qualifications as the Directors.

(3) The Remaining Directors. The remaining ten Directors of the System Board shall serve terms as follows. For purposes of this section, Initial Directors means the Directors who were appointed to serve on the System Board when it was first established.

a. For the initial Directors,

1. Three of the Initial Directors serving at the time this amendment is enacted, other than the ex officio Directors, shall serve terms that expire June 30, 2012.

2. Three of the Initial Directors serving at the time this amendment is enacted, other than the ex officio Directors, shall serve terms that expire June 30, 2013.

3. Four of the Initial Directors serving at the time this amendment is enacted, other than the ex officio Directors, shall serve terms that expire June 30, 2014.

4. The System Board shall vote upon and submit the list of names of the Directors whose terms shall expire June 30, 2012, the list of names of the Directors whose terms shall expire June 30, 2013, and the list of names of Directors whose terms shall expire June 30, 2014, to the President for approval and subsequent recommendation to the County Board for its approval.

b. Thereafter Directors appointed shall serve four-year terms.

1. Each appointed Director, whether Initial or subsequent, shall hold office until a successor is appointed.

2. Any appointed Director who is appointed to fill a vacancy, other than a vacancy caused by the expiration of the predecessor's term, shall serve until the expiration of his or her predecessor's term.

(f) Vacancy. A vacancy shall occur upon the:

(1) Expiration of Director's Term,

(2) Resignation,

(3) Death,

(4) Conviction of a felony, or

(5) Removal from the office of an appointed Director as set forth in paragraph (g) of this section.

(g) Removal of Directors. Any appointed Director may be removed for incompetence, malfeasance, neglect of duty, or any cause which renders the Director unfit for the position. The President or one-third of the members of the County Board shall provide written notice to that Director of the proposed removal of that Director from office; which notice shall state the specific grounds which constitute cause for removal. The Director, in receipt of such notice, may request to appear before the County Board and present reasons in support of his or her retention. Thereafter, the County Board shall vote upon whether there are sufficient grounds to remove that Director from office. The President shall notify the subject Director of the final action of the County Board. The President may remove and replace his or her direct appointment at any time.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-77. - Qualifications of appointed directors.

(a) The appointed Directors shall include persons with the requisite expertise and experience in areas pertinent to the governance and operation of a large and complex healthcare system. Such areas shall include, but not be limited to, finance, legal and regulatory affairs, healthcare management, employee relations, public administration, clinical medicine, community public health, public health policy, healthcare insurance management, managed care administration, labor affairs, patient experience, civil or minority rights advocacy and community representation.

(b) Criteria to be considered in nominating or appointing individuals to serve as Directors shall include:

(1) Background and skills needed on the Board;

(2) Resident of Cook County, Illinois;

(3) Available and willing to attend a minimum of nine monthly Board meetings per year, and actively participate on at least one Board committee; and

(4) Willingness to acquire the knowledge and skills required to oversee a complex healthcare organization.

The Nominating Committee, the President and the County Board shall take this section into account in undertaking their respective responsibilities in the recommendation, selection and appointment of Directors.

(c) Duties of individual Directors include, but are not necessarily limited to, the following:

(1) Regularly attend Board meetings including a minimum of nine meetings per year;

(2) Actively participate on and attend meetings of committee(s) to which the Director is assigned;

(3) Promptly relate community input to the Board;

(4) Represent the CCHHS in a positive and effective manner;

(5) Learn sufficient details about CCHHS management and patient care services in order to effectively evaluate proposed actions and reports; and

(6) Accept and fulfill reasonable assignments from the Chair of the Board.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-78. - Chairperson/officers of the System Board.

(a) The Directors shall select the initial Chairperson of the System Board from among the initial Directors. The Chairperson shall serve a one-year term and, thereafter, the System Board shall annually elect a chairperson from among the Directors.

(1) The Chairperson shall preside at meetings of the System Board and is entitled to vote on all matters before the System Board.

(2) A Director may be elected to serve successive terms as Chairperson.

(b) The Directors may establish such additional committees and appoint such additional officers for the System Board as they may deem appropriate; however, at a minimum, the Directors shall establish standing finance, human resources, audit and compliance, quality and patient safety, and managed care committees.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-79. - Meetings of the System Board.

(a) The President shall call the first meeting of the System Board. Thereafter, the Directors shall prescribe the times and places for their meetings and the manner in which regular and special meetings may be called.

(b) Meetings shall be held at the call of the Chairperson, however, no less than 12 meetings shall be held annually; standing committee meetings shall be called by the various committee chairs and the frequency of said meetings shall be established by the System Board.

(c) A majority of the voting Directors shall constitute a quorum. Actions of the System Board shall require the affirmative vote of a majority of the voting members of the System Board present and voting at the meeting at which the action is taken.

(d) To the extent feasible, the System Board shall provide for and encourage participation by the public in the development and review of financial and health care policy. The System Board may hold public hearings as it deems appropriate to the performance of any of its responsibilities.

(e) The System Board shall comply in all respects with the Illinois Open Meetings Act as now or hereafter amended, and found at 5 ILCS 120/1, et seq.

(f) The System Board shall be an Agency to which the Local Records Act, as now or hereafter amended, and found at 50 ILCS 205/1, et seq. applies.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-80. - General powers of the System Board.

Subject to the Mission of the CCHHS and consistent with this article, the System Board shall have the following powers and responsibilities:

(a) To appoint the Chief Executive Officer of the CCHHS ("CEO") or interim CEO, if necessary, as set forth in Section 38-81 hereinafter, to hire such employees and to contract with such agents, and professional and business advisers as may from time to time be necessary in the System Board's judgment to accomplish the CCHHS' Mission and the purpose and intent of this article; to recommend the compensation of such CEO, employees, agents, and advisers as appropriated by the County Board; and, to establish the powers and duties of all such agents, employees, and other persons contracting with the System Board; the appointment of the CEO or interim CEO shall be subject to the advice and consent of the Cook County Board of Commissioners;

(b) To exercise oversight of the CEO and require the CEO to meet with the President or his/her designee on a monthly basis to address various operations, including, but not limited to, human resource and labor issues, financial performance, strategic goals, capital planning initiatives, operational initiatives, determine benchmarking, set uncompensated care policies and determine the CCHHS legislative agenda;

(c) To develop measures to evaluate the CEO's performance and to report to the President and the County Board through the Health and Hospitals Committee at six-month intervals regarding the CEO's performance;

(d) To authorize the CEO to enter into contracts, execute all instruments, and do all things necessary or convenient in the exercise of the System Board's powers and responsibilities;

(e) To determine the scope and distribution of clinical services; provided, however, if the System Board determines that it is in the best interest of the CCHHS to close entirely one of the two CCHHS hospitals, such closure will require County Board approval; provided further, however, that if the System Board determines it is in the best interest of the CCHHS to purchase additional hospitals, or to add or reduce healthcare-licensed, risk-bearing entities in CountyCare, the CCHHS shall, 15 calendar days before final approval, provide notice to the President and the Cook County Board of Commissioners, informing such persons as to the basic nature of any such transaction and shall offer to meet with such persons to brief them in more detail on specifics relating to such a transaction;

(f) To provide for the organization and management of the CCHHS, including, but not limited to, the System Board's rights and powers to review all personnel policies, consistent with existing state laws, collective bargaining agreements, and court orders; however, collective bargaining agreements shall be negotiated by the Cook County Bureau of Human Resources with input from the System Board and the CEO, regarding management rights;

(g) To submit budgets for the CCHHS operations and capital planning and development, which promote sound financial management and assure the continued operation of the CCHHS, subject to approval by the County Board and provide the budget recommendation to the Cook County Chief Financial Officer and Budget Director at a minimum two weeks in advance of the presentation the System Board;

(h) To accept any gifts, grants, property, or any other aid in any form from the federal government, the state, any state agency, or any other source, or any combination thereof, and to comply with the terms and conditions thereof;

(i) To purchase, lease, trade, exchange, or otherwise acquire, maintain, hold, improve, repair, sell, and dispose of personal property, whether tangible or intangible, and any interest therein;

(j) In the name of the County, to purchase, lease, trade, exchange, or otherwise acquire, real property or any interest therein, and to maintain, hold, improve, repair, mortgage, lease, and otherwise transfer such real property, so long as such transactions do not interfere with the Mission of the CCHHS; provided, however, that transactions involving real property valued at $150,000.00 or greater shall require express approval from the County Board any such transactions valued under $150,000.00 but greater than $5,000.00 shall be reported to the Bureau of Asset Management on a quarterly basis;

(k) To acquire space, equipment, supplies, and services, including, but not limited to, services of consultants for rendering professional and technical assistance and advice on matters within the System Board's powers;

(l) To make rules and regulations governing the use of property and facilities within the CCHHS, subject to agreements with or for the benefit of holders of the County Board's obligations; said rules and regulations shall be shared with the Bureau of Asset Management for advice and feedback prior to implementation and the final rules and regulations governing such use shall be filed with the Bureau of Asset Management upon approval by CCHHS;

(m) To adopt, and from time to time amend or repeal by laws and rules and regulations consistent with the provisions | of this article;

(n) To encourage the formation of a not-for-profit corporation to raise funds to assist in carrying out the Mission of the CCHHS;

(o) To engage in joint ventures, or to participate in alliances, purchasing consortia, or other cooperative arrangements, with any public or private entity, consistent with state law;

(p) To have and exercise all rights and powers necessary, convenient, incidental to, or implied from the specific powers granted in this article, which specific powers shall not be considered as a limitation upon any power necessary or appropriate to carry out the CCHHS' Mission and the purposes and intent of this article;

(q) To perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil Administrative Code of Illinois, 20 ILCS 5/5-1 et seq.; and as further detailed in regulations promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 600.100 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County;

(r) To be the governing body of the licensed hospitals or other licensed entities within the CCHHS; and

(s) The delegation of authority to the System Board from the Cook County Board of Commissioners shall not be considered a grant of home rule authority.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-81. - Chief executive officer.

(a) Subject to the advice and consent of the Cook County Board of Commissioners, the System Board shall appoint a Chief Executive Officer of the CCHHS ("CEO") or an interim CEO as necessary.

(b) The System Board shall conduct a nationwide search for a CEO which shall be concluded with a goal of no later than 180 days from the date of the County Board's approval of the appointment of the initial System Board or from the date the position of CEO becomes vacant. The System Board shall provide the County Board with a copy of the job description for the CEO in advance of recruitment as well as the performance measures used by the System Board to evaluate the CEO's performance. The recommended salary, termination, term, severance and any contract bonus provisions negotiated by the System Board for the CEO shall be subject to the review and approval of the County Board. If the appointment is not approved, a new search shall be conducted by the System Board. If the compensation package is not approved by the County Board, the System Board must renegotiate the compensation package and if unsuccessful, a new search shall be conducted by the System Board.

(c) The CEO shall have the responsibility for:

(1) Full operational and managerial authority of the CCHHS, consistent with existing federal and state laws, court orders and the provisions of this article; however the CEO shall work with the Office of the President and his or her designees to collaborate on various operational initiatives that impact County policies and appropriations, including, but not limited to, human resource and labor issues, financial matters, operational initiatives, address capital needs, determine benchmarking, set uncompensated care policies and determine the CCHHS legislative agenda.

(2) Preparing and submitting to the System Board the Budgets and Strategic and Financial Plans required by this article;

(3) Operating and managing the CCHHS consistent with the Budgets and Financial Plans approved by the County Board;

(4) Overseeing expenditures of the CCHHS;

(5) Subject to Subsection 38-74(a)(7) of this article, hiring and discipline of personnel in conformity with the provisions of this article, all state laws, court orders, and collective bargaining agreements;

(6) Participating in negotiations with the Cook County Bureau of Human Resources regarding management rights and providing input to the Cook County Bureau of Human Resources in negotiation of management rights for CCHHS in various collective bargaining agreements as set forth in Section 38-84(c); and

(7) Carrying out any responsibility which the System Board may delegate; however, said delegation shall not relieve the System Board of its responsibilities as set forth in this article.

(d) The CEO shall report to the System Board and shall also meet monthly with the Cook County Board President and his/her designees regarding CCHHS operations and shall collaborate with the Office of the President and his/her Bureau Chiefs on various operational initiatives that impact County policy and appropriations, including, but not limited to, human resource and labor issues, financial matters, operational issues, informational technology issues, address capital needs, determine benchmarking, set uncompensated care policies and determine the CCHHS legislative.

(e) The CEO shall provide, through the System Board, quarterly reports to the President and County Board concerning the status of operations and finances of the CCHHS and issue other reports as may be required by the County Board or the President.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-82. - Strategic and financial plans.

(a) As soon as practicable following the establishment of the System Board, the President shall provide to the System Board copies of the audited financial statements and of the books and records of account of the Bureau of Health Services for the preceding five Fiscal Years of the County.

(b) The System Board shall recommend and submit to the President and the County Board Strategic and Financial Plans as required by this section.

(c) Each Strategic and Financial Plan for each Fiscal Year, or part thereof to which it relates, shall contain:

(1) A description of revenues and expenditures, provision for debt service, cash resources and uses, and capital improvements, each in such manner and detail as the County's Budget Director shall prescribe;

(2) A description of the strategy by which the anticipated revenues and expenses for the Fiscal Years covered by the Strategic and Financial Plan will be brought into balance;

(3) Such other matters that the County Board or the President, in its discretion, requires; provided, however, that the System Board shall be provided with a description of such matters in sufficient time for incorporation into the Strategic and Financial Plan.

(d) Strategic and Financial Plans shall not have force or effect without the approval of the County Board and shall be recommended, approved and monitored in accordance with the following:

(1) The System Board shall recommend and submit to the President and the County Board, on or before 180 days subsequent to the date of the appointment of the initial Directors or as soon as practicable thereafter, an initial Strategic and Financial Plan with respect to the remaining portion of the Fiscal Year ending in 2008 and for Fiscal Years 2009 and 2010. The Board shall approve, reject or amend this initial Strategic and Financial Plan within 45 days of its receipt from the System Board.

(2) The System Board shall develop a Strategic and Financial Plan covering a period of three Fiscal Years and a representative of the County Board President and the Cook County Chief Financial Officer or his/her designee shall assist the System Board in developing the Strategic and Financial Plan.

(3) The System Board shall include in each Strategic and Financial Plan estimates of revenues during the period for which the Strategic and Financial Plan applies. In the event the System Board fails, for any reason, to include estimates of revenues and expenditures as required, the County Board may prepare such estimates. In such event, the Strategic and Financial Plan submitted by the System Board shall be based upon the revenue estimates approved by the County Board.

(4) The County Board shall approve each Strategic and Financial Plan if, in its judgment, the Strategic and Financial Plan is complete, is reasonably capable of being achieved, and meets the requirements set forth in this section. After the System Board submits a Strategic and Financial Plan to the President and the County Board, the County Board shall approve or reject such Strategic and Financial Plan within 45 days or such Strategic and Financial Plan is deemed approved.

(5) The System Board shall report to the President and the County Board, at such times and in such manner as the County Board may direct, concerning the System Board's compliance with the Strategic and Financial Plan. The President and the County Board may review the System Board's operations, obtain budgetary data and financial statements, require the System Board to produce reports, and have access to any other information in the possession of the System Board that the President and the County Board deem relevant. The County Board may issue recommendations or directives within its powers to the System Board to assure compliance with the Strategic and Financial Plan. The System Board shall produce such budgetary data, financial statements, reports and other information and comply with such directives.

(6) For each Strategic and Financial Plan applicable to a Fiscal Year subsequent to the current Fiscal Year, the System Board shall regularly reexamine the revenue and expenditure estimates on which it was based and revise them as necessary. The System Board shall promptly notify the President and the County Board of any material change in the revenue or expenditure estimates in that Strategic and Financial Plan. The System Board may submit to the President and the County Board, or the County Board may require the System Board to submit, modified Strategic and Financial Plans based upon revised revenue or expenditure estimates or for any other good reason. The County Board shall approve or reject each modified Strategic and Financial Plan pursuant to paragraph (d)(4) of this section.

(Ord. No. 08-O-35, 5-20-2008.)

Sec. 38-83. - Preliminary CCHHS budget and annual appropriation ordinance.

(a) The System Board shall not make expenditures unless such expenditures are consistent with the County's Annual Appropriation Bill ("Annual Appropriation Ordinance") as provided in 55 ILCS 5/6-24001 et seq.

(b) The System Board may, if necessary, recommend and submit to the President and the County Board, for approval by the County Board, a request for intra-fund transfers within the Public Health Fund to accommodate any proposed revisions by the System Board to the line items set forth for the Bureau of Health Services in the existing Fiscal Year 2008 Annual Appropriation Ordinance.

(c) For Fiscal Year 2009 and each Fiscal Year thereafter, the System Board shall recommend and submit a balanced Preliminary Budget for the CCHHS to the President and the County Board, for approval by the County Board, not later than 45 days prior to the first date for submission of budget requests set by the County's Budget Director.

(d) Each Preliminary Budget shall be recommended and submitted in accordance with the following procedures:

(1) Each Preliminary Budget submitted by the System Board shall be based upon revenue estimates contained in the approved Strategic and Financial Plan applicable to that budget year.

(2) Each Preliminary Budget shall contain such information and detail as may be prescribed by the County's Budget Director. Any applicable fund deficit for the Fiscal Year ending in 2008 and for any Fiscal Year thereafter shall be included as an expense item in the succeeding Fiscal Year's Budget.

(3) Each Preliminary Budget submitted by the System Board shall be balanced with expenditures matching the revenue estimates for the fiscal year. Such revenue estimates may include requested appropriations from the County Board which will be subject to County Board approval.

(e) The County Board shall approve each Preliminary Budget if, in its judgment, the Budget is complete, is reasonably capable of being achieved, and will be consistent with the Strategic and Financial Plan in effect for that Fiscal Year. The Board shall approve or reject each Preliminary Budget within 45 days of submission to the County Board or such Preliminary Budget is deemed approved. Such Preliminary Budget shall be included in the President's Executive Budget Recommendation.

(f) The CCHHS's Annual Appropriation shall be monitored as follows:

(1) The County Board may establish and enforce such monitoring and control measures as the County Board deems necessary to assure that the revenues, commitments, obligations, expenditures, and cash disbursements of the System Board continue to conform on an ongoing basis with the Annual Appropriation Ordinance. If, in the discretion of the County Board, and notwithstanding the approved Annual Appropriation Ordinance, the County Board imposes an expenditure limitation on the System Board, the System Board shall not have the authority, directly or by delegation, to enter into any commitment, contract, or other obligation that would result in the expenditure limitation being exceeded. Any such commitment, contract or other obligation entered into by the System Board in derogation of this section shall be voidable by the County Board. An expenditure limitation established by the County Board shall remain in effect for that Fiscal Year or unless revoked earlier by the County Board.

(2) The System Board shall report to the President and the County Board at such times and in such manner as the County Board may direct, concerning the System Board's compliance with each Annual Appropriation Ordinance. The President and the County Board may review the System Board's operations, obtain budgetary data and financial statements, require the System Board to produce reports, and have access to any other information in the possession of the System Board which the President and the County Board deem relevant. The County Board may issue recommendations or directives within its powers to the System Board to assure compliance with the Annual Appropriation Ordinance. The System Board shall produce such financial data, financial statements, reports and other information and comply with such directives.

(3) After approval of each Annual Appropriation Ordinance, the System Board shall promptly notify the President and the County Board of any material change in the revenues or expenditures set forth in the Annual Appropriation Ordinance. In Fiscal Year 2009 and thereafter, the System Board has the authority to make intra-fund transfers within the Public Health Fund, if necessary, to accommodate any proposed revisions by the System Board to the line items set forth in the Annual Appropriation Ordinance. Such transfers shall be reported by the CEO in the quarterly reports required in Subsection 38-81(e) of this article.

(4) The County Comptroller is hereby authorized to process invoices and make payments against line items set forth in the Annual Appropriation Ordinance at the direction of the System Board or, if authorized by the System Board, at the direction of the CEO. The System Board shall provide the Comptroller with all documentation necessary for the Comptroller to perform this accounts payable function and to perform the budget control function. The Comptroller shall also issue payroll checks for employees within the CCHHS.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-84. - Human resources.

(a) The System Board and the CCHHS Human Resources Department shall collaborate monthly with the Cook County Bureau of Human Resources to ensure efficiency and uniformity to the extent practicable in human resource functions and policies. Except as otherwise limited herein, the System Board shall have authority over the following human resource functions with regard to employees, including physicians and dentists, within the CCHHS: position classification, compensation, recruitment, selection, hiring, discipline, termination, affirmative action, performance management, probationary periods, training, promotion and maintenance of records. The System Board shall adopt written rules, regulations and procedures with regard to these functions subject to the approval of the Chief of the Bureau of Human Resources for Cook County. The System Board or the System Board's designee shall collaborate with the Cook County Bureau of Human Resources to ensure position classification and compensation are in accordance with the annual appropriation. The recommended salary, termination, term, severance and any contract bonus provisions or compensation policies negotiated by the System Board for the CEO or other Direct Appointments of the System Board or CEO shall be subject to the review and approval of the County Board. The System Board may exercise the authority granted in this section, in whole or in part, pursuant to its discretion and consistent with existing collective bargaining agreements and obligations.

(b) Employees within the CCHHS are employees of the County, and except where otherwise permitted herein, shall be free from any political interference in accordance with the CCHHS Employment Plan and Supplemental Policies established in the federal civil litigation filed in the Northern District of Illinois under Case No. 69 C 2145 and titled "Shakman, et al. v. Democratic Organization, et al." which may be amended from time to time.

(c) Collective bargaining agreements shall be negotiated by the Cook County Bureau of Human Resources with input from the System Board and the CEO subject to the President's direction. The CEO or designee shall cooperate with the County in negotiating collective bargaining agreements covering CCHHS employees and CCHHS may participate in negotiations with the Cook County Bureau of Human Resources in regard to negotiating management rights and work rules. All such collective bargaining agreements must be approved by the System Board and the County Board.

(d) With respect to CCHHS bargaining unit employees, the Chief of the Bureau of Human Resources for Cook County shall be granted the authority to settle contract or disciplinary employment-related grievances, arbitrations and mediations without approval of the System Board at the same settlement authority level as the Cook County State's Attorney's Office has in litigation matters. At the level where a collective bargaining agreement provides for grievances to be presented to Human Resources, the Chief of the Bureau of Human Resources for Cook County shall have sole authority to respond to and adjust said grievance. When exercising this authority, the Chief of the Bureau of Human Resources or designee, will at a minimum discuss the implications of the decisions with CCHHS Human Resources. CCHHS shall implement any resolutions or settlements reached by the Chief of the Bureau of Human Resources for Cook County regarding a CCHHS employee within 30 days of receipt of the resolution and/or settlement. Any extensions of time to implement a resolution or settlement must be approved by the Chief of the Bureau of Human Resources for Cook County. The Chief of the Bureau of Human Resources for Cook County shall have the authority to implement any resolutions or settlements where CCHHS has failed to implement within 30 days.

(e) With respect to CCHHS employees, the Chief of the Bureau of Human Resources for Cook County has been granted the authority over all labor relations matters regarding the unionized employees of CCHHS. Labor Relations matters include, but are not limited to, collective bargaining (successor agreements), impact bargaining (bargaining with union representatives regarding policy and work rule changes and terms and conditions of employment), and mid-term bargaining; interpretation of collective bargaining agreements; and implementation of collective bargaining agreements. CCHHS shall not enter into agreements with unions, verbal or written that amend or modify the terms of existing collective bargaining agreements and/or practices without consulting the Bureau of Human Resources Labor Relations Division. CCHHS shall comply with all lawful directives from the Director of Labor and/or the Bureau Chief of Human Resources for Cook County concerning labor matters and/or compliance with the collective bargaining agreements within an established timeframe. If there is an opposing view on the interpretation of the collective bargaining agreements and/or any policy or rule governing a unionized employee, the interpretation of the Bureau of Human Resources Labor Relations Division will govern.

(f) Where the Director of Labor and/or Chief of the Bureau of Human Resources for Cook County determines that training is needed concerning a collective bargaining agreement or other labor relations matter, CCHHS shall schedule the training within the timeframe directed by the Chief of the Bureau of Human Resources and cooperate with the Bureau of Human Resources in scheduling and ensuring that appropriate staff are trained within the established timeframe and with consideration of clinical and operational schedules. The training programs implemented by the Bureau of Human Resources will be reviewed with CCHHS Human Resources Department prior to implementing said training.

(g) The System Board or the CEO shall not hire or appoint any person in any position in the CCHHS unless it is consistent with the Annual Appropriation Ordinance in effect at the time of hire or appointment. The System Board shall have the authority to recommend the appropriate compensation for employees hired to work within CCHHS subject to the approval of the Chief of the Bureau of Human Resources for Cook County and the Director of the Department of Budget and Management Services and consistent with any applicable collective bargaining agreements.

(h) Nothing herein shall diminish the rights of Cook County employees who are covered by a collective bargaining agreement and who, pursuant to this article, are placed under the jurisdiction of the System Board, nor diminish the historical representation rights of said employees' exclusive bargaining representatives, nor shall anything herein change the designation of "Employer" pursuant to the Illinois Public Labor Relations Act. This ordinance is subject to all existing collective bargaining agreements between Cook County and exclusive bargaining representatives, which cover employees under the jurisdiction of the System Board.

(i) CCHHS shall implement any decisions of the Employee Appeals Board within 30 days after receipt of the decision from the Chief of the Bureau of Human Resources for Cook County unless a decision to appeal has been approved by the Chief of the Bureau of Human Resources. Any extension of time to implement a decision of the Employee Appeals Board must be approved by the Chief of the Bureau of Human Resources for Cook County. CCHHS shall have no right to appeal any decision of the Employee Appeals Board without the approval of the Chief of the Bureau of Human Resources. The Chief of the Bureau of Human Resources for Cook County shall have the authority to implement any decision of the Employee Appeals Board where CCHHS has failed to implement the decision within 30 days without an approved extension or approved appeal by the Chief of the Bureau of Human Resources.

(j) Any person who willfully takes any official action without authority as provided in this section including, but not limited to: collective bargaining, failing to implement grievance resolutions and settlements, failing to implement directives of the Bureau Chief of Human Resources of Cook County as to labor matters and failing to implement decisions of the Employee Appeals Board may be subject to discipline up to and including termination of employment. The Chief of the Bureau of Human Resources for Cook County shall have the authority to investigate violations of this section. If the Bureau Chief of Human Resources of Cook County recommends discipline of any employee pursuant to this section, the CCHHS shall within 30 days implement the recommendation and conduct a pre-disciplinary hearing where applicable or provide a written explanation to the Chief of the Bureau of Human Resources for Cook County explaining why the discipline was reduced or not initiated.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-85. - Procurement and contracts.

(a) The System Board shall have authority over all procurement and contracts for the CCHHS. The System Board shall adopt written rules, regulations and procedures with regard to these functions, which must be consistent with the provisions set forth in the Cook County Code on Procurement and Contracts; provided, however, that approval of the County Board or County Purchasing Agent required under the Cook County Code on Procurement and Contracts is not required for procurement and contracts within the CCHHS. The System Board shall act in place of the County Board in any contract, bylaws or agreement with the County which requires the approval or other action of the County Board unless expressly prohibited otherwise in this article or unless the contract expressly provides that the System Board shall not have such authority. Until such time as the System Board adopts its own rules, regulations or procedures with regard to Procurement and Contracts, the existing provisions of the Cook County Code pertaining to Procurement and Contracts shall apply. The System Board may exercise the authority granted in this section, in whole or in part, pursuant to its discretion.

(b) No contract or other obligation shall be entered into by the System Board unless it is consistent with the Annual Appropriation Ordinance in effect.

(c) Any multiyear contracts entered into by the System Board must contain a provision stating that the contract is subject to County Board approval of appropriations for the purpose of the subject contract; and that in the event funds are not appropriated by the County Board, the contract shall be cancelled without penalty to, or further payment being required by, the System Board or the County. The System Board shall give the vendor notice of failure of funding as soon as practicable after the System Board becomes aware of the failure of funding. Multiyear contracts shall also contain provisions that the System Board's or County's obligation to perform shall cease immediately upon receipt of notice to the vendor of lack of appropriated funds; and that the System Board's or County's obligation under the contract shall also be subject to immediate termination or cancellation at any time when there are not sufficient authorized funds lawfully available to the System Board to meet such obligation.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-86. - Disclosure of interests required.

(a) Any Director, officer, agent, or professional or business adviser of the System Board, or the CEO who has direct or indirect interest in any contract or transaction with the CCHHS, shall disclose this interest in writing to the System Board which shall, in turn, notify the President and the County Board of such interest.

(b) This interest shall be set forth in the minutes of the System Board and the Director, agent, or professional or business advisor or CEO having such interest shall not participate on behalf of the CCHHS in any way with regard to such contract or transaction unless the System Board or County Board waives the conflict.

(c) The Cook County Board of Ethics shall have jurisdiction over the investigation and enforcement of this section and over the sanctions for violations as set forth in Sections 2-601 and 2-602 of the Cook County Code of Ethical Conduct.

(d) Employees of CCHHS shall be bound by the Cook County Code of Ethical Conduct set forth in the Cook County Code, Chapter 2. Article VII, Ethics.

(Ord. No. 08-O-35, 5-20-2008.)

Sec. 38-87. - Annual report of the System Board.

(a) The System Board shall submit to the President and the County Board, within six months after the end of each Fiscal Year, a report which shall set forth a complete and detailed operating and financial statement of the CCHHS during such Fiscal Year.

(b) Included in the report shall be any recommendations for additional legislation or other action which may be necessary to carry out the mission, purpose and intent of the System Board.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-88. - Managerial and financial oversight.

(a) The County Board may conduct financial and managerial audits of the System Board and the CCHHS.

(1) The County Board may examine the business records and audit the accounts of the System Board or CCHHS or require that the System Board examine such business records and audit such accounts at such time and in such manner as the County Board may prescribe. The System Board shall appoint a certified public accountant annually, approved by the County Board, to audit the CCHHS' financial statements.

(2) The County Board may initiate and direct financial and managerial assessments and similar analyses of the operations of the System Board and CCHHS, as may be necessary in the judgment of the County Board, to assure sound and efficient financial management of the System Board and the CCHHS.

(3) The County Board shall initiate and direct a management audit of the CCHHS as deemed advisable and approved by the County Board. The audit shall review the personnel, organization, contracts, leases, and physical properties of the CCHHS to determine whether the System Board is managing and utilizing its resources in an economical and efficient manner. The audit shall determine the causes of any inefficiencies or uneconomical practices, including inadequacies in internal and administrative procedures, organizational structure, types of positions, uses of resources, utilization of real property, allocation of personnel, allocation of salary, purchasing policies and equipment.

(4) The County Board may direct the System Board to reorganize the financial accounts and management and budgetary systems of the System Board or CCHHS in a manner that the County Board deems appropriate to achieve greater financial responsibility and to reduce financial inefficiency. Any such reorganization shall be in keeping with best practices adopted by the Professional Financial Accounting Standards Board.

(4) The County Board may direct the System Board to reorganize the financial accounts and management and budgetary systems of the System Board or CCHHS in a manner that the County Board deems appropriate to achieve greater financial responsibility and to reduce financial inefficiency. Any such reorganization shall be in keeping with best practices adopted by the Professional Financial Accounting Standards Board.

(5) The County Board may consult directly with CCHHS management or the System Board to recommend management related changes based upon the recommendations of any management audit initiated by the County Board. If the System Board or CCHHS does not accept the recommended changes, then a public hearing of the County Board shall be held at which the Chairperson of the System Board and the CEO of the CCHHS must explain why the changes were not accepted.

(b) The System Board and the CCHHS shall be subject to audit in the manner now or hereafter provided by statute or ordinance for the audit of County funds and accounts. A copy of the audit report shall be submitted to the President, the Chairperson of the Finance Committee of the County Board, the Chairperson of the Health and Hospitals Committee, and the Director of the County Office of the Auditor.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-89. - Indemnification.

(a) The County shall defend and indemnify patient care personnel and public health practitioners, including, but not limited to, physicians, dentists, podiatrists, fellows, residents, medical students, nurses, certified nurse assistants, nurses' aides, physicians' assistants, therapists and technicians (collectively "practitioners") acting pursuant to employment, volunteer activity or contract, if provided for therein, with the County with respect to all negligence or malpractice actions, claims or judgments arising out of patient care or public health activities performed on behalf of the CCHHS. The County shall also defend and indemnify such practitioners against liability arising out of the preparation or submission of a bill seeking payment for services provided by such practitioners for the CCHHS, to the extent such liability arises out of the negligent or intentional acts or omissions of a person or persons, other than the practitioner, acting on behalf of the CCHHS. The County shall also defend and indemnify the members of the Nominating Committee and the System Board with respect to all claims or judgments arising out of their activities as members thereof which defense and indemnification shall be subject to the same provisions which apply to the defense and indemnification of practitioners as set forth below. County shall also defend and indemnify the members of the Nominating Committee and the System Board with respect to all claims or judgments arising out of their activities as members thereof which defense and indemnification shall be subject to the same provisions which apply to the defense and indemnification of practitioners as set forth below.

(b) The County shall not be obligated to indemnify a practitioner for:

(1) Punitive damages or liability arising out of conduct which is not connected with the rendering of professional services or is based on the practitioner's willful or wanton conduct.

(2) Professional conduct for which a license is required but the practitioner does not hold a license.

(3) Conduct which is outside of the scope of the practitioner's professional duties.

(4) Conduct for which the practitioner does not have clinical privileges, unless rendering emergency care while acting on behalf of the CCHHS.

(5) Any settlement or judgment in which the County did not participate.

(6) The defense of any criminal or disciplinary proceeding.

(c) To be eligible for defense and indemnification, the practitioner shall be obligated to:

(1) Notify, within five days of receipt, the Cook County Department of Risk Management and the Civil Actions Bureau of the Cook County State's Attorney's Office of any claim made against the practitioner and deliver all written demands, complaints and other legal papers, received by the practitioner with respect to such claim to the Department of Risk Management.

(2) Cooperate with the State's Attorney's Office in the investigation and defense of any claim against the County or any practitioner, including, but not limited to, preparing for and attending depositions, hearings and trials and otherwise assisting in securing and giving evidence.

(3) Promptly notify the Cook County Department of Risk Management and the Civil Actions Bureau of the Cook County State's Attorney's Office of any change in the practitioner's address or telephone number.

(d) All actions shall be defended [by] the Cook County State's Attorney. Decisions to settle indemnified claims shall be made by the County or the State's Attorney's Office, as delegated by the County, and shall not require the consent of the indemnified practitioner. If a practitioner declines representation by the State's Attorney's Office, the County shall have no obligation to defend or indemnify the practitioner.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-90. - Applicability of the Cook County Code.

Except as otherwise provided herein, provisions of the Cook County Code shall apply to the System Board and the CCHHS and their Directors, officers, employees and agents. To the extent there is a conflict between the provisions of this article and any other provision in the Cook County Code, the provisions in this article shall control.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-91. - Transition.

(a) The County Board recognizes that there will be a necessary transition period between the adoption of this article and the point at which the System Board is capable of assuming all of its powers and responsibilities as set forth in this article. The Office of the President shall cooperate with the System Board during this transition to enable the System Board to assume fully its authority and responsibilities in as timely a manner as practicable. Such cooperation shall include accommodating requests from the System Board to provide adequate staffing at the CCHHS through the transfer or reassignment of personnel to the CCHHS, including, but not limited to, personnel to perform human resource and procurement/contracting functions.

(b) In order to avoid unnecessary duplication of services, the System Board, on behalf of the CCHHS, may, at its discretion, continue to utilize various ancillary services provided through the Office of the President, including, but not limited to, those services provided by the Office of Capital Planning and Policy, the Bureau of Information Technology, the Department of Risk Management, the Department of Facilities Management, the Department of Real Estate Management, the Office of the Comptroller, and the Office of the County Auditor.

(c) Any contracts entered into by the County on behalf of the Bureau of Health prior to the adoption of this article shall remain in effect; provided, however, that the System Board shall act in place of the County Board in any contract, bylaws or agreement with the County which requires the approval or other action of the County Board unless expressly prohibited otherwise in this article.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-92. - Severability.

Any provision of this article declared to be unconstitutional or otherwise invalid shall not impair the remaining provisions of this article.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-93. - Making CCHHS permanent.

The Cook County Health and Hospitals System and this article shall continue, unless the Cook County Board of Commissioners acts to revoke its powers and responsibilities.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-94. - Quarterly reporting.

(a) The Health and Hospitals System shall report to the Board of Commissioners quarterly on the cost that the office incurs due to processing medical cases involving firearms.

(Ord. No. 20-1118, 2-27-2020.)

Secs. 34-95—34-108. - Reserved.

Three Year Financial Forecast

The three-year financial forecast is being developed in concert with the FY2023 budget which will be presented to the CCH board.

COOK COUNTY HEALTH
BOARD OF DIRECTORS

Lyndon Taylor, Chair
Honorable Dr. Dennis Deer, LCPC, CCFC, Vice Chair
Robert Currie
Raul Garza
Ada Mary Gugenheim
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Karen E. Kim, MD, MS
Mike Koetting
David Ernesto Munar
Heather M. Prendergast, MD, MS, MPH
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Otis L. Story, Sr.

Israel Rocha, Jr., Chief Executive Officer

COOK COUNTY HEALTH

ATTACHMENT #6

Divisional Reports

Strategic Highlights & Opportunities

For CCH Operating Divisions for April

2022

May 27, 2022

COOK COUNTY HEALTH

Ambulatory Care

Strategic Highlights
April 2022

COVID

- We marked our 1 millionth vaccine dose at the North Riverside Health Center.
- We completed eighteen pop-up events, vaccinating 303 people in community-based clinics.
- In April, our COVID vaccine clinics including mobile unit administered a total of 4,453 vaccines: 195 first doses, 276 second doses, 1,144 Booster 1, 2,838 booster 2.

Financial Highlights or Challenges

Primary Care

- In April 2022, we are behind budget for the month by 2,595 visits totaling 72007 visits in FY2022, which is behind budget for the year by 13,753 visits.

Specialty Care

- In April 2022, we are above budget for the month by 671 visits totaling 30,799 visits in FY2022, which is behind budget for the year by 9,287 visits.

Operating Highlights and Challenges

Primary Care

- We finalized details to provide hot meals to address food insecurity for families at our Robbins Health Center. Between June 6 and September 2, meals will be offered on Monday, Tuesday, and Thursday.
- For Diabetes a1c > 9 data: as an organization we are already in the top ten percent decile compared to other organizations. We are targeting control at the top five percent level if we hit the twenty-four percent level.

Specialty Care

- Our volumes continue to trend in the right direction as we focus on scrubbing schedules to reflect our true volume and productivity benchmarks.
- We are opening TB clinic at our Arlington Heights Health Center.

Strategic Highlights
April 2022

Women and Children's Clinics

- In April, we completed a walk through at Arlington Heights and submitted documentation for site approval through IDPH. We attended the Community Advisory Council meetings for Provident/Sengstacke and Cottage Grove to highlight Family Planning services and continued our community outreach efforts and attended the Sisters Working It Out First Annual Breast Cancer awareness 5k walk, where we provided health education and clinic resources.

Healthy Families

- After closing Q3, the Healthy Families Initiative has 18 families enrolled and conducted 66 virtual visits with families on various early childhood development topics.

Patient Support Services

Our Patient Support Center (PSC) answered 37,300 patient calls in April with an average answer time under sixty seconds.

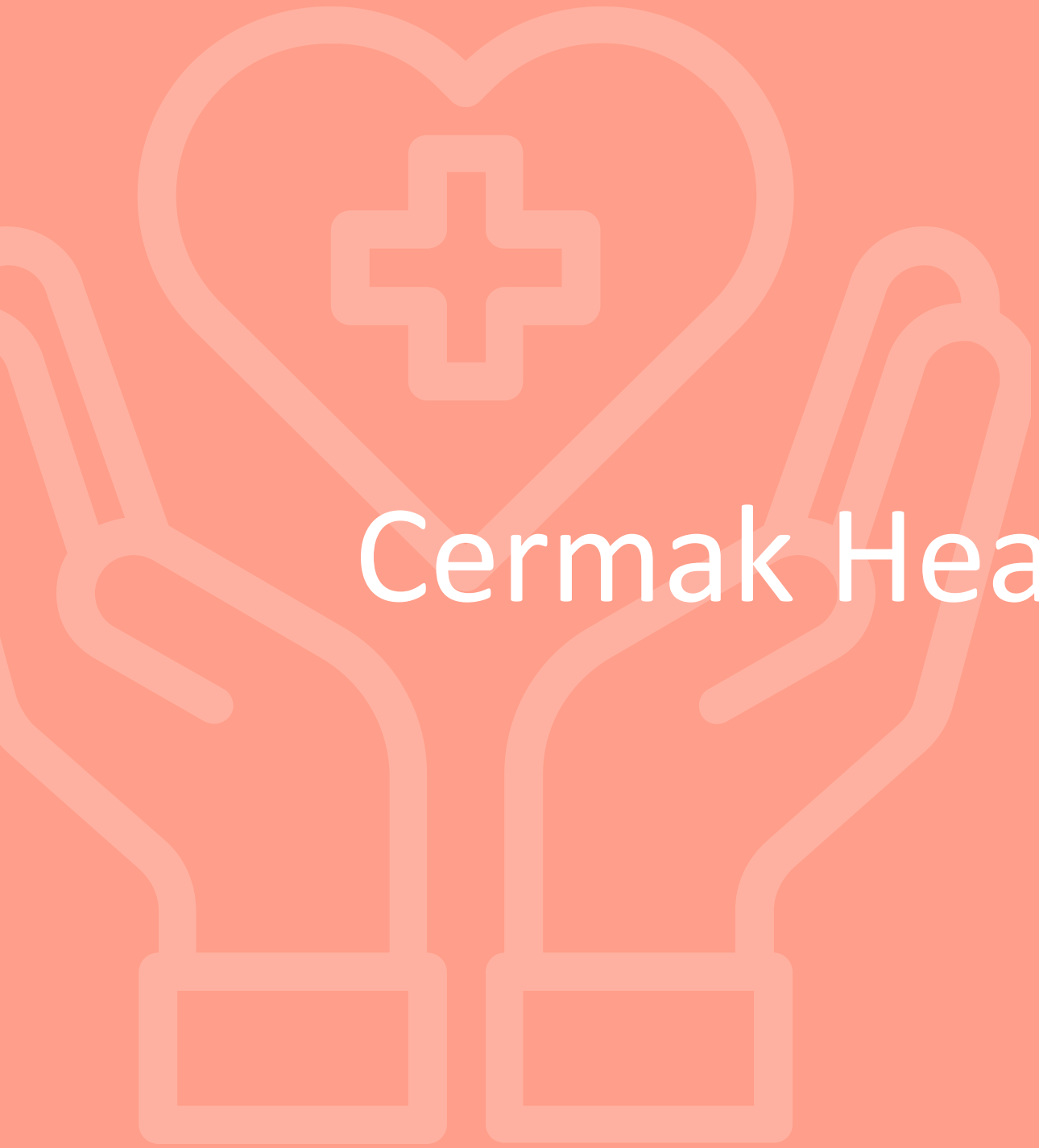
- Our merged COVID-19 testing, and vaccination call center answered 3,000 calls in April, which continues a trend of decreasing volume across the last three months.
- We converted 1,150 lightly used "walk-in" primary care appointment slots for new and follow up patients in primary care with 89% utilization.
- Efforts supporting Radiology MRI resulted in a nearly seven percent increase in the number of patients scheduled and nearly four percent increase in patients seen. comparing April to March. May will be the first full month making MRI reminder calls for the PSC.

Infectious Disease and HIV/AIDS Care

- At CORE, we opened a new clinic—COVID Long Term Clinic to serve patients who were previously treated for COVID but continue to experience on-going symptoms or issues related to COVID.
- Our Cook County HIV Integrated Program/CCHIP expanded Hepatitis/FibroScan services to Provident; hosted a Pre-Exposure Prophylaxis (PrEP) Provider Champion training for staff at Englewood Health Center and participated in several community outreach events across the Chicago area and the South Suburbs to raise program awareness.

Community Vaccination Program

- We completed eighteen pop-up events, vaccinating 303 people in community-based clinics.
- In April, our COVID vaccine clinics including mobile unit administered a total of 4,453 vaccines: 195 first doses, 276 second doses, 1,144 Booster #1, 2,838 booster #2.



Cermak Health Services

Strategic Highlights of Challenges
April 2022

- Ongoing Patient Vaccination. From February 2021 through April 2022, 15871 COVID Vaccination doses have been dispensed.
- Current vaccination rates of active patients housed in the jail are 62.3% have received at least one dose and 55.4% have received two doses.

Operating Highlights and Challenges
April 2022

- Jail census has decreased due to IDOC accepting patients. Currently housing 183 detainees remanded to the custody of IDOC.

Cook County Department of Public Health

Strategic Highlights
April 2022

COVID-19 Response

- 50,465 of vaccinations at 1,579 mobile clinics to date (since Jan 2021)
- 4,676 of in-home vaccinations to date (since Jan 2021)
- 380,320 of rapid antigen tests (BinaxNOW & iHealth) distributed

COVID-19 Response Highlights

- Cases remained in "LOW" per CDC until 4/28/22 when suburban Cook County moved into the "Medium" community level (more than 200 cases per 100,000 in the past seven days)

Agency Wide

- On April 12, the Building Healthy Communities Request for Proposal was posted. Funding though Building Healthy Communities will support on-going COVID-19 response, resiliency and recovery. It aims to continue to prevent and control the spread of COVID-19, lessen the health, social and economic impacts, and reduce COVID-19 disparities. April 12, 2022; information sessions for community-based organizations were held April 19th and 20th for Suburban Cook County with attendance with 90 participants for each call.

Strategic Highlights
April 2022

Environmental Health

- Routine inspections: 303; Emergency Food Borne inspections: 0; Nuisance complaints responded to: 43; COVID mitigation violations received & responded to: COVID Order tickets/citations issued: 0
- The State of Illinois expanded the Cottage Food Law, which caused an increase in applications that CCDPH received and needed to respond to/process.

Highlight

- Finalized survey instruments for the Cook County Health Survey (Healthy Suburban Cook County Survey) and the Youth Risk Behavioral Survey.

Lead Poison Prevention

- The HUD grant program began work on nine housing units in April

Financial Highlights or Challenges

- CCDPH, as the managing department, submitted a Year 2 Continuation Grant in the amount of $3 million as part of the CDC Community Health Workers for COVID-19 Response & Resilient Communities awarded to CCH.

Looking Ahead

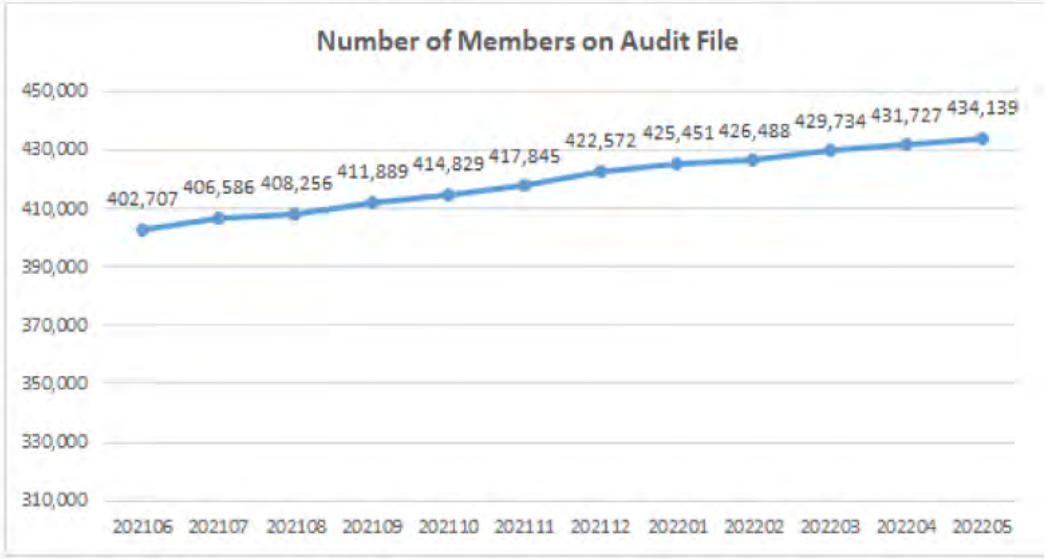
- The Epidemiology Unit will launch the Cook County Health Atlas website for the public by the end of May.

Health Plan Services

Strategic Highlights
March 2022

- Between June 2021 and May 2022, CountyCare saw a net growth of over 31K members while maintaining service levels for members and providers.

CountyCare membership, June 2021-May 2022



- In March, CountyCare kicked off an initiative to prepare for the resumption of Medicaid redetermination at the end of the PHE. After the end of the PHE, approximately ~25K members will be up for redetermination each month.
- CountyCare continues to prepare in anticipation that the PHE will likely be extended through mid-October, which would potentially delay Medicaid redetermination resumption to December 2022.

COOK COUNTY HEALTH

Strategic Highlights and Challenges
March 2022

Admission, Discharge, and Transfer Implementation:

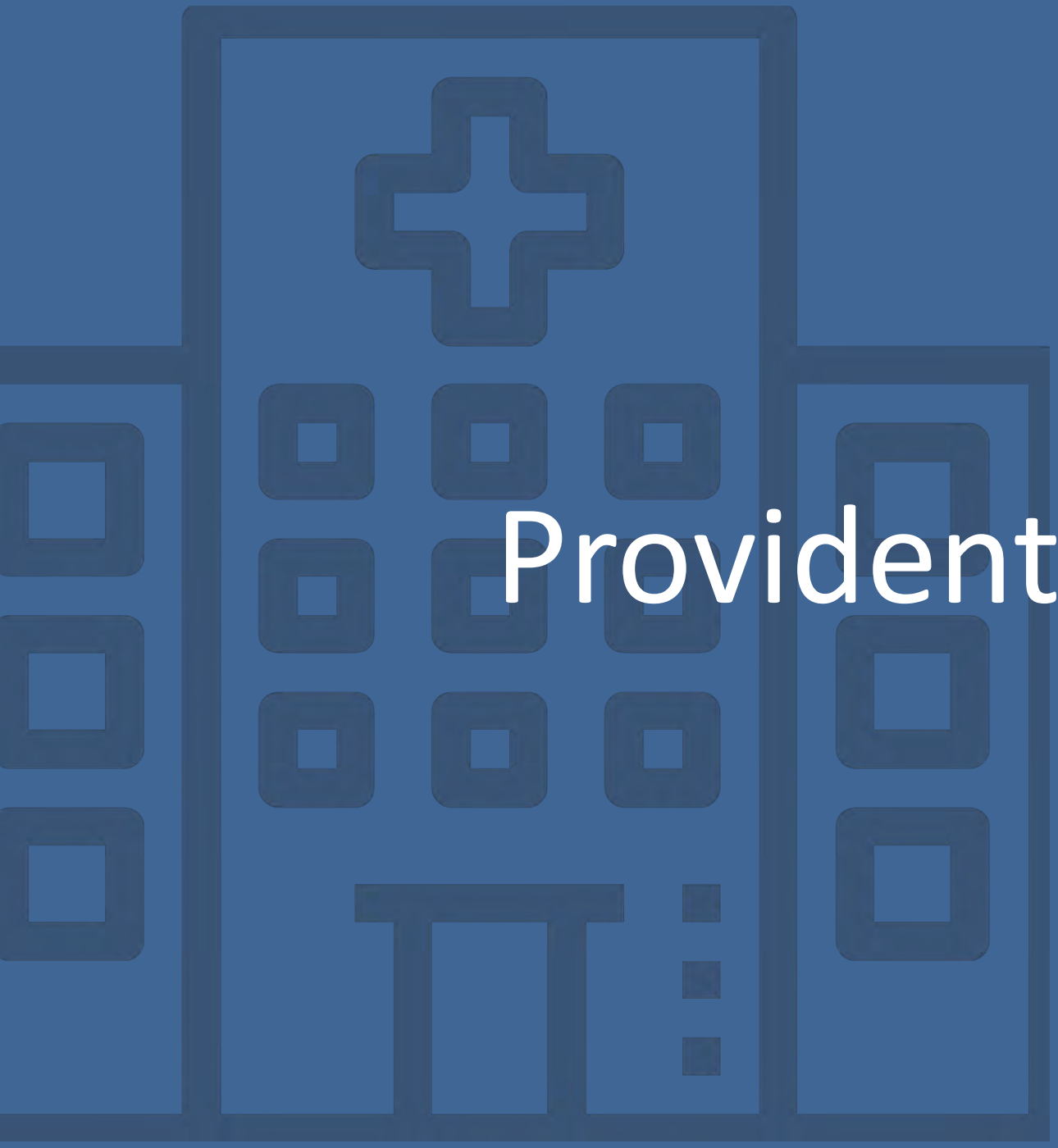
- In alignment with the HFS implementation of the new admission, discharge, and transfer (ADT) vendor, CountyCare established a no-cost data sharing agreement in November.
- This will allow the care management and utilization management teams to access real-time alerts for CountyCare members' emergency department and admission activity at the >200 hospitals and >500 skilled nursing facilities (SNFs) statewide.

Call Center Highlights

- In Q1 of 2022, CountyCare's call center answered 86% of calls within 30 seconds or less and had a <3% abandonment rate (exceeding the state targets of 80% within 30 seconds and abandonment rate of <5%).

Looking Ahead

- CountyCare is continuing to implement initiatives to improve its Medical Loss Ratio (MLR) through its medical cost action plan process.
- CountyCare is completed a Social Risk Factors of Health Workplan in alignment with HFS's most recent contract amendment with Cook County Health, has submitted the Plan to HFS, and is starting implementation.



Provident Hospital

Strategic Highlights
April 2022

- The Provident ICU opened on Tuesday, April 5, 2022 and admitted its first patient on April 11, 2022.
- Provident Operations and Laboratory leadership collaborated with CCH Operations, Regulatory, and Laboratory leadership to prepare for the upcoming CAP survey on May 12, 2022.

Looking Ahead

- Convening a steering committee to coordinate necessary activities to resume ambulance runs.
- Resume in-patient hemodialysis services at Provident.

John. H. Stroger, Jr. Hospital

Click to add text

Strategic Opportunities/Challenges
April 2022

Operating Highlights and Challenges

Physical Capacity:

- Closely monitoring global contrast media shortage for radiology.
- Ample capacity for inpatients, given April Covid declines.

Throughput:

- Transport time response now down to half of prior response time, and just above target using new dispatch software. Will roll out system/methodology to housekeeping next.
- Reduced 3-month lead-time for outpatient MRI scheduling for making the 3rd next available appointments down to 2 months.

Regulatory:

- Planning for Stroke Center survey in May.
- Coordinating with external agencies to conduct annual training exercise in June for a mock "mass casualty" event.

Patient Satisfaction:

- Held additional Patient Family Advisory Council to gain additional perspectives about scheduling, experiences, translator services, etc.

ISRAEL ROCHA, JR.
CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
MAY 27, 2022

Employee Recognition

Congratulations to CCH physicians **Drs. Larissa Unruh, Sadhana Dharmapuri,** and **Kenneth Soyemi** for publishing a research paper (attached) in PLOS ONE, a premier, open-access, peer-reviewed journal published by the Public Library of Science. The article, "Health disparities and COVID-19: A retrospective study examining individual and community factors causing disproportionate COVID-19 outcomes in Cook County, Illinois" was released this month and provides important data and commentary on the need to broadly address issues of health equity. The researchers found that race "is a significant factor for COVID-19 related mortality in Cook County… data indicate that many of the deaths were not inevitable but were the byproducts of ingrained structural inequality resulting in diminished opportunities. We hope that the lessons from this study can help illuminate the persistent inequalities in our country so that, as a society, we can better address these issues."

Nurses Month

As part of a full month of activities celebrating CCH nurses, Cook County Health held its annual **Nurse Excellence Award Ceremony** on May 13. Several CCH nurses were honored for their contribution to CCH and beyond. Congratulations to all the winners!

Leadership: Blaine Stringer MSN, RN, CEN, NE-BC, Medical Surgical Nursing

Volunteerism: Joyce Ogunti, RN, BSN, Emergency Services Nursing

Rising Star: Anu Thomas, RN, General Medicine/Oncology-Unit

Community Care: Martia Brown, RN, BSN, Englewood Health Center

Clinical Nursing: Regina Lapcevic, RN, BNS, Adult Cardiology-Clinical

Education and Mentorship: Cheryl D. Eadie, DNP, RN, Senior Instructor

Correctional Health: Augustus Alabi, RN, Cermak Health Services

Patient Care Support: Rosemary Salas, MA, Orthopedics, ACHN

Cook County Health has a longstanding reputation for excellence in **medical research and innovation**, which was on display at this month's I**nstitutional Research Day.** Physicians across a multitude of specialties highlighted their research projects and winners were selected by a multidisciplinary committee.

Congratulations to the winners!

Dr. Daniel Riggins, Internal Medicine

Dr. Preston Banoub, Surgery

Dr. Viviana Barquet, Surgery

Dr. Teresa Evans, Trauma & Burn

Dr. Dae Yong Park, Internal Medicine

Dr. Maha Elsebaie, Internal Medicine

Dr. Ufuk Vardar, Internal Medicine

Dr. Antonia Nemanich, Emergency Medicine

Dr. Miao Jenny Hua, Internal Medicine

Thank you to the Research Day committee for your time and effort:

Man Hwa Estelle Hu, Librarian

Dr. Steve Aks, Emergency Medicine/Toxicology

Dr. Michael Hoffman, Internal Medicine

Dr. Juleigh Nowinski-Konchak, Preventive Medicine

Dr. Katayoun Rezai, Infectious Disease Medicine

Dr. William Trick, Collaborative Research Unit

Dr. Elena Gonzalez, Dermatology

Dr. Jenny Hua, Preventive Medicine

Dr. Prasanth Lingamaneni, Internal Medicine

Dr. Rochelle Rennie, Family Medicine

Dr. Hafeez Shaka, Internal Medicine

Errick Christian, Emergency Medicine

Activities and Announcements

COVID-19 Update

Cases are continuing to rise throughout the region although hospitalizations remain relatively low.

CCH has administered more than 1 million vaccine doses and is preparing for FDA approval of COVID vaccines for children under 5 which is expected next month. Both CCH and CCDPH continue to offer vaccines, including booster shots, in the community. A full list of locations, dates and times can be found here. A summer promotion is being planned to increase vaccine rates across all populations.

CCH has earned more than 20,000 COVID media hits since the beginning of the pandemic with an advertising value of more than

IMPACT 2023 Focus Areas 1 and 5

Mental Health Awareness

On Thursday, May 19, 2022, Cook County Board President Toni Preckwinkle, Cook County Commissioner and CCH Board vice-chair, Cook County Commissioner Bill Lowry and CEO Israel Rocha held a press conference to discuss the County's plan to expand mental health services. Later that evening, Cermak Health Services participated in a virtual forum to discuss the importance of mental health care.

IMPACT 2023 Focus Area 5

Marketing Awards

My Shot Cook County continues to win national awards. The Healthcare Advertising Awards has awarded My Shot Cook County three golds and a silver for the My Shot and Trust Us campaigns, including a gold for total advertising campaign.

Additionally, CountyCare's We've Got You Covered campaign received a bronze in the category of Total Digital Marketing Campaign.

More about the Healthcare Advertising Awards can be found here. HAA received more than 4,400 entries and gold awards were given to 512, silver awards to 320 and bronze to 249.

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 May 19, 2022, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 388 visits to CCH health centers – Arlington Heights, Austin, Belmont Cragin, Blue Island, the CORE Center, Cottage Grove, Englewood, North Riverside, Provident/Sengstacke, Prieto, and Robbins.

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 42,313 households, representing 139,547 individuals. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

GCFD Fresh Truck Distributions

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

June 2 – **Austin Health Center -** 4800 W. Chicago Avenue, Chicago, IL 60651

June 7 – **North Riverside Health Center** – 1800 S. Harlem Avenue, North Riverside, IL 60546

June 14 – **Cottage Grove Health Center -** 1645 Cottage Grove Avenue, Ford Heights, IL 60411

June 16 – **Englewood Health Center -** 1135 W. 69th Street, Chicago, IL 60621

June 21 – **Robbins Health Center -** 13450 S. Kedzie Avenue, Robbins, IL 60472

CCH Community Advisory Councils

Cook County Health Community Advisory Councils (CAC) include patients, community and religious organizations and serve as an opportunity to promote our services and receive important feedback from various stakeholders. The 2022 second quarter topic presentations include Cardiology, Stroke, Family Planning, and the CountyCare Rewards Program. In addition, updates on Cook County Health, Covid-19 Vaccination and Community Outreach are provided. Each clinic also provides an update on its operations at the meeting.

Upcoming CAC meeting dates, including the 2022 schedule:

Robbins: Tuesday at 1:00 PM: June 14, September 13, December 13
13450 S. Kedzie Road, Robbins, IL 60472

North Riverside: Wednesday at 1:00 PM: June 15, September 14, December 14
1800 S. Harlem Avenue, North Riverside, IL 60546

Englewood: Thursday at 1:00 PM - June 16, September 15, December 15
1135 W. 69th Street, Chicago, IL 60621

Provident Hospital/Sengstacke Health Center: Wednesday at 9:00 AM: July 13, October 12
500 W. 51st Street, Chicago, IL 60609

Cottage Grove: Tuesday at 1:00 PM: July 26, October 25
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

Blue Island: Wednesday at 1:00 PM: August 17, November 16
12757 S. Western Ave., Blue Island, IL 60406

Arlington Heights: Tuesday at 1:00 PM: August 23, November 29
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

Community Outreach

As in-person event participation resumes, Cook County Health and CountyCare will be present at events to promote the health system and the Medicaid program. Events in the month of June include the following:

June 1	Cook County Health and CountyCare promotion at the **Greater Auburn-Gresham Development Corporation's Health Fair,** 79th and Racine to 79th and May in Chicago.
June 4	Cook County Health and CountyCare promotion at the **South Side Summer Fest** at Comer Education Campus, Grand Crossing located at 7200 S Ingleside Avenue in Chicago.
June 11	Cook County Health and CountyCare promotion at the **Apostolic Faith Church's Healing our Village event,** 3823 S. Indiana Avenue in Chicago.
June 11	Cook County Health and CountyCare promotion at the **Sinai Community Institute and 25th Chicago Police District's 25th District Senior Expo,** 5555 West Grand Avenue in Chicago.
June 18	Cook County Health and CountyCare promotion at the **Austin Community Juneteenth** sponsored by the West Side Ministers Coalition and will take place at Columbus Park, 5900 W. Adams in Chicago.
June 18	Cook County Health and CountyCare promotion at the **Homewood-Flossmoor Juneteenth Festival** which is sponsored by the Homewood-Flossmoor School District and will take place at the Homewood-Flossmoor High School, 999 Kedzie Avenue in Flossmoor.
June 23	CountyCare is hosting its quarterly **Enrollee Advisory Committee (EAC)** which is going to be held virtually at 12:00pm. The EAC is a way to bring 15 CountyCare members together to talk about the plan, what works and what needs improvement and to obtain feedback from the members on their care and other issues.
June 29	CountyCare is hosting its quarterly **Community Stakeholder Committee (CSC)** which will be held virtually at 8:00am. The CSC is a way to bring 15 community organizations together to make a presentation on the plan, its resources and to obtain feedback on how to reach high-risk populations and to provide better services across Cook County.
June 30	Cook County Health and CountyCare promotion at **Representative Lamont Robinson's Senior Appreciation** at the Paul G. Stewart Center, 400 E. 41st Street in Chicago.

Legislative Update

Local

- On May 11, CCH, along with other County departments and agencies, appeared before the Cook County Human Relations Committee in response to Commissioner Kevin Morrison's *Proposed Resolution Requesting a Hearing in the Cook County Human Relations Committee to Discuss Violence and Systemic Barriers Against Cook County Transgender Residents.* Chris Balthazar, MA, Project Director from the Department of Psychiatry presented on behalf of CCH.

- On May 11, CCH appeared before the Cook County Health & Hospitals Committee to provide a COVID-19 and Contact Tracing Update. CCH CEO Israel Rocha, CCDPH Co-Leads Dr. Kiran Joshi and Dr. Rachel Rubin presented on behalf of CCH.

- At the May 12 Cook County Board meeting, President Preckwinkle introduced the appointment of Dr. LaMar Hasbrouck to serve as CCDPH Chief Operating Officer. The appointment will be considered by the Legislation and Intergovernmental Affairs Committee at a meeting expected to be scheduled in mid-June. If confirmed by the committee, the appointment will be presented to the County Board for ratification at the June 16 meeting.

  Dr. Hasbrouck's professional background includes having worked for the U.S. Centers for Disease Control and Prevention (CDC) where he served as Senior Medical Officer in Chicago and later oversaw daily operations for CDC-Guyana, South America. Dr. Hasbrouck also served as Director of the Illinois Department of Public Health from 2012-2015. Most recently, Dr. Hasbrouck was Senior Advisor to the Secretary General for the Council of Healthcare Insurance in Riyadh, Saudi Arabia.

- On May 20 the Nominating Committee of the Board of Directors of the Cook County Health and Hospitals System (NomCom) met to consider candidates for nomination to the CCH Board of Directors. Four (4) Director terms are scheduled to expire in late fall 2022/early winter 2023 (Gugenheim, Munar, Prendergast, Koetting). Pursuant to County Ordinance, the NomCom is required to submit three (3) candidates for each vacancy to the County Board President for consideration. On May 23 the NomCom submitted ten (10) candidates to President Preckwinkle for consideration.

State

- The Illinois General Assembly adjourned in the early hours of Saturday, April 9. No additional session days have been scheduled, and the legislature is not expected to return to Springfield before the Fall 2022 veto sessions. Veto session dates have not been announced but will likely take place following the November 8 general election. Depending on the outcome of the statewide election, "lame duck" session days may also be scheduled for early 2023, prior to the inauguration of the 103rd General Assembly.

- The General Assembly passed a balanced budget for State Fiscal Year 2023 (HB900) that includes tax relief for working individuals and families and paying down debts to ensure long-term financial stability for the state. The budget bill appropriates the remaining $1.12B in federal American Rescue Plan Act (ARPA) funds allocated to Illinois, however, these funds do not need to be spent in FY2023. The bill also includes re-appropriations of capital grants originally authorized in the 2019 capital omnibus.

  The Budget Implementation Bill (HB4700) provides additional details on implementing the FY2023 state budget, including language that creates the Pipeline for the Advancement of the Healthcare (PATH) workforce program, which supports and expands opportunities for individuals enrolled in public community colleges to receive education and credentialing for entry into a healthcare pathway; waives licensure fees for health professionals in the FY2023 fiscal year; and authorizes a 47% increase in community-based substance use disorder treatment and intervention services.

Legislators also passed a Medicaid omnibus bill (HB4343) that expands Medicaid coverage for low-income, non-citizens 42-54 years of age, adds new providers to the Medicaid program (certified professional midwives, acupuncturists, and certified peer support specialists), and directs HFS to apply for federal approval to implement 12 months of continuous eligibility for adults and allow for more individuals to be eligible for the ex-parte (passive) redetermination process.

Cook County Health had two primary legislative priorities in the Spring 2022 session:

- HB4645 (Rep. LaToya Greenwood/Sen. Mattie Hunter) – Creates the Equity and Representation in Health Care Act, which authorizes a new loan repayment and scholarship program to promote greater diversity among health care providers when it comes to race, ethnicity, or other demographics. This Act also builds and strengthens the workforce at community-based provider locations that serve a high-proportion of Medicaid and uninsured patients, specifically at FQHCs, FQHC look-alikes, and provider locations operated by CCH, including Cermak Health Services. CCH co-led this effort with the Illinois Primary Health Care Association, which represents FQHCs statewide.

  Status: HB4645 passed both chambers unanimously with dozens of provider associations, advocates, and individuals in support. The bill awaits signature by the Governor, with an effective date of January 1, 2023. While funding was not included in the FY2023 budget, CCH and our partners will be working to advocate for appropriations to be included in future budgets.

- SB3695 (Sen. Jacqueline Collins/Rep. Robyn Gabel) – Amends the Freedom of Information Act (FOIA) to ensure that HIPAA protected health information is not subject to public records requests.

  Status: While SB3695 passed the Senate unanimously without any opposition, the bill was stalled in the House, due to the volume of bills and the shortened timeframe of the session. The House sponsor indicated that she would work with CCH to pass in a future session.

Other bills of interest CCH supported included:

- HB4437 (Rep. Delia Ramirez) – Expands Medicaid to adults 19-54 years who have income at or below 138% FPL, regardless of immigration status. Healthy Illinois leads this effort.
  Status: While this legislation did not pass, authorizing language that provides Medicaid-like coverage to immigrant adults 42-54 years of age was included in the FY2023 budget, with coverage to start July 1, 2022.

- SB3632 (Sen. Doris Turner) / HB4264 (Rep. Greg Harris) - Getting To Zero Omnibus, which includes a $15M appropriations request that will support increased access to and uptake of PrEP, keep more people living with HIV in care, and continue funding for supportive services.
  Status: While these individual bills did not pass, a $10M appropriation was included in the FY2023 budget to support these efforts, which will be administered by the Illinois Department of Public Health.

Federal

- **FY 2023 Budget and Appropriations –** Congressional committees continue to hold hearings on the President's FY 2023 Budget Request. The House Appropriations Committee's deadlines for Members to submit Community Project Funding Requests has passed and work towards FY 2023 bills is underway, though it is highly unlikely that Congress will be able to finish all twelve annual bills before the start of the fiscal year October 1. One or more continuing resolutions are likely to be required, absent a significant bipartisan agreement on top-level amounts and controversial riders.

- **Health and Mental Health Legislation –** On May 18, the House Energy and Commerce Committee, which has jurisdiction over Medicaid and public health programs, marked up six pieces of bipartisan legislation, and sent

them to the full House for consideration. Of interest to Cook County Health and to the County, is a bill that would ease the Medicaid inmate payment exclusion for eligible juveniles in detention. H.R. 7233, the "Keeping Incarceration Discharges Streamlined for Children and Accommodating Resources in Education Act'' or the ''KIDS CARES Act'' would require state Medicaid plans to provide youth in juvenile detention with mental, behavioral, and physical health services before and after their release from custody. The bill also aims to improve school-based health services by streamlining current administrative processes and improving student access. Repealing or easing the Medicaid inmate payment exclusion has been a long-term goal of CCH, Cook County, and allies such as the National Association of Counties and National Sheriffs' Association.

At the same markup, the Committee approved H.R. 7666, the "Restoring Hope for Mental Health and Well-being Act." This package of legislation would reauthorize mental health and substance use disorder programs at the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) to address substance use disorder (SUD) and improve mental health. Amendments approved at the markup include provisions reflecting H.R. 1351, the "Mainstreaming Addiction Treatment (MAT) Act," which removes the requirement that practitioners apply for a separate Drug Enforcement Agency (DEA) waiver to prescribe medically assisted treatment (e.g., buprenorphine) for SUD.

Other House committees and committees of jurisdiction in the Senate, including the powerful Senate Finance Committee, with jurisdiction over Medicare and Medicaid, are considering bipartisan mental health legislation, and advocates hope that consensus provisions can be passed this year.

- **Biden Administration –** On May 16, the U.S. Department of Health and Human Services (HHS) did not give states official notice that COVID-19 Public Health Emergency (PHE) would not expire sixty days later on July 15, 2023, the end of the current PHE. PHE declarations enable HHS to waive or modify some requirements in federal health laws and are tied to some statutory changes, including the 6.2 percent Medicaid FMAP enhancement. Since the Administration has reaffirmed its commitment to give at least sixty days' notice before allowing the PHE to end, most observers expect the PHE to be extended to mid-October.

  HHS and the Centers for Medicare and Medicaid Services (CMS) have asked the Federal Communications Commission (FCC) to let certain entities, including state and local government workers and contractors and managed care plans, to communicate with enrollees by automated phone calls or texts without violating the Telephone Consumer Protection Act, in order to minimize coverage losses after the end of the PHE.

- **COVID Supplemental Appropriation –** The $10 billion COVID response package continues to be stalled in the Senate, with Republicans demanding votes on amendments to block the Biden Administration from withdrawing Trump-era regulations, known as "Title 42," used to bar asylum seekers due to public health risks. The Senate package would provide less than half the funding requested by the Administration and is limited to funding for the purchase of testing, vaccines and therapeutics and some preparedness funding for NIH. It did not include funding to replenish the HHS Health Resources and Services Administration (HRSA) program to reimburse providers for COVID testing, vaccination, and treatment for uninsured individuals, which ran out in early April.

- **Budget Reconciliation Bill ("Build Back Better") –** Capitol Hill press are reporting that Senate Majority Leader Chuck Schumer (D-N.Y.) and Senator Joe Manchin (D-W.V.) have been having informal discussions around advancing a smaller Budget Reconciliation package with some elements of the President's Build Back Better agenda. No additional details or timelines have been reported.

  Meanwhile insurers and other stakeholders are calling on Congress to include an extension of the Affordable Care Act (ACA) marketplace subsidies provided by the American Rescue Plan Act. The enhanced subsidies expire on January 1, 2023, and insurers need to be able to set rates this summer for publication in the fall—right before the mid-term elections. These provisions are particularly salient in the states that have not expanded Medicaid under the ACA.