



TRANSFORMING CARE TOGETHER

STRATEGIC PLAN 2026-2028



COOK COUNTY
HEALTH

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About Cook County Health

One of the largest public health systems in the nation, Cook County Health (CCH) has served the people of Cook County for more than 180 years and has a proud legacy as a leader in advancing healthcare. Our history includes the establishment of the first blood bank, the first successful open-heart surgery, the first comprehensive trauma center in the U.S., the discovery of sickle cell anemia, and more.

CCH's mission of access, equity and innovation holds strong today across all of the system's entities, including:

- John H. Stroger, Jr. Hospital of Cook County, a 450-licensed bed tertiary, acute care hospital in the Illinois Medical District.
- Provident Hospital of Cook County, a 79-licensed bed community acute care hospital on the South Side of Chicago.
- More than a dozen community health centers throughout Chicago and suburban Cook County, offering primary and specialty care, as well as 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.
- Cermak Health Services provides healthcare services to the detainees at the Cook County Jail and residents of the Juvenile Temporary Detention Center;
- Cook County Department of Public Health, a state certified and nationally accredited public health department serving suburban Cook County.
- CountyCare, the largest Medicaid managed care plan in Cook County.

CCH'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, cardiac, perinatal and oncology care and was recently named the most racially inclusive hospital in Illinois, and the fifth in the nation, by the Lown Institute. Provident Hospital earned the 2024 Leapfrog Top Hospital Award for outstanding quality and safety.

Cook County Department of Public Health (CCDPH) is the nationally accredited, state-certified public health authority

that serves the public health needs of nearly 2.2 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.

CountyCare health plan is 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 (NCQA) and is one of only two Medicaid plans in Illinois that earned an NCQA 4-star rating in 2024. CountyCare is open to all Cook County residents enrolled in HealthChoice Illinois, the statewide Medicaid managed care program. Members have access to a wide range of health services and expert care at CCH facilities as well as at more than 6,600 primary care providers, 26,000 specialists and 70 hospitals throughout Cook County.

Today, CCH is investing in our health system's network and modernizing services for patients, members and our communities. This includes growing capacity and resources, adopting cutting-edge technology and conducting innovative research.

At Cook County Health, we care for everyone, regardless of the ability to pay or immigration status. We aim to create a health system that is a provider of choice for all, ensure access to high-quality care, and elevate the overall health and wellbeing of Cook County residents.

While Cook County Health has evolved over the past 180 years, our mission remains the same: ensuring that all may live their healthiest life. Accessible. Exceptional. For all.

Letter from the CEO



It is with great excitement and anticipation that we introduce *Transforming Care Together*, Cook County Health's 2026-2028 strategic plan. This comprehensive plan marks an important milestone in our ongoing evolution as an integrated health system, dedicated to meeting the needs of the diverse communities we serve. As we look toward the future, we are embarking on an ambitious journey that will transform the way we serve and engage with our patients, members and communities. Equity will continue to be the foundation of all we do, as it has been for nearly 200 years.

At the heart of *Transforming Care Together* are the many changes we are undertaking. These initiatives are aligned with our broader vision to strengthen and expand upon the strategic objectives that have guided us over the years. This is a dynamic moment in healthcare, and we are committed to positioning Cook County Health not only as a leader in quality and equity but as an institution where collaboration and innovation thrive.

The next three years will undoubtedly bring their share of challenges. Changes in federal policies, programs and funding will create significant upheaval, particularly for institutions like ours that serve historically marginalized and underserved communities. While these external forces will cause much volatility, we are confident that the resilience and determination of our team will guide us through. Our guiding mantra during this time is: do as much as we can for as long as we can. Our patients, members, and communities rely on us—not just for care, but for compassion, stability, and equity. It is our obligation and privilege to press forward with determination, adapt where needed, and continue delivering the highest quality services possible, even in the face of these pressures.

We have seen remarkable progress in recent years, and it is because of the unwavering commitment, expertise and tenacity of our staff that we can face these challenges with optimism. The success we've experienced thus far is a testament to our collective strength and shared purpose. As we step into this next chapter, we are ready to build upon the foundation of excellence, collaboration and care that we have established.

Transforming Care Together is not just a strategic plan, it is a call to action for all of us. It is a recognition that the future of healthcare demands constant improvement and innovation. It is a commitment to creating an environment where our teams can thrive, grow and continue to work together toward the common goals that unite us.

The strategies contained in this plan would not be achievable without the support we receive from the Cook County Board of Commissioners, led by President Toni Preckwinkle, the Cook County Health Board of Directors, our community partners and our incredible team. I am grateful for their contributions to our institution and the input they provided as we developed this plan.

Thank you for your ongoing dedication to this mission. Together, we will continue to make a lasting, positive impact on the lives of those we serve.

Sincerely,

Dr. Erik Mikaitis
Chief Executive Officer

Mission, Vision & Values

Mission

To provide 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

Equity - The assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need.*

Compassion - Exhibiting empathy for people who are suffering and a desire to help them.

Respect - Appreciating and respecting each person's dignity, preferences, and particular requirements irrespective of race, ethnicity, national origin, gender, religion, sexual orientation or age.

Accountability - Being held responsible for actions and complying with policies and procedures.

Education - Advancing knowledge and fostering growth through graduate medical education, continuing education opportunities, and professional development.

Innovation - new ideas, methods, technologies, products, or services with the aim of improving healthcare delivery, patient outcomes, and overall efficiency within the healthcare industry.

*Jones C. P. (2014). *Systems of power, axes of inequity: parallels, intersections, braiding the strands*. *Medical care*, 52(10 Suppl 3), S71-S75. <https://doi.org/10.1097/MLR.0000000000000216>

Strategic Pillars



Quality, Safety and Experience Ensure patients, members and the community have access to the highest-quality service and dignified care at the right place at the right time in a manner that is consistent and tailored to support the patients' needs.



Workforce Serve as the employer of choice by supporting and investing in our workforce, recruiting the best talent, and fostering robust teamwork to ensure we are able to meet the comprehensive healthcare needs of our patients.



Transformation and Growth Transform the delivery of care to ensure care is accessible, standardized, reliable and effective by optimizing systems to advance growth for our patients and communities.



Fiscal Resilience Optimize revenue capture to continue expansion of services and advance the mission of access to care for all patients and communities of Cook County.

Equity

Equity is foundational to every pillar and the lens through which every objective is pursued and decision made.

2026-2028 Strategies

Quality, Safety and Experience

OBJECTIVE: ENSURE PATIENTS, MEMBERS, AND THE COMMUNITY HAVE ACCESS TO HIGH-QUALITY CARE; THE RIGHT CARE, AT THE RIGHT TIME, AND IN A MANNER THAT IS DIGNIFIED, CONSISTENT, AND TAILORED TO SUPPORT PATIENTS' NEEDS.

Strategies

- Provide high quality healthcare and serve as a trusted messenger for clear, evidence-based, equity-centered communication regarding individual and community health.
- Exceed national and state benchmarks for patient/member care, quality, and safety outcomes.
- Increase overall patient satisfaction scores and CountyCare member experience star ratings.

- Achieve American Nurses Credentialing Center Pathways to Excellence Accreditation.
- Maintain and improve access to care.
- Continue to foster a supportive environment that is welcoming and respectful of all.
- Achieve NCQA Health Equity Accreditation for CountyCare.

Highlighted Tactics

- Decrease wait times for primary and specialty care (e.g., throughput, scheduling).
- Leverage emerging technology such as telehealth, remote monitoring and predictive analytics.
- Further integrate behavioral health with primary care at CCH and promote greater access to behavioral health services across the region.
- Establish pathways for justice-involved patients to continue care when discharged to the community.

- Develop targeted initiatives to focus on preserving healthcare for specific populations, including women, LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual), BIPOC (Black, Indigenous, and People of Color), and immigrants, who face more limited access to healthcare due to executive actions, changes to laws and health coverage, or closure of community service providers.
- Partner with external providers to make referrals, improving access to services.

Key Metrics

- Leapfrog A and CMS 5-Star rating for Stroger Hospital.
- National Committee for Quality Assurance 4.5 star rating for CountyCare.
- Patient experience “likelihood to recommend” top box score increased by 2.75% year-over-year annually from an average 2025 baseline of 69.4 for all surveyed locations.

- Access to primary care and specialty care appointments are within 30 days.
- 70% of all CCH employees are trained on trauma informed care principles.

Workforce

OBJECTIVE: SERVE AS THE EMPLOYER OF CHOICE BY SUPPORTING AND INVESTING IN OUR WORKFORCE, RECRUITING THE BEST TALENT, AND FOSTERING ROBUST TEAMWORK TO ENSURE WE ARE ABLE TO MEET THE COMPREHENSIVE HEALTHCARE NEEDS OF OUR PATIENTS.

Strategies

- Make progress in hiring positions and reducing the vacancy rate.
- Keep employee turnover low through successful implementation of retention and engagement programs.
- Provide opportunities to the workforce for professional development and achieving additional competencies.
- Establish and expand pathway programs to build a future workforce.

Highlighted Tactics

- Implement strategies to promote a workforce that is reflective of the communities CCH serves.
- Reduce reliance on agency personnel to achieve industry standard ratios for agency personnel.
- Improve the hiring process to reduce the time to fill a position.
- Work collaboratively with labor unions on hiring initiatives.
- Conduct succession planning to allow increased employee mobility and opportunity.
- Establish performance-based incentives.
- Conduct pay parity reviews across positions.
- Achieve national accreditation for educational training programs.
- Communicate the various processes available to escalate employee concerns.
- Increase employee engagement scores and survey participation.
- Conduct training to build high-performing teams.

Key Metrics

- Reduce vacancy rate to 10% or below.
- Maintain low turnover rate of 4% - 8%.
- Reduce agency utilization to less than 20% by job classification.

Transformation and Growth

OBJECTIVE: TRANSFORM THE DELIVERY OF CARE TO ENSURE CARE IS ACCESSIBLE, STANDARDIZED, RELIABLE AND EFFECTIVE BY OPTIMIZING SYSTEMS TO ADVANCE GROWTH FOR OUR PATIENTS AND COMMUNITIES

Strategies

- Implement performance and process improvement initiatives throughout the organization.
- Align productivity and operational metrics with national benchmarks.
- Develop strategies to address the evolving health needs of the individuals and communities CCH serves.
- Provide scalable structure to support growth in research and sponsored programs.
- Implement innovative and sustainable solutions to improve healthcare delivery systems.

- Explore and elevate opportunities for coordination and collaboration between CCH as a provider, health plan, and public health authority.
- Address health inequities through healthcare system-based and community-based population health approaches.
- Advance sustainability by integrating environmentally responsible practices across the health system.

Highlighted Tactics

- Standardize roles, tools, processes and procedures across the organization.
- Leverage emerging technologies to support process improvement and efficiency.
- Continue administrative process improvement efforts (e.g., hiring, procurement, invoice payment, cybersecurity protection).
- Review organizational structure to enable clinicians to focus on patient care.
- Support employee-led projects to help transform system practices.
- Improve processes to meet national benchmarks.
- Align productivity of employees with national benchmarks.
- Health Plan Services' Medical Loss Ratio (MLR) aligns with industry benchmarks for Medicaid and other products.
- CCDPH develops a plan for growth to align capacity with the needs of suburban Cook County communities.

- Routinely evaluate healthcare services provided by CCH based on community need.
- Diversify insurance products based on the needs of the community in Health Plan Services.
- Modernize technology systems to improve patient care and operational efficiency.
- Ensure patients/members have the information they need to make the best decisions about their health.
- Focus on the social, economic and structural drivers of health outcomes specified in the CCDPH Community Health Improvement Plan.
- Advance public health strategies specified in the 2030 CCDPH Community Health Improvement Plan (formerly known as WePlan).
- Enter into additional value-based care contracts to drive higher quality outcomes and yield positive financial impact.
- Invest in healthcare system-based primary, secondary and tertiary prevention strategies.

Key Metrics

- CCDPH to develop and integrate existing public health capacity assessments and community data to support plans for growth at the unit level.
- Reduce time to hire to 90 days or less.

- At least 70% of new contracts completed within 180 business days of requisition approval; 80% of amendments completed within 120 days.
- CountyCare to achieve 39% or more of Medicaid health plan market share.

Fiscal Resilience

OBJECTIVE: OPTIMIZE REVENUE CAPTURE TO CONTINUE EXPANSION OF SERVICES AND ADVANCE THE MISSION OF ACCESS TO CARE FOR ALL PATIENTS AND COMMUNITIES OF COOK COUNTY.

Strategies

- Maintain financial strength through a positive operating margin.
- Support the financial health of our patients and members.

Highlighted Tactics

- Continue implementation of the multi-year revenue cycle turnaround project.
- Identify opportunities to diversify revenue sources to support unfunded mandates (correctional and public health) and the projected increase in charity care.
- Increase CountyCare member utilization of CCH services.
- Implement ongoing contingency and expense containment planning to ensure CCH is fiscally and operationally nimble.
- Base budgets on annual targets aligned with industry benchmarks.
- Ensure financial counseling is robust and accessible to meet the needs of the growing uninsured and underinsured populations.
- Preserve Medicaid coverage by supporting patients and members with information and navigation.

Key Metrics

- Maintain a positive operating margin.
- Achieve Healthcare Financial Management Association (HFMA) MAP awards through Key Performance Indicator improvement.
- Increase CountyCare member utilization of Cook County Health services by 20% or more.

Appendix

Supporting Enterprise Strategic Plans

CCDPH Strategic Plan Summary

Cook County Department of Public Health is responsible for protecting the health and optimizing the conditions for health, and wellness for residents of its jurisdiction through regulatory enforcement, monitoring and responding to public health threats, policy and systems change, referrals to health and social services, and community partnerships to address upstream drivers of health. The CCDPH 2023-

2025 Strategic Plan, *Putting the Public in Public Health*, defines the vision and mission of the department. It defines the five core strategic pillars where CCDPH must focus its attention to be successful at advancing that vision and mission. In addition, two foundational pillars were identified which cut across all five strategic pillars and form the underpinnings of CCDPH's work.

Vision All people in suburban Cook County can realize their full health potential, regardless of who they are, where they are from or where they live.

Mission To optimize health and achieve health equity for all people and communities of Cook County through our leadership and collaborations, 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.

STRATEGIC AND FOUNDATIONAL PILLARS

Strategic Communications. CCDPH will engage in ongoing internal and external communications strategies to embrace a culture of transparency and authentic dialogue with the communities that we serve.

Community Partnerships and Collaboration. CCDPH will deepen its relationships with community-based organizations, healthcare providers, government leaders and agencies, and community residents for increased collaboration and capacity to advance health equity.

Workforce and Workplace. CCDPH will invest in a public health workforce and workplace that is equitable, reflects its communities, and prioritizes well-being, growth and inclusion.

Infrastructure and Operations. CCDPH will strengthen and standardize its infrastructure for effective, transparent and responsive operations.

Integration and Systems Alignment. CCDPH will further integrate and align with CCH systems and practices, other relevant Cook County agencies and neighboring jurisdictions.

RACIAL AND HEALTH EQUITY. CCDPH will ensure the health and well-being of those who need it the most.

FUNDING AND RESOURCES. CCDPH will sustain and expand essential population health services and prevention initiatives through increased funding and staffing and appropriate resource allocation.

Putting the Public in Public Health serves as a guide for CCDPH's journey of transformation during 2023-2025. The strategy outlined in the plan is a dynamic one, intended to evolve over time. It will also serve as a blueprint for accountability as it strives to optimize community health and advance health equity for the residents of suburban Cook County.

Community Health Improvement Plan

2025 Summary

Community Health Improvement Plan is CCDPH's comprehensive community health assessment and improvement plan (CHA/CHIP), designed to address health inequities and improve the overall well-being of the nearly 2.3 million residents in suburban Cook County. Using the nationally recognized Mobilizing for Action through Planning and Partnerships (MAPP 2.0) framework, *Community Health Improvement Plan* reflects a collaborative effort between public agencies, community-based organizations, residents and healthcare providers. The plan prioritizes community voices and equity by focusing on upstream drivers of health such as structural racism, economic opportunity and environmental conditions. Additionally, as a certified health department, the CHA/CHIP is a requirement of the Illinois Department of Public Health to maintain certification.

Community Health Improvement Plan is implemented in 5-year cycles. CCDPH is currently closing out *Community Health Improvement Plan 2025* while simultaneously planning for *Community Health Improvement Plan 2030*. Based on assessments conducted with partners like the Chicago Department of Public Health and the Alliance for Health Equity during the *Community Health Improvement Plan 2025* planning cycle, CCDPH and its partners have worked to address three core health priorities from 2020-2025: improving access to health and behavioral health services, ensuring safe and healthy environments, and advancing equitable education and economic opportunities, with addressing structural racism as a cross-cutting theme across all priorities. For the community health assessment portion of *Community Health Improvement Plan 2030*, three assessments were conducted in collaboration with the Alliance for Health Equity, convened by the Illinois Public Health Institute.

These assessments include:

- Community Status Assessment
- Community Context Assessment
- Community Partner Assessment

These assessments help gauge the community's health status, community member perspectives on health and well-being, and the local public health system's capacity to address the health needs of the community and advance health equity.

Based on the findings of these three assessments, CCDPH will convene to identify three to five key community health priorities with advancing health equity and addressing power imbalances being the foundational pillars. The complete *Community Health Improvement Plan 2030*, including the community health assessment and improvement plan, will be finalized and submitted to the Illinois Department of Public Health in December 2025, with implementation plans scheduled for 2026-2030.

Cook County Health Nursing Strategic Plan Summary

Cook County Health's Department of Nursing launched its nursing strategic planning process with a leadership retreat on September 25, 2024, bringing together more than 120 participants—including nursing leaders and frontline staff—to identify key nursing priorities, within the context of the enterprise-wide strategic plan. This collaborative and iterative approach underscored the nursing commitment to excellence, innovation and patient-centered care across Cook County Health for the 2025-2028 period. The finalized framework enables each nursing leader to cascade goals and key results across all levels—unit, team and individual—ensuring alignment, accountability and measurable progress toward strategic priorities.

To advance nursing excellence across Cook County Health, five strategic focus areas were developed and refined through systemwide feedback from the Professional Practice Councils, ensuring inclusivity, transparency and alignment with frontline perspectives.

Cook County Health Nursing's key priority areas for the *Nursing Strategic Plan* are:

1 Ensure Patient Safety, Foster a Culture of Nursing Excellence and Deliver Quality Care

- Achieve the American Nurses Credentialing Center (ANCC) Pathway to Excellence Designation by fostering a culture of excellence rooted in enhanced nursing leadership, collaboration, empowerment, shared decision-making and delivering exceptional patient care.
- Strengthen nurse engagement in patient experience by enhancing communication, improving patient education and implementing targeted initiatives that drive service excellence.
- Hardwire High Reliability Organization (HRO) principles and zero-harm initiatives.

2 Advancing Health Equity, Community Health and Integration

- Enhance technology and innovative approaches to support expanding access through the top of the licensure practice for nurses, including Advanced Practice Registered Nurses (APRNs), in ambulatory settings.

3 Building a Resilient Nursing Workforce through Innovation and Collaboration:

- Create programs for virtual care, care delivery model redesign using technology and human-centric principles and build a nursing training program in partnership with academic institutions.
- Create wellness programs, workplace culture and enhanced team development.
- Cultivate a highly skilled, engaged, and diverse nursing workforce.

4 Advance Nursing Practice Through EBP, Research, Technology and Innovation

- Expand nursing research and innovation to drive evidence-based practice.
- Optimize resource utilization and cost-effective care delivery, technology integration and deploy effective data utilization.

5 Fiscal Resilience- Deliver High-Quality, Safe and Efficient Nursing Care

- Implement innovative care delivery models.
- Reduce variability and improve operational efficiency by integrating digital solutions.
- Enhance workforce productivity and financial stewardship.

Office of Behavioral Health Regional Strategic Plan

Cook County Health's new Office of Behavioral Health recently worked to create the county's first Regional Behavioral Health Strategic Plan. Created in consultation and collaboration with hundreds of community partners over more than a year and released in May 2025, the Regional Behavioral Health Strategic Plan (2025-2027) serves as a blueprint for all governmental and non-governmental agencies working to improve the behavioral health of Cook County residents. The Plan advances equity, improve access and transform behavioral healthcare across the region. This regional plan supports objectives in the CCH Strategic Plan, especially as it relates to access to behavioral healthcare.

The Regional Behavioral Health Strategic Plan identifies the following priority areas:

1 Systems Alignment

Using a data-informed approach to improve coordination, reduce fragmentation, address inequities and empower communities.

2 Workforce Development

Strengthening and growing the behavioral health workforce to meet growing and diverse needs.

3 Prevention and Early Intervention for Children, Youth and Families

Supporting healthy development, reducing the risk of mental health and substance use challenges, and ensuring timely access to care.

4 Access to Treatment, Support and Recovery Services

Expanding access to care and support so that all residents can get the help they need when they need it.

5 Crisis Care Enhancement

Ensuring that individuals in behavioral health emergencies have someone to call, someone to respond and somewhere to go.

Community Town Halls Summary

As part of the community input process, Cook County Health (CCH) hosted three virtual Strategic Planning Town Halls. CCH sent out more than 30,000 Town Hall email invites through our community email distribution list on two separate occasions. In addition to these meetings, CCH also hosted a Town Hall specifically geared to members of our Community Advisory Councils. Also, CCH presented to CountyCare's Community Stakeholder Committee which is comprised by plan partner organizations. Overall, the 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 and in the community survey.

The times and dates of the meetings were as follows:

February 26, 2025 – Wednesday, 1 PM – 2:30 PM
(Community Advisory Councils)

March 11, 2025 – Tuesday, 10:30 AM – 11:30 PM

March 12, 2025 – Wednesday, 3 PM – 4 PM

March 13, 2025 – Thursday, 9 AM – 10 AM (Spanish)

March 18, 2025 – Tuesday, 10:30 AM – 12 PM

The virtual town halls brought a mixture of community members, partner organizations and representatives from different healthcare entities and medical insurance plans. At each town hall, Chief Strategy Officer Andrea Gibson provided information on the Strategic Planning process and explained the focus on receiving feedback on CCH's Strengths, Weaknesses, Opportunities and Threats (SWOT).

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

ADVISORY COUNCILS' COMMUNITY TOWN HALL FEBRUARY 26, 2025 @ 1 PM

- Invites sent to advisory council members representing the Arlington Heights, Blue Island, Cottage Grove, Dr. Jorge Prieto, Englewood, North Riverside, Provident Hospital, and Robbins Health Center. 48 council members attended the presentation.
- One member mentioned that CCH needs to do more with community engagement in terms of bringing out services to the communities and also supporting local organizations.

- Another member commented on the mental and behavioral health programs and mentioned that they look forward to further expansion of them.
- A community advocate mentioned that her main concern is whether you are prepared to have trained personnel to support our communities who are going to be left without coverage through Illinois' Health Benefits for Immigrant Adults Program and who will most likely need to enroll in the CareLink program. For example, Spanish-speaking staff, registration capacity at county clinics.

MORNING COMMUNITY TOWN HALL MARCH 11, 2025 @ 10:30 AM

- 80 people attended the Town Hall representing partners such as the AIDS Foundation, Catholic Charities, the Greater Chicago Food Depository, PASO, Pathlights, Research Committee at Treatment Not Trauma, Superior Ambulance, UChicago Medicine, and the West Side Heroin and Opioid Taskforce.
- One speaker loved how maternal-child programs are being advanced in the health system and becoming central to our operations. In relation to this, another speaker thanked for the expanded capacity by CCH to support early learning programs to comply with the Illinois Department of Public Health mandated vision and hearing screenings as it is hard for schools and organizations to do.

- The need to increase supportive programs for patients was mentioned. The group discussed that housing and food security programs are essential for patient well-being. It's difficult for folks to prioritize other aspects of their health when they don't know where they're going to sleep at night. This comment was echoed by many attendees.
- Another attendee commented that supporting all health-related social needs should continue to be a focus, especially given our current political climate where funding elsewhere is at risk – now is the time to double down on commitments to health equity where we can!

AFTERNOON COMMUNITY TOWN HALL

MARCH 12, 2025 @ 3 PM

- 70 people attended the Town Hall representing partners such as Access, the City of Chicago Department of Public Health, Gads Hill Center, Northwestern Medicine, One Family Illinois, Rebels for Peace, TCA Health and UI Health.
- Several speakers mentioned that fiscal resilience should be prioritized, including looking for alternate sources of revenues through grants and from foundations.
- CCH was encouraged to prioritize improvements to the research infrastructure to ensure patients have equitable access to clinical trials.

- Several speakers spoke about the need to increase partnerships with community-based organizations that deliver services to people in their service areas.
- Another speaker mentioned that housing instability is a major social determinant of health. Continuing to work on helping patients find stable housing in the next 3 years should be part of the plan.
- One speaker mentioned that it would be nice to advocate for telehealth, as many of patients have access difficulties to specialty clinics. In addition, the speaker encouraged CCH to maximize billing capabilities, so we can continue to provide care to all.

SPANISH LANGUAGE COMMUNITY TOWN HALL

MARCH 13, 2025 @ 9 AM

- Two people attended the Town Hall representing partners Association House and PASO.

- A speaker thanked CCH for the good service provided to patients and also thanked CCH for ensuring that our installations are a safe space for patients.

COUNTYCARE COMMUNITY STAKEHOLDER MEETING

MARCH 18, 2025 @ 10:30 AM

- 40 people attended the Community Stakeholder meeting with representing partners such as Access, American Lung Association, Birth to Five, Creciendo Juntos, Health Connect One, Lutheran Social Services of Illinois, and Sudden Infant Death Services of Illinois.

- While there were no questions from the meeting participants, the community survey link was shared with them to receive input.

COMMUNITY SURVEY RESULTS

- There were 157 responses to the community survey. Community respondents identified CCH's ability to deliver high quality clinical services by dedicated, experienced staff as a strength as well as its ability to serve all residents of Cook County, regardless of ability to pay as main strengths.
- Adequate staffing, staffing turnover and recruitment were identified as weaknesses along with ensuring patients' timely access to care and difficulty navigating current systems to contact providers and/or schedule appointments.

- CCH's greatest opportunity, according to respondents, is its ability to form stronger partnerships with community organizations and social service agencies. Budget cuts and lack of necessary funding were highlighted as the biggest threats to CCH.

Employee Feedback Survey Summary

To receive employee input during the strategic planning process, Cook County Health (CCH) conducted a survey to obtain valuable feedback from staff across the organization. The Chief Strategy Officer joined various department and leadership meetings across the enterprise, including the Executive Medical Staff, Nursing, Public Health, Cermak, CountyCare and ACHN.

CCH employees also received communications advising them of the opportunity to participate in a strategic planning survey. In total, 628 individuals completed the employee survey which included a section for open responses, up from 400 during the last strategic planning process.

The survey represented employees from all operational areas, including both clinical and non-clinical staff, with years of services ranging from a few months to more than 20 years. Through the survey, staff provided feedback on CCH's Strengths, Weaknesses, Opportunities and Threats (SWOT). The survey focused on input on finance,

technology, staffing levels, training programs, labor management, human resources, clinical care and quality, procurement and leadership. These are the most common responses to the SWOT survey.

Strengths. The organization's mission (32%) and quality of medical care (10%) were highlighted as CCH's greatest strengths.

Weaknesses. Hiring processes (19%) and staffing challenges (12%) as the biggest weaknesses for the organization.

Opportunities. Opportunities included growth and partnerships for the organization (8%) and leveraging technology (7%).

Threats. Federal policy changes (18%) and reimbursement structure (11%) were elevated as primary threats to the organization.

“

Caring for patients regardless of their ability to pay, immigration status, race or sexual orientation.

Feel so proud to be here!

”

“

Cook County Health's strengths lie in its commitment to serving the most vulnerable patient populations, ensuring access to high-quality care regardless of financial or insurance status.

”

“

Even though hiring and recruitment has improved in the last couple of years, there is much work to be done to streamline the process and attract the best talent.

”

“

We have an integrated healthcare system, public health initiatives and a commitment to diversity and inclusion.

”

“

Interdisciplinary cooperation is an opportunity.

”

“

As the industry shifts towards value-based care and patient-centric models, we have an opportunity to accept financial risk that can pay off if we are able to prioritize prevention, care coordination and timely access.

”

“

Staff share the same mission.

”

“

We need to change the predominant culture from “what do you want?” to “how may I help you?”

”

“

Future changes in federal administration could affect funding and provision of care for the populations that we serve.

”

“

Regulatory and financial risks are top of mind due to political changes at the federal level [and] threats of individuals losing access to government assistance resulting in a potentially higher amount of uncompensated care.

”

CCH SWOT- Directors, Employees, Community

Strength	Weakness	Opportunities	Threats
Commitment to mission	Reliance on agency staffing	Population health	Changes to Medicaid eligibility requirements
CCH community/patients	Administrative processes	Health related social needs	Changes to the HBIA/S Coverage
Quality of care/providers	Timely access to services	Revenue cycle improvements	Federal policy changes
Community outreach	Role definition and accountability	Grants/private donor support	Reimbursement reductions
Quality metrics	Succession planning	Additional health plan products	Loss of grant funds
Address critical health concerns	Collaboration/ teamwork	Leveraging emerging technology	Growing uninsured and underinsured
CountyCare network/providers	Sufficient clinical staff	Integration across the system	Workforce shortages
Training and pipeline programs		CountyCare member care at CCH	Potential safety net reductions
Improved financial position		Partnerships	Vaccine hesitancy
		Process improvements	Cybersecurity
		Utilization management	

Cook County Health & Market Highlights by Year

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

2021

- CCH charity care continues to decline but at a slower pace.
- Cook County tax allocation increases to \$122.7M 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 approve Emergency Use Authorization for various COVID-19 vaccines.
- CCH opens mass vaccination sites, develops hyper local campaign strategy to address equity and public education and awareness. 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.
- Joe Biden sworn in as President of the United States.

2023

- Cook County tax allocation increases to \$147.7M. Funding represents less than 4% of health system revenue.
- CCH charity care begins to increase as volumes return to pre-pandemic levels and uninsured rate increases.
- The State of Illinois COVID-19 Public Health Emergency (PHE) Proclamation sunsets in May.
- Redetermination, the process through which Medicaid members renew their coverage, resumes after being paused during the PHE. Approximately 660,000 Illinoisans were disenrolled during this process.
- CountyCare and CCH execute a robust public education and support campaign to help eligible Medicaid members successfully complete redetermination. Health plan membership exceeds budget, thanks in part to this effort.
- CCH establishes Office of Behavioral Health.
- In collaboration with the State and City of Chicago, CCH continues to meet the needs of immigrants coming to the region, establishing a new clinic, mobile care coordination and landing zone services.
- CCH and Cook County Department of Public Health award \$17M in community grants through its Building Healthy Communities initiative.
- CCH celebrates the 30th anniversary of Provident Hospital being part of the system.
- California-based Prime Healthcare announces its intent to acquire nine Ascension hospitals in the Chicago area. The deal was finalized in 2025 and one hospital in Chicago was closed.
- CCH reports providing \$1B in annual community benefits.
- J.B. Pritzker sworn in for second term as Illinois Governor.
- Interim Chief Executive Officer named for CCH.

2024

- Cook County tax allocation increases to \$158M, growing commensurately with health system's operating budget.
- Charity costs continue to rise.
- CountyCare membership continues to decline, more closely aligning with budget projections.
- CCH entered into its first two value-based care agreements.
- CCH Office of Behavioral Health hosts Stronger Together regional symposiums on services and workforce, awards \$44M in ARPA-funded grants to community organizations.
- CCH establishes virtual immediate care service, robotic surgery and robotic lung biopsy programs and neurosciences intensive care unit, expanding access to care.
- CCH's Interim Chief Executive Officer appointed to permanent position.

2025

- One Big Beautiful Bill Act Passes and entails significant cuts to health and social services, including nearly \$1B in cuts to Medicaid over the next 10 years.
- CountyCare membership is approximately 414,000 as of May.
- CCH opens a new health center in Chicago's Bronzeville neighborhood and Clinical Triage & Stabilization Center at Provident Hospital.
- CCH makes progress in hiring employees and reducing agency utilization.
- Illinois Health Benefits for Immigrant Adults health coverage program ends. CCH estimates a \$111M reduction in reimbursement.
- Donald Trump sworn in as President of the United States.

Three Year Financial Forecast

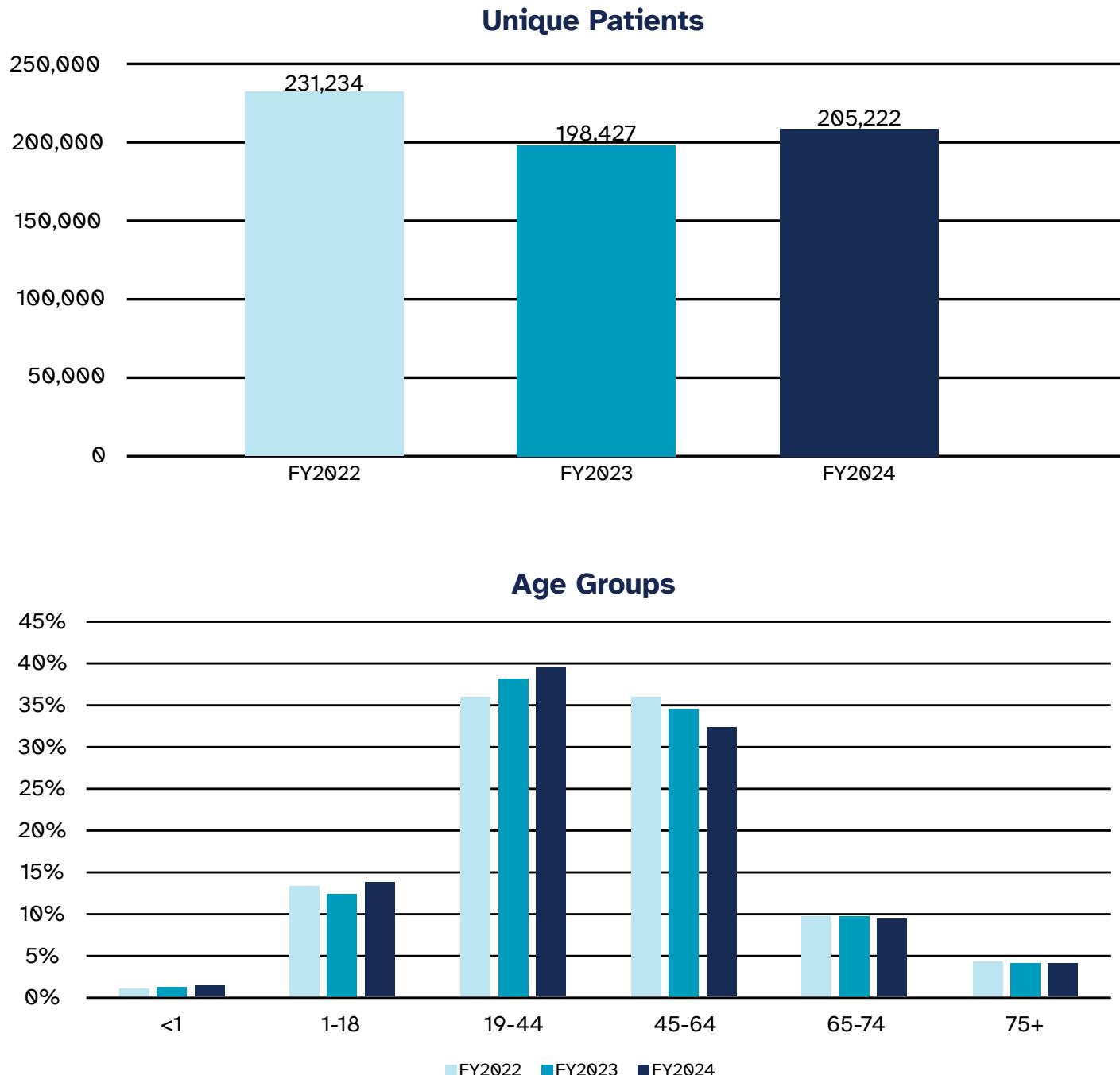
	FY2026 Proposed	FY2027 Proposed	FY2028 Proposed
REVENUES			
CCH Revenue	5,015	4,785	4,848
Cook County Tax Allocation (for Correctional and Public Health Departments)	168	168	168
County Allocation to CCH Pension	276	276	276
 Total Available Funds	 5,459	 5,229	 5,291
EXPENSES			
Hospital Based Services (Stroger/Provident)	1,282	1,291	1,342
CountyCare	3,511	3,352	3,465
Health Administration	168	177	186
Ambulatory Services (ACHN/CORE)	335	342	348
Correctional Health Services (Cermak/JTDC)	131	135	139
Public Health Services	31	32	33
 Total Expenditures	 5,459	 5,329	 5,513
Accrual Basis Surplus (Deficit)	0	(100)	(222)
BUDGET			
Budget Revenues	5,144	4,953	5,015
Budget Expenditures	5,144	5,017	5,201
Cash Basis Net Surplus (Deficit)	-	(64)	(186)

Assumptions

- **Charity Care:** Increased in the out years due to estimated impact of Medicaid changes.
- **CountyCare Membership:** Projected to decline in FY27 due to Medicaid reductions resulting from federal policy changes.
- **CountyCare Rates:** A modest increase is anticipated between FY27 and FY28 due to rate adjustments.
- **Government Support (DSH, BIPA, GME):** Assumed to remain flat until confirmation on whether Congress will delay scheduled cuts.
- **Directed Payments & Other Revenue:** Lower projections reflect the expected impact of Medicaid reductions—this includes areas like retail pharmacy revenue.
- **Property Tax:** Assumed to remain flat.
- **Operating Expenses:** Forecasted to grow by 2-5% annually, primarily due to inflation and cost-of-living adjustments.

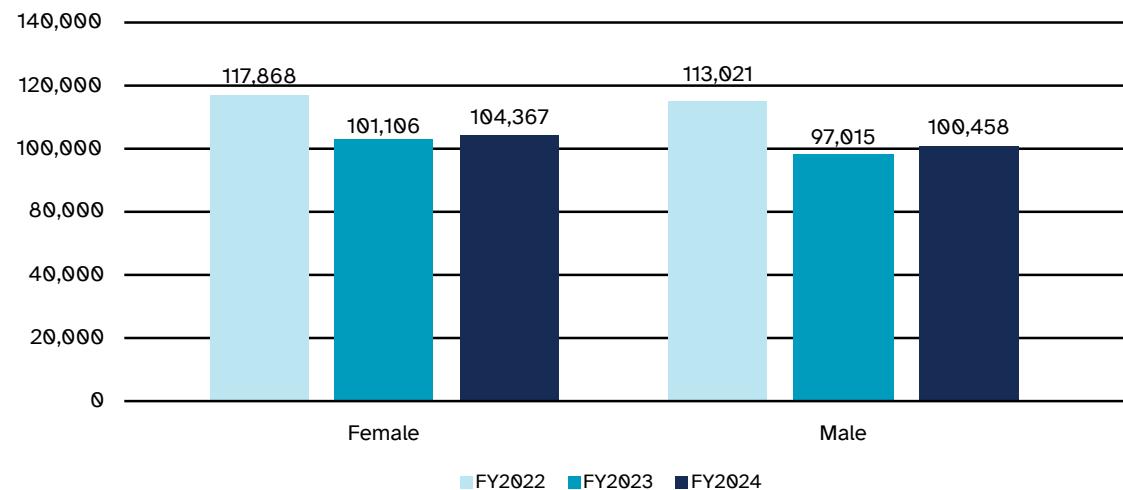
Demographics, Utilization and Membership Data

CCH PATIENT DEMOGRAPHICS

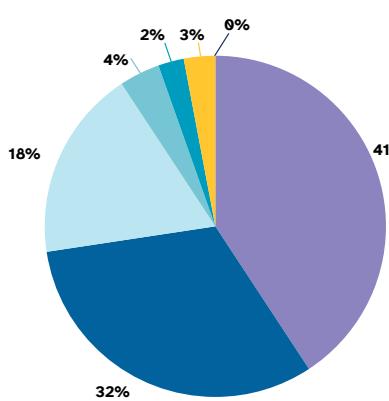


CCH PATIENT DEMOGRAPHICS

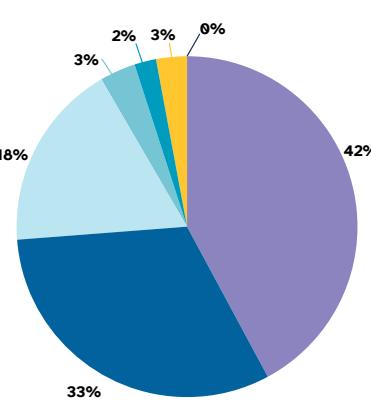
Gender



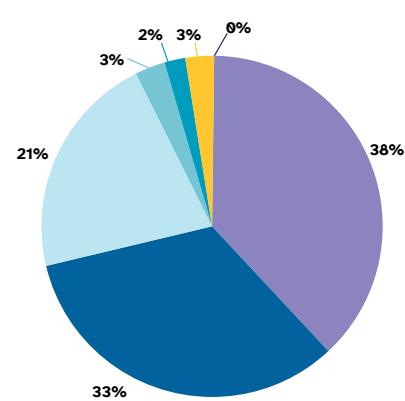
Race FY 2022



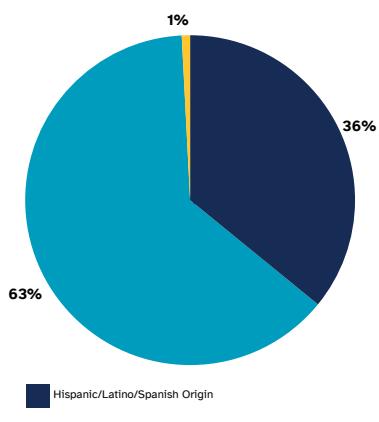
Race FY 2023



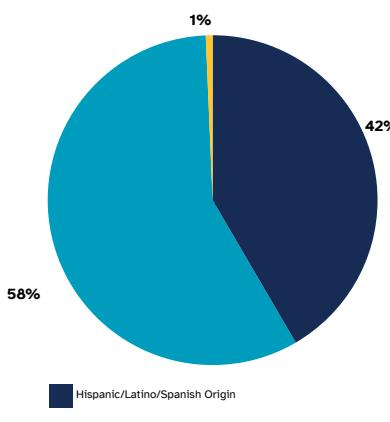
Race FY 2024



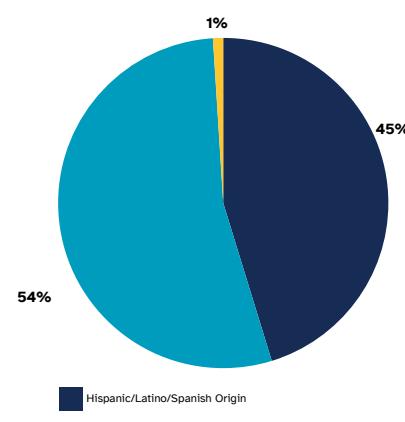
Ethnicity FY 2022



Ethnicity FY 2023



Ethnicity FY 2024

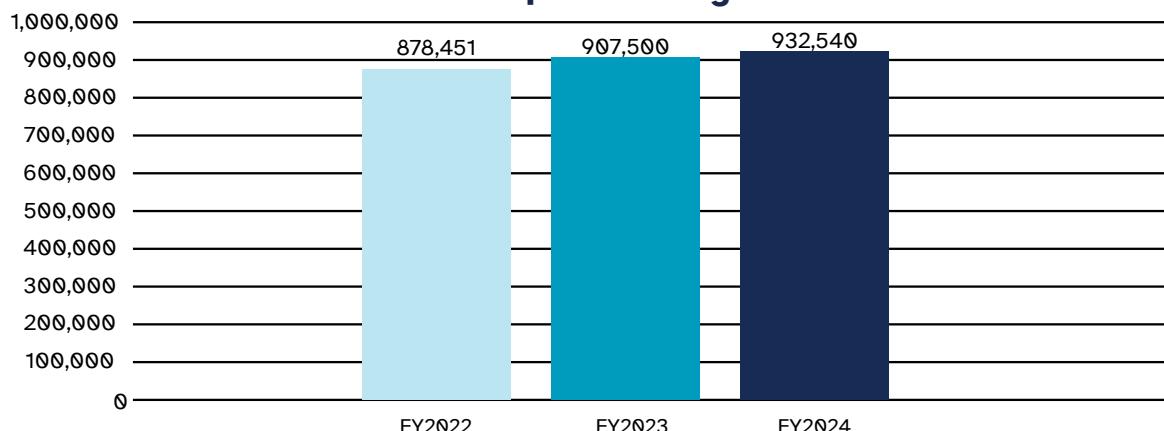


*Data in charts have been rounded.
Values may not add to 100%.

Source: Cerner Electronic Health Record

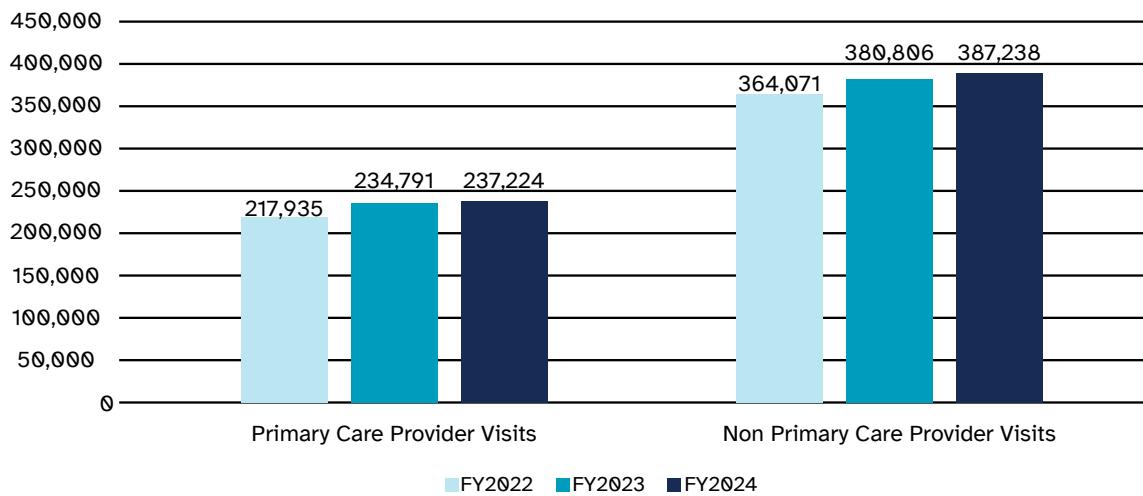
CCH VISITS BY TYPE

Total Outpatient Registrations



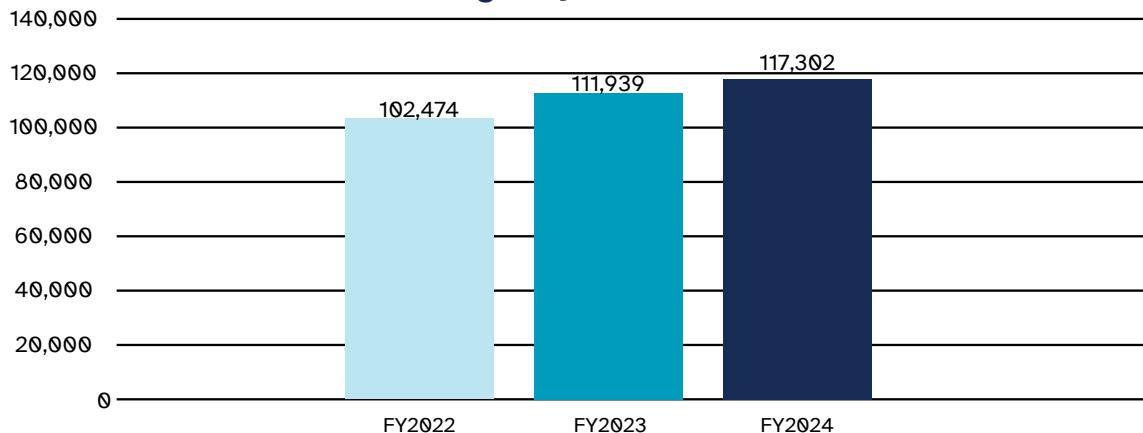
*Includes all outpatient registrations.

Outpatient Provider Visits by Type



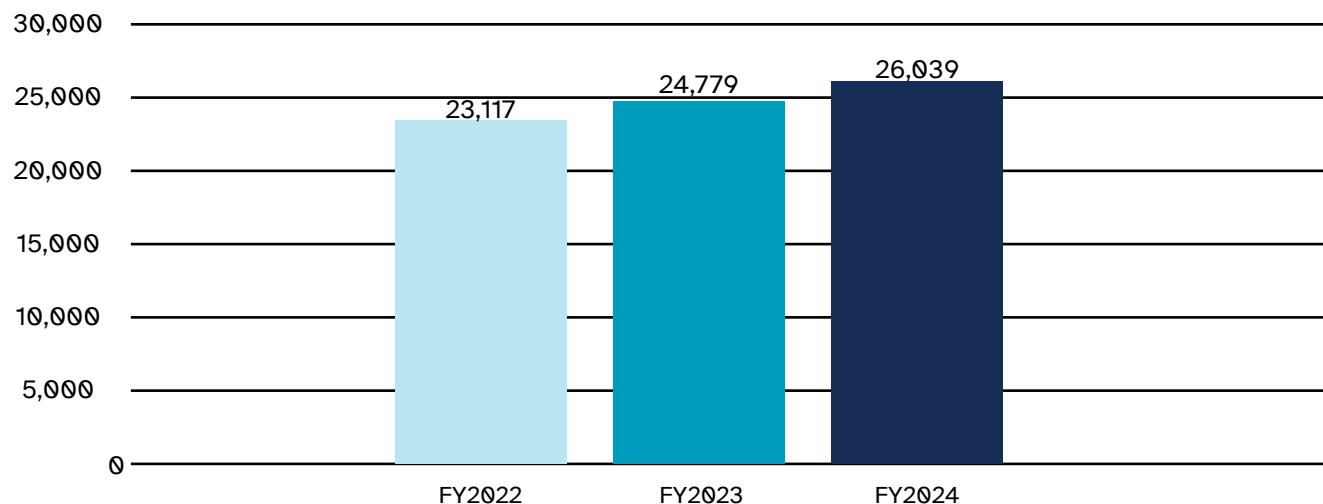
*Includes outpatient provider visits only. Non-primary care provider visits includes specialty care, diagnostic, procedures, behavioral health, oral health and lab.

Emergency Service Visits

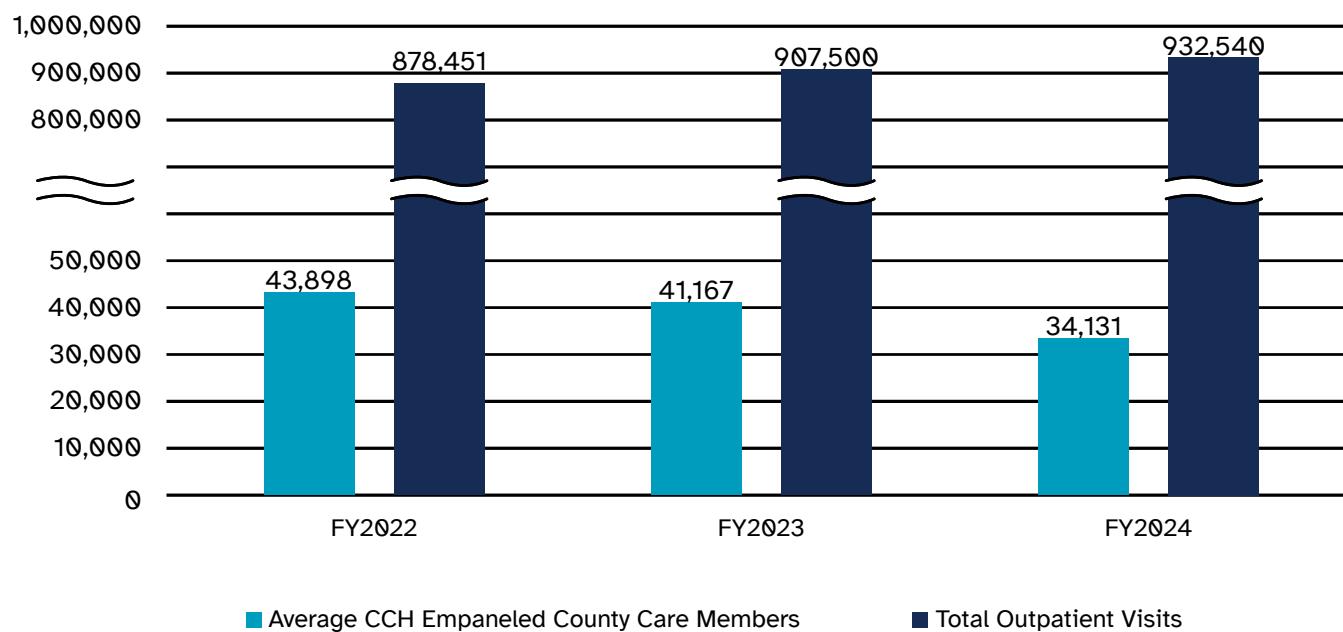


*Includes Adult ED, Peds ED and Trauma.

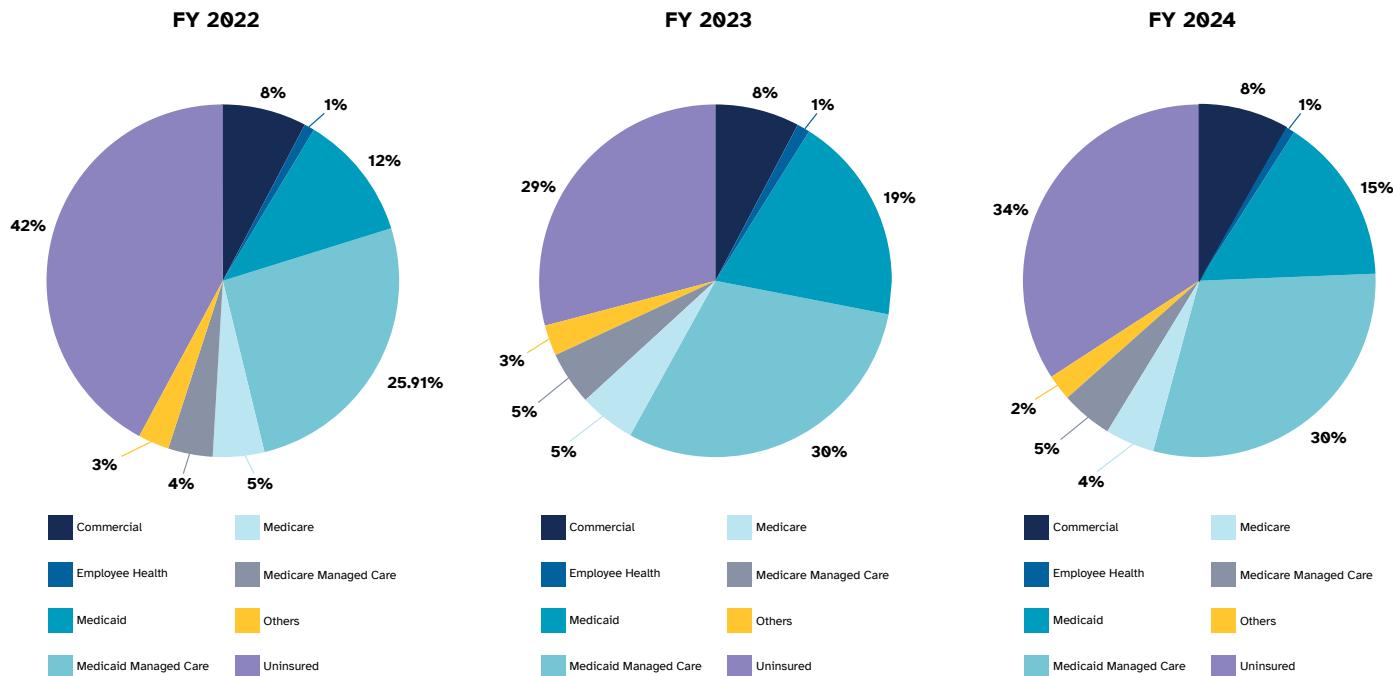
Inpatient and Observation Discharges at Stroger and Provident Hospitals



CCH Empaneled County Care Members and Outpatient Visits at CCH

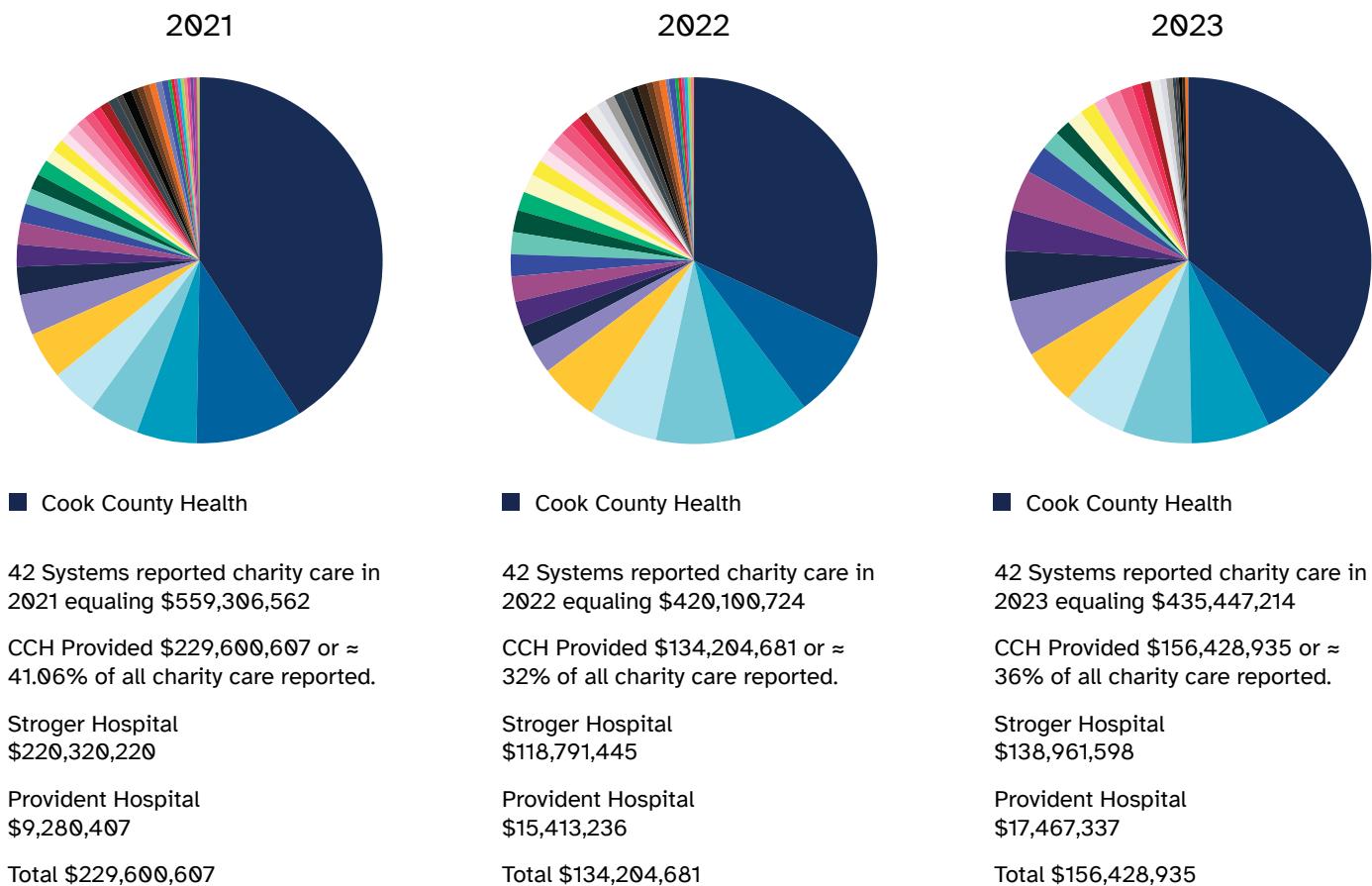


Visits by Primary Payer

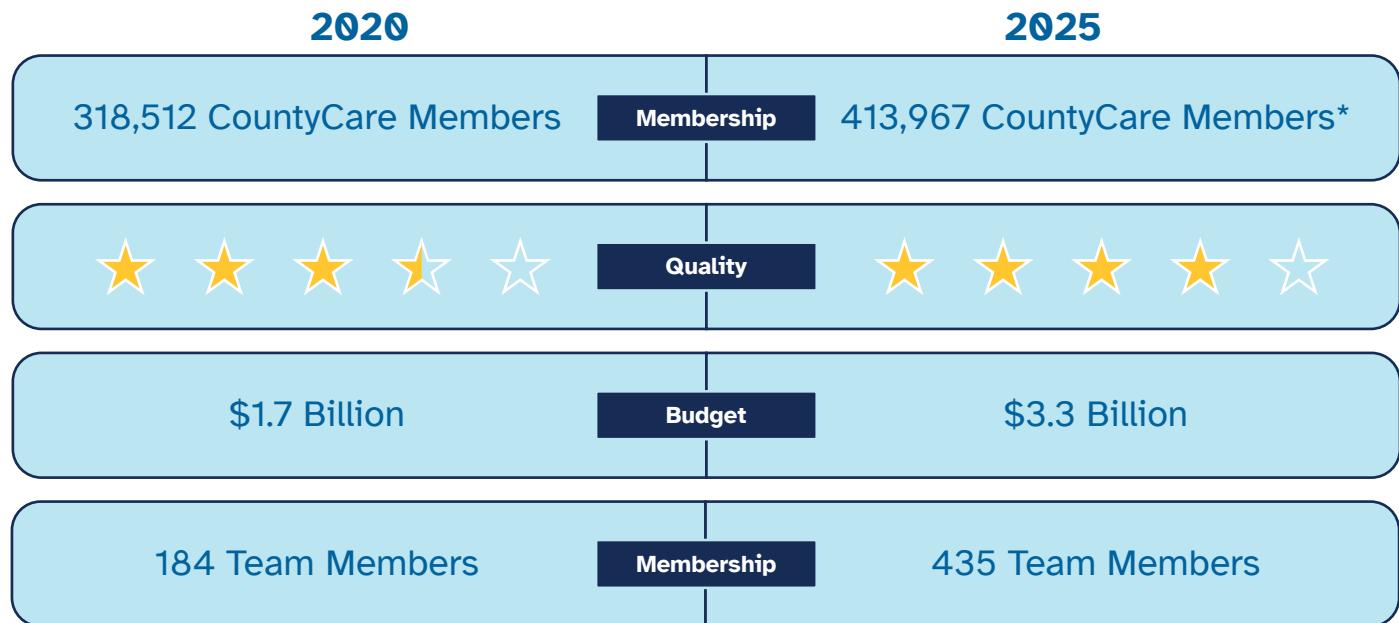


Source: Invision and Cerner Electronic Health Record

Charity Care in Cook County



CountyCare 2020/2025



*As of May 27, 2025

Cook County Department of Public Health Metrics

Metric	2022	2023	2024
Breast and Cervical Cancer Program	371	365	469
Community Public Health Events	165	1815	364
Grant Dollars to Community Organizations	\$7,497,262	\$8,838,554	\$10,875,379
Communicable Disease Cases	27,384	22,894	23,027
Doses of Naloxolone Distributed	1,376	6,103	18,932
Individuals Trained on Naloxolone	78	3,172	10,666

2023-2025 Accomplishments

PATIENT SAFETY, CLINICAL EXCELLENCE AND QUALITY

- Increased Leapfrog rating for Stroger Hospital to a “B” from a “C”
- Improved CMS star rating for Stroger from 2 to 3
- CountyCare achieved a 4-Star NCQA rating
- Provident designated as a “Top General Hospital” by Leapfrog
- Achieved successful accreditation and reaccreditation in:
 - Cermak Opioid Treatment Program
 - National Commission on Correctional Health Care
 - Commission on Cancer for the Cancer Program
 - Provident and Stroger Sleep Labs
 - The College of American Pathologists recertified the Lab at Stroger
 - American College of Radiology
- The Juvenile Temporary Detention Center achieved full compliance with Illinois Department of Juvenile Justice standards
- Successful Primary Stroke Certification by The Joint Commission
- The American Heart and American Stroke Associations recognized CCH with a Stroke Gold Plus, an Honor Roll elite listing and Gold Plus Award for Heart Failure Management
- US News and World Report recognized CCH as high-performing for heart failure, cardio obstructive pulmonary disease, heart attack, kidney failure and pneumonia management
- Endocrinology team received Beckers Hospital Review recognition as a top US program
- Patients have timely and reliable access to care through expansion of telehealth
- Implemented Clear Triage to provide access to standardized nursing protocols and connect patients with care quickly
- Chicago Health Executive Forum awarded Stroger team an Innovations Award to recognize improved throughput, reduced turnaround time and increased patient satisfaction
- Released first triannual “Advanced Nursing Excellence at CCH” report

HEALTH EQUITY

- Stroger Hospital was named by the Lown Institute as the #1 most racially inclusive hospital in Illinois and 2nd in the country
- CCH launched birthday screenings to encourage patients to engage in annual cancer and wellness screenings
- CCH awarded 53 “Stronger Together” grants from the Office of Behavioral Health, totaling \$144M
- Secured CountyCare care coordination per-member-per-month payment for new arrival population

- Conducted several well-attended health fairs focusing on men’s health, women’s health, breast and colon cancer screening
- CCDPH launched several campaigns to increase and improve awareness
 - “Boost Up” vaccine campaign
 - “Here to hear you” mental health campaign
 - “Myth vs. Fact” campaign to counter vaccine misinformation
 - HIV/STI testing services

- HRSA Healthy Start program was renewed for 5 years
- CountyCare launched an emergency meals program and began accepting referrals for FoodSmart
- Cermak established the Individual Behavioral Management Plan Program for severely mentally ill population and a comprehensive resource guide for individuals leaving the Cook County Jail
- CCDPH hosted a Food Justice Summit

- Created a gun safety section in the electronic medical record
- The Family Medicine Department created more same-day access for patients seeking Medication Assisted Treatment

EXPERIENCE

- Contract awarded for the new doula program
- Launched expansion of Care Coordination to provide payor-agnostic care coordination to all CCH patients
- Implemented a wayfinding project to improve patient navigation
- Unveiled Community Murals at Stroger Hospital, Provident Hospital, Blue Island Health Center and Cermak

- Press Ganey I-rounds initiated to improve services
- Launched Provident Patient Family Advisory Council
- Opened Stroger Hospital Discharge Lounge
- CountyCare added Lyft options for member transportation
- Created new CountyCare provider directory
- Mammography tracking system launched

WORKFORCE, TALENT AND TEAMS

- Converted agency positions to fill vacancies
- Held job fairs to accelerate hiring in key areas, including nursing, navigators, technicians and more
- Offered Provident Scholarship Fund to support education of future healthcare professionals
- Finalized agreements to offer 1,600 retention bonuses
- Amended Employment Plan to allow accelerated hiring

- The State renewed Wellness West/SAFER transformation projects through 2026
- Awarded \$2.1M for Advanced Practice Registered Nurse Fellowship Program continuation
- Launched nursing externship program
- Established CCH Women's Physician Forum Committee

FISCAL RESILIENCE

- Executed three value-based care agreements
- CountyCare pharmacy achieved contract savings of \$25M
- Exceeded CountyCare member utilization of CCH services revenue targets
- CCH piloted agreement to use 340B drug pricing for CountyCare providers and surpassed the pharmacy domestic spend target of \$2.2M by increasing in-house prescriptions

- CCDPH IDPH Vaccination Program grant received from state for \$2.5M
- Doubled County employees enrolled in Cook Medical Group thanks to new auto-assignment strategy
- CountyCare implemented Coordination of Benefits process
- Reconstituted value analysis steering committee to reduce costs
- Earned a \$67K performance bonus for Wellness West project for care coordination

OPTIMIZATION, SYSTEMIZATION AND PERFORMANCE IMPROVEMENT

- Decreased the number of patients who left the emergency department without being seen at Stroger Hospital to 1% and at Provident Hospital to 2%
- Completed dashboards for service lines that includes, revenue, volumes and show rates
- Implemented telehealth home visits by CCDPH nurses
- Established a web-based external referral platform to allow bi-directional referrals
- Launched new policy and contract management systems to allow easy utilization for CCH employees
- Completed digitization of credentialing applications
- New contract management system went live
- Upgraded HVAC system at Provident Hospital
- Opened mobile MRI services at Stroger Hospital
- Global imaging specialist feed allowed radiology reading at home
- Geo-localization refinement model implemented to allow for flexible cohorting of patients
- Critical vital sign alert went live in Cerner to provide staff alerts in real time
- Finalized Vizient Operational Database submissions for lab, surgery, respiratory, imaging, emergency and HR
- Implemented electronic ticketing and monitoring program to ensure life safety systems and equipment are operational and optimal at all times

GROWTH, INNOVATION AND TRANSFORMATION

- Opened Bronzeville Health Center, including family medicine, psychiatry and rehab services
- Opened behavioral health Crisis Stabilization & Triage Center at Provident Hospital
- Established new robotic surgery program
- Interventional Cardiology performed first shockwave treatment to treat coronary and peripheral artery disease
- Completed first surgery using the spine navigation system at Stroger Hospital
- Speech completed first video capsule swallow study at Provident Hospital
- Provident expanded staffed beds to 38
- Intermediate Care unit went live and will include Cardiology and General Medicine beds on 4th floor of Stroger
- Expanded Express Care Telehealth services
- Specialty service integration and expansion at CCH and partner facilities included:
 - Cardiology at Arlington Heights, Belmont Craigin and North Riverside
 - Endocrinology expansion at Cermak and North Riverside
 - Plastic Surgery expansion at Provident
 - Rheumatology expansion at Provident
 - Pulmonary clinic expansion at CORE Center
 - Uro-gyn surgery at Provident
 - Vascular services at St. Bernard
 - Pediatric Cardiology at Resilience Health

ARTICLE V. COOK COUNTY HEALTH AND HOSPITALS SYSTEM¹⁰

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 5/5-1 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.

(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.

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

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.

(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.



Cook County Health

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