

WELCOME!

THE 2024 COOK COUNTY BEHAVIORAL HEALTH WORKFORCE SYMPOSIUM

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@cookcountypublichealth
#behavioralhealth



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Public Health

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Welcome From President Toni Preckwinkle, Cook County Board President



Toni Preckwinkle

County Board President

Cook County Board of Commissioners



Your MC for the day



Jennifer Brothers

Executive Director, Impact Fund & Community Services
Cook County Health, Office of Behavioral Health



The “Why” For Cook County Health



Dr. Erik Mikaitis

Interim Chief Executive
Cook County Health



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The “Why” For Cook County Health



Dr. Tom Nutter

Chief Behavioral Health Officer

Cook County Health, Office of Behavioral Health



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The “Why” For Cook County Health



Dr. LaMar Hasbrouck

Chief Operating Officer

Cook County Department of Public Health



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Five Things You Should Know About the Workforce Shortage



Andy Hall

President

Trailhead Strategies



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1

What is the extent of shortage?

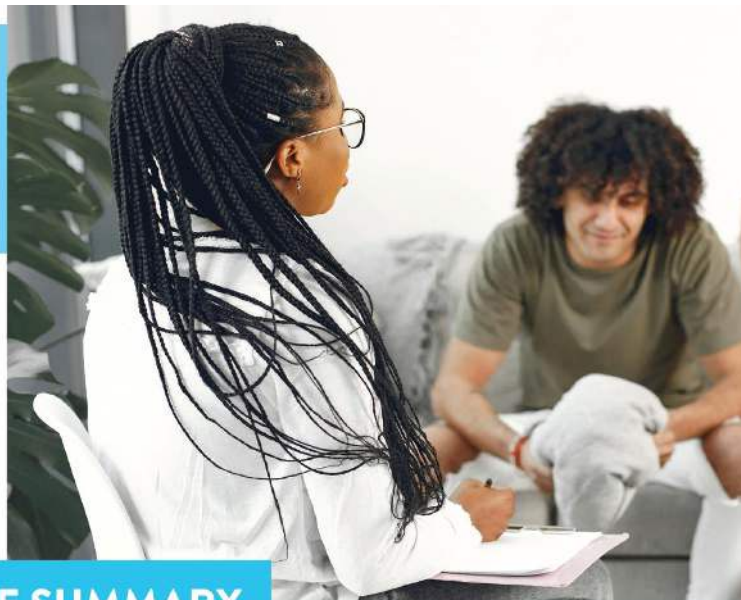
2

What do frontline professionals think about it?

3

What can be done about it?





EXECUTIVE SUMMARY

ADDRESSING THE BEHAVIORAL HEALTH WORKFORCE SHORTAGE IN COOK COUNTY

A needs assessment and framework for action to attract and retain essential behavioral health professionals



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OCTOBER 2024


WHAT DO PROFESSIONALS SAY ABOUT JOB QUALITY, BURNOUT & RETENTION?

INFORMED BY INPUT FROM 1,000 BEHAVIORAL HEALTH WORKERS

 **40%** are experiencing **burnout**.
37% intend to look for a job in the next 12 months.

 **70%** have **student debt**.
40% have more debt than their annual income.

 The **highest** levels of satisfaction were related to **purpose, the patient population, and colleagues**.

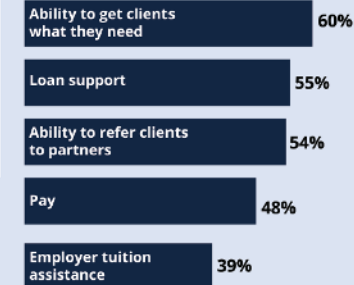
 The **lowest** levels of satisfaction were related to getting clients the **services they need, student loans, pay, and support for education costs**.

HIGHER BURNOUT

THOSE REPORTING BURNOUT WERE MORE LIKELY TO....

Work longer hours	Be younger	Have a Bachelor's degree or graduate education
Be a Registered Nurse or Licensed Clinical Social Worker	Be female	Have more responsibilities

TOP AREAS OF DISSATISFACTION (N=965)



The job is great. The benefits are great. The coworkers are great. Admin is great. The pay and student loans make my job almost impossible to stay at.
Case Manager

ACKNOWLEDGEMENTS

To the **1,000 behavioral health professionals** who shared their experiences despite being busier than ever - no workforce data is complete without hearing directly from workers on the frontlines. Thank you.

COOK COUNTY BEHAVIORAL HEALTH WORKFORCE STEERING COMMITTEE

- Tom Allen, MD**, Chief Psychiatrist and Executive Medical Director, Behavioral Health, Blue Cross / Blue Shield of Illinois
- Lindsey Artola, MHS**, President, Sage Health Strategy
- Jennifer Brothers, MPH**, Executive Director, Impact Fund & Community Services, Cook County Health, Office of Behavioral Health
- Blanca Campos**, Chief Executive Officer, Community Behavioral Health Association
- Yvonne Collins, MD**, Chief Medical Officer, CountyCare
- Rosario Cosme Cruz, MD**, West Campus Outpatient Medical Director, Child and Adolescent Psychiatry Fellowship Program Director, Rush University Medical Center
- Gerald (Jud) E. DeLoss, J.D.**, Chief Executive Officer, Illinois Association for Behavioral Health
- Andy Hall, MBA**, President, Trailhead Strategies
- Shandria Holmes, M.A.**, Dean of Instruction, Kennedy-King College
- Marco E. Jacome, MA, LPC, CAADC**, Board Member and Former CEO, Healthcare Alternative Systems, Inc.
- Neil Jordan, Ph.D.**, Director, Institute for Public Health and Medicine's Center for Education in Health Sciences, Feinberg School of Medicine, Northwestern University
- David Jones**, Chief Behavioral Health Officer, Office of Illinois Governor JB Pritzker
- Kiran Joshi, MD, MPH**, Senior Medical Officer, Cook County Department of Public Health
- Hong Liu, Ph.D.**, Executive Director, Midwest Asian Health Association
- Catherine Melka-Kaffer, LCSW**, Initiative Coordinator, Illinois Behavioral Health Workforce Center, University of Illinois Chicago
- Srikrishna Mylavarapu, MD**, VP of Behavioral Health Service Line, Advocate Health
- Thomas Nutter, MD**, Chief Behavioral Health Officer, Cook County Health, Office of Behavioral Health
- Audrey Pennington**, Chief Operating Officer, Aunt Martha's Health and Wellness
- Lauren Pett**, Director of Policy, Office of the President, Cook County Government
- Matt Richards**, Deputy Commissioner of Behavioral Health, Chicago Department of Public Health
- Lorrie Rickman Jones, PhD**, Consultant and Director, Behavioral Health Crisis Hub, Jane Addams College for Social Policy and Leadership, University of Illinois Chicago
- Nan Silva, MPH**, Program Director, Community Memorial Foundation
- James A. Swartz, Ph.D.**, Professor and Interim Associate Dean for Research, Jane Addams College of Social Work, University of Illinois Chicago
- Nareman Taha**, Co-founder and Director of Development, Arab American Family Services
- Ron Vlasaty**, Chief Operating Officer, Family Guidance Centers, Inc
- Sharronne Ward Ed.D., LCPC**, President & CEO, Grand Prairie Services

These smart people!



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I actually have two jobs. My daytime 9-5 and overnight shifts for the Mobile Crisis Response team. I'm exhausted because few people want to be public servants due to unacceptable pay. I applied for loan forgiveness at my old job, but it was denied. It was a for-profit facility, but I was still serving the public, so its frustrating.

The job is great. The benefits are great. The coworkers are great. Admin is great. The pay and student loans make my job almost impossible to stay at.

I started a Master's Program to become a Marriage and Family Therapist. But I got divorced and had to support myself financially. I couldn't do the full time practicum, which was the last 6 months of the program. I had to earn money, I couldn't work and not get paid. That was the last thing you had to do to graduate, but I had to drop out. That happened to several other people in my class. I still have \$50,000 of debt from that program, but I didn't finish.

▶ Certified Alcohol and Drug Counselor

▶ Case Manager

▶ Unlicensed Case Manager

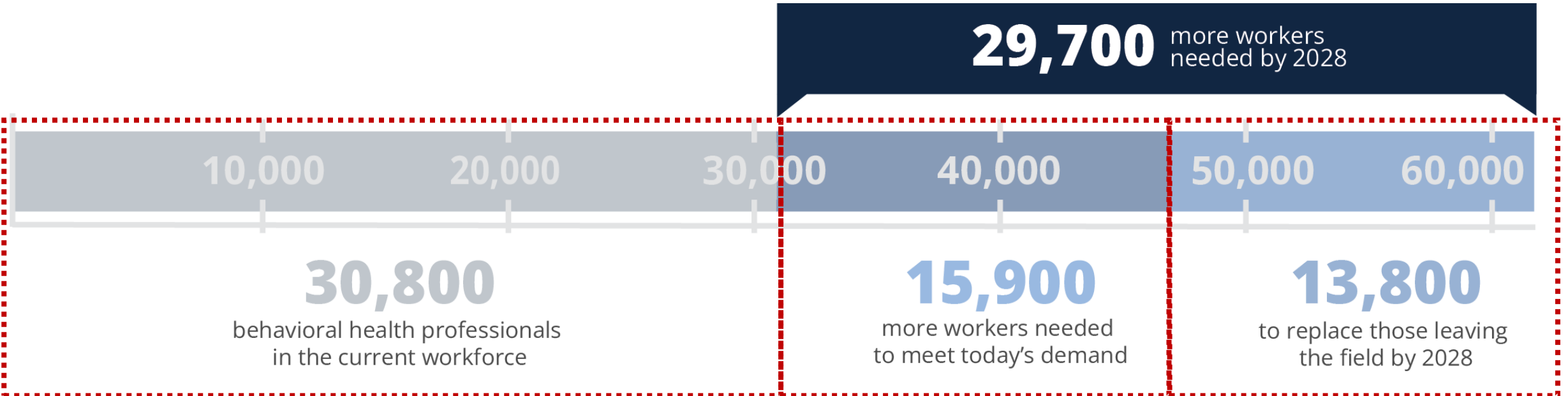


1

The shortage is big...



Behavioral health professionals prevent, diagnose, and treat mental health and substance use disorders, as well as life stressors and crises.



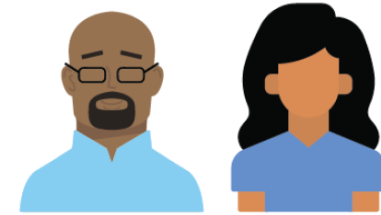
1 The shortage is big... and not evenly distributed.



Most professionals work in downtown Chicago. The **further south and west** from the Loop, the **fewer** workers are employed per resident.



Most Behavioral Health workers are **female**, except psychiatrists.



Black workers are **underrepresented** among **higher** paying professions including psychiatrists, nurse practitioners, and psychologists, but are **overrepresented** among **lower** paying professions. Hispanic workers are **underrepresented** across **all** professions.



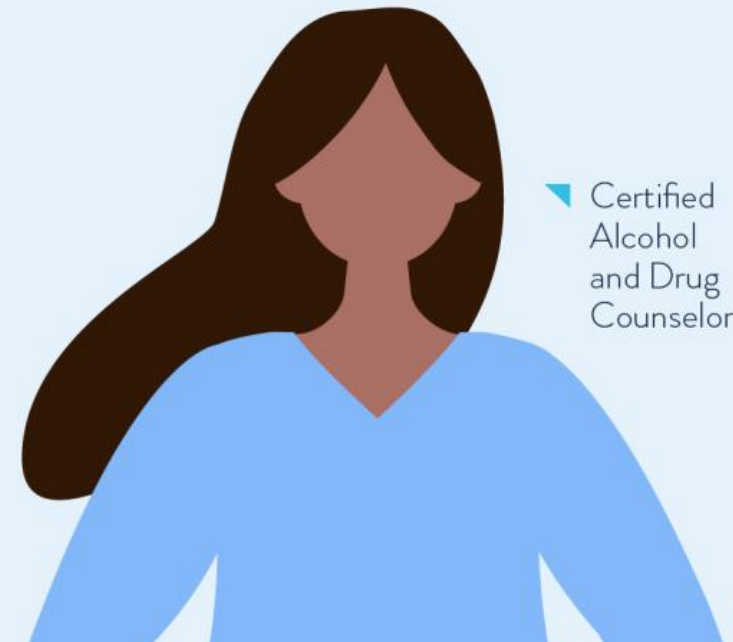
Those with publicly funded insurance or no insurance are often most impacted.



2 Low pay is a problem

75% of the **8,000+** peer support specialists, outreach workers, unlicensed case managers, and other unlicensed roles **make less than \$49,275, a living wage** for a single adult in Cook County

I actually have two jobs. My daytime 9-5 and overnight shifts for the Mobile Crisis Response team. I'm exhausted because few people want to be public servants due to unacceptable pay. I applied for loan forgiveness at my old job, but it was denied. It was a for-profit facility, but I was still serving the public, so its frustrating.



If there was a way to figure out student loans more people would stay in this field. The majority of my peers in community health leave because of the pay vs. the student debt we're trying to pay off.

▶ Licensed Social Worker



Cook County is behind other mid-western metros in cost-of-living adjusted pay for behavioral health talent.

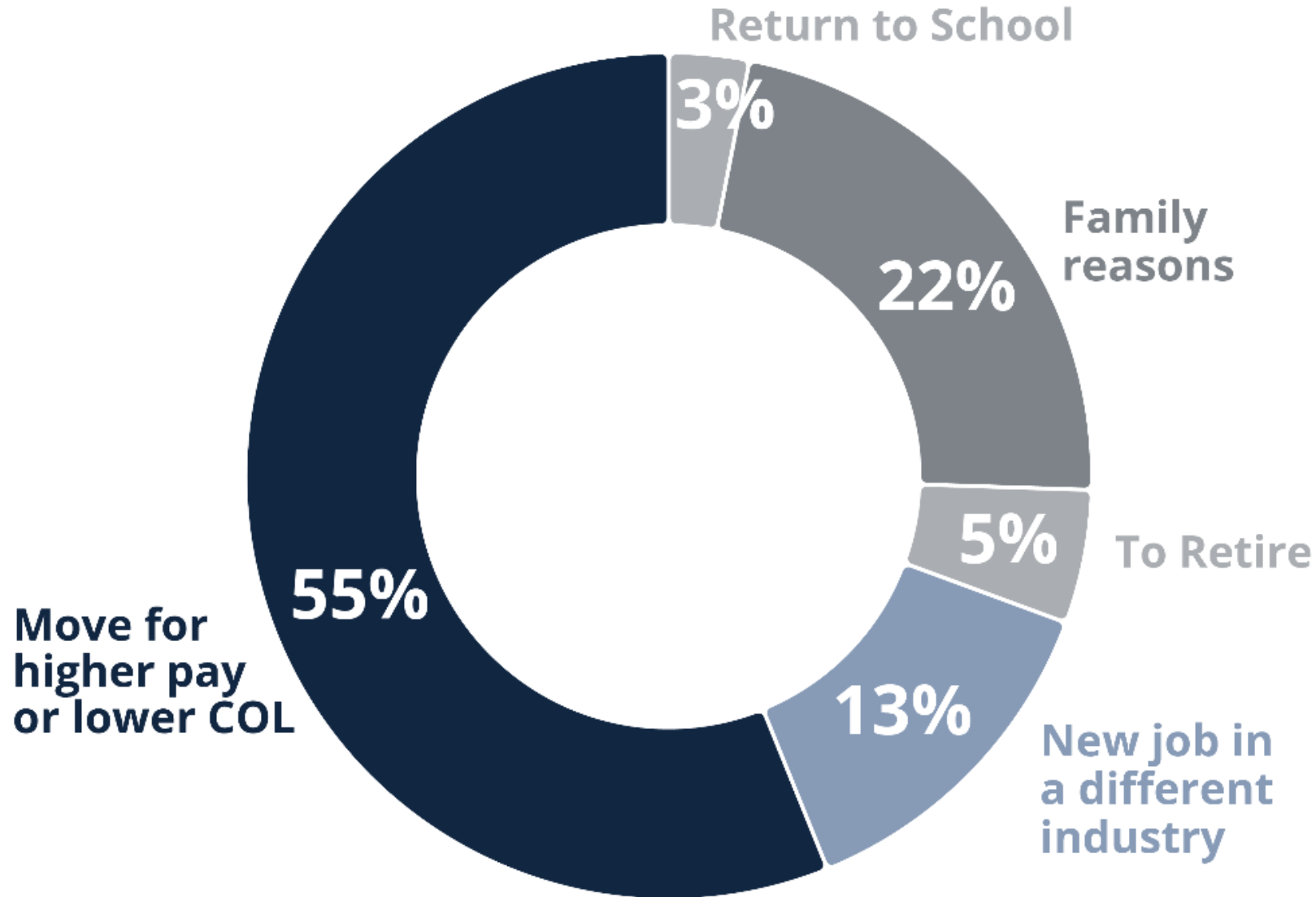
Social Workers in BH settings

2023 cost-adjusted wages

1. Indianapolis
2. Detroit
3. Louisville
4. Columbus
5. St. Louis
6. Cleveland
7. Milwaukee
8. **Chicago**
9. Cincinnati

WHY ARE YOU LIKELY TO BEGIN WORK OUTSIDE COOK COUNTY?

(N=164, OR 16% OF SURVEY RESPONDENTS)





3 The “traditional”
education pathway is
not working

In 2022, Cook County colleges and universities **awarded fewer degrees and certificates** in key programs, including **social work** and **addiction studies** compared to 2019.

I started a Master's Program to become a Marriage and Family Therapist. But I got divorced and had to support myself financially. I couldn't do the full time practicum, which was the last 6 months of the program. I had to earn money, I couldn't work and not get paid. That was the last thing you had to do to graduate, but I had to drop out. That happened to several other people in my class. I still have \$50,000 of debt from that program, but I didn't finish.

Unlicensed Case Manager



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The background of the slide is a dense, repeating pattern of white paper snowflakes. Each snowflake is intricately cut with various geometric and organic shapes, creating a textured, three-dimensional effect. The snowflakes are scattered across the entire page, with some appearing larger and more prominent than others.

4

The burnout and attrition snowball is real

40% experiencing burnout

Working longer hours, RNs and LCSWs, younger workers, women, and those with multiple job responsibilities had higher burnout.

37% likely to leave their job in the next 12 months

Burnout, more clinical hours and lower the pay helps predict intent to leave.

TOP AREAS OF DISSATISFACTION (N=965)

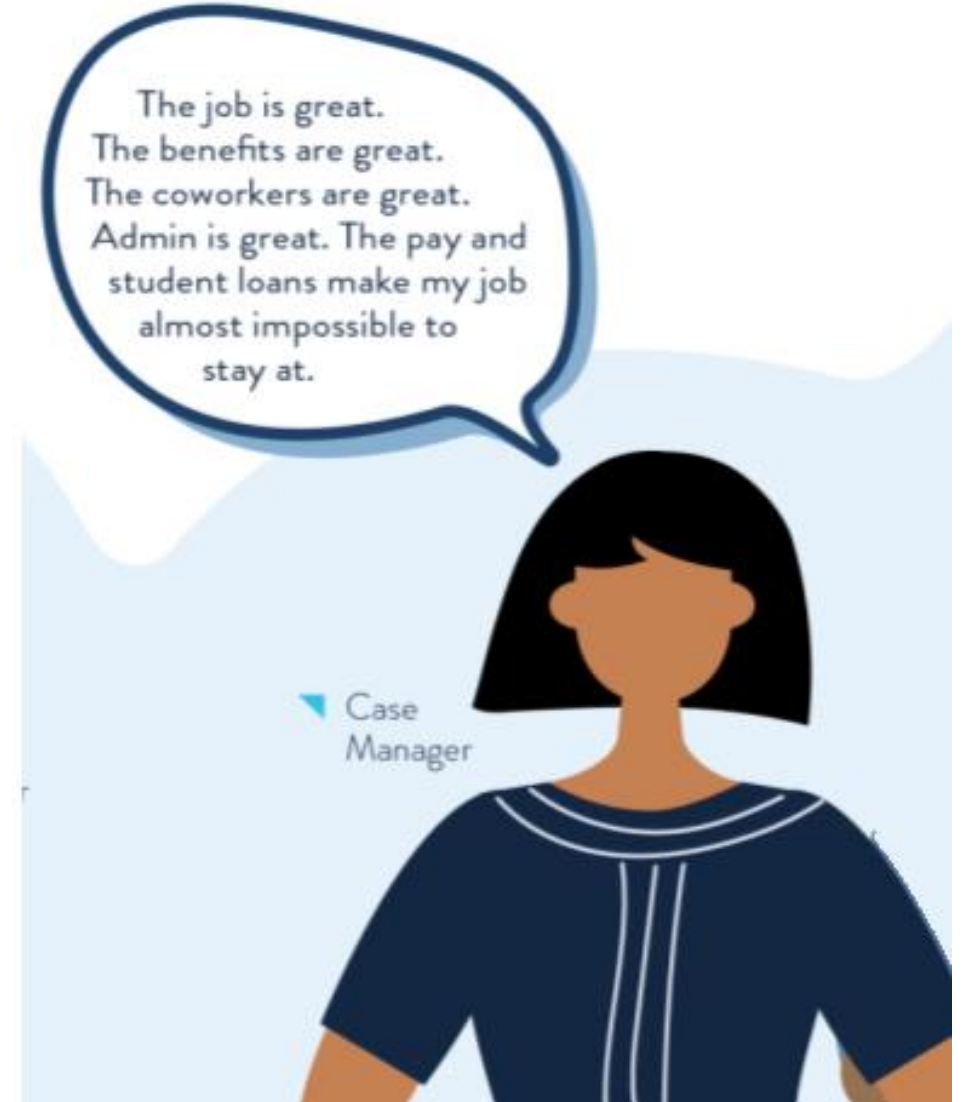
**Ability to get clients
what they need** 60%

Loan support 55%

**Ability to refer clients
to partners** 54%

Pay 48%

**Employer tuition
assistance** 39%



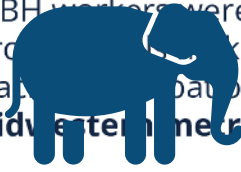
5

A map with elephants



1 PROVIDE COMPETITIVE COMPENSATION

48% of Cook County BH workers were dissatisfied with pay, and **75%** of unlicensed professionals make below a living wage. The region's BH workers and job opportunities are **paid less than other workers in other midwestern metros.**



2 INCREASE AWARENESS OF BEHAVIORAL HEALTH CAREERS

Greater exposure to career opportunities at the K-12, college, and graduate level is critical. **Residents of Cook County cannot aspire to careers they do not know exist.**

3 OFFER BEST-IN-CLASS “EARN & LEARN” OPPORTUNITIES

A \$50M public / private fund to expand **scholarship, apprenticeship, and fellowship** programs can help new entrants join the field and existing professionals advance.

4 IMPROVE JOB QUALITY IN TARGETS SETTINGS

40% of Cook County professionals **report burnout**, and **36%** **intend to leave their jobs** next year. **13,000 will leave the field by 2028.** Cook County, in partnership with the **Illinois Behavioral Health Workforce Center** and other state partners, can provide support and funding to community providers focused on reducing burnout and increasing retention.

5 MAXIMIZE IMPACT OF CURRENT WORKFORCE

Reducing documentation burden, expanding **integration with primary care providers**, and exploring **new technologies** can help current healthcare professionals serve more patients.

A \$50M REGIONAL BH WORKFORCE FUND

- ▶ **\$5M** to train and provide stipends to **400 certified peer recovery specialists**
- ▶ **\$6M** to establish a regional **alcohol and drug counselor registered apprenticeship**, employ, train, and certify **250 new counselors**
- ▶ **\$20M** to provide **400 current professionals and students** with scholarships, paid internships, and post-graduate supervision opportunities on their path to becoming **licensed clinical social workers** and **professional counselors**
- ▶ **\$16M** to expand **nurse practitioner** and **psychiatry fellowship programs** in community settings
- ▶ **\$3M** for **100 nursing students** in LPN and RN programs to get didactic and clinical training in behavioral health settings





Perspectives From The Field



Lindsey Artola (Facilitator)

President
Sage Health Strategy



Juan Carlos Linares

President & CEO
Association House of Chicago



Nareman Taha

Co-Founder and Co-Director
Arab American Family Services



Dr. Sharonne Ward

President and CEO
Grand Prairie Services



Social Work Mantra



Kendrick Dial (AKA Mr. Lyrical Groove)

Poet

Movement Be



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Rethinking How Behavioral Health Is Paid For



Lorrie Rickman Jones, PhD

Consultant and Director

**Behavioral Health Crisis Hub, Jane Addams
Center for Social Policy and Research,
University of Illinois Chicago**



Neil Jordan, PhD

Director

**Institute for Public Health and Medicine's Center
for Education in Health Sciences, Feinberg
School of Medicine, Northwestern University**



BREAK



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**Tell us what's on
your mind and
stay engaged!**



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Flipping the Script



Lavoris Lennon

Recovery Navigator

AmeriCorps/Family Guidance Centers, Inc.



What Would a \$50M Regional Workforce Fund Actually Look Like?



Jake Edwards

Vice President of Impact Investments
Social Finance



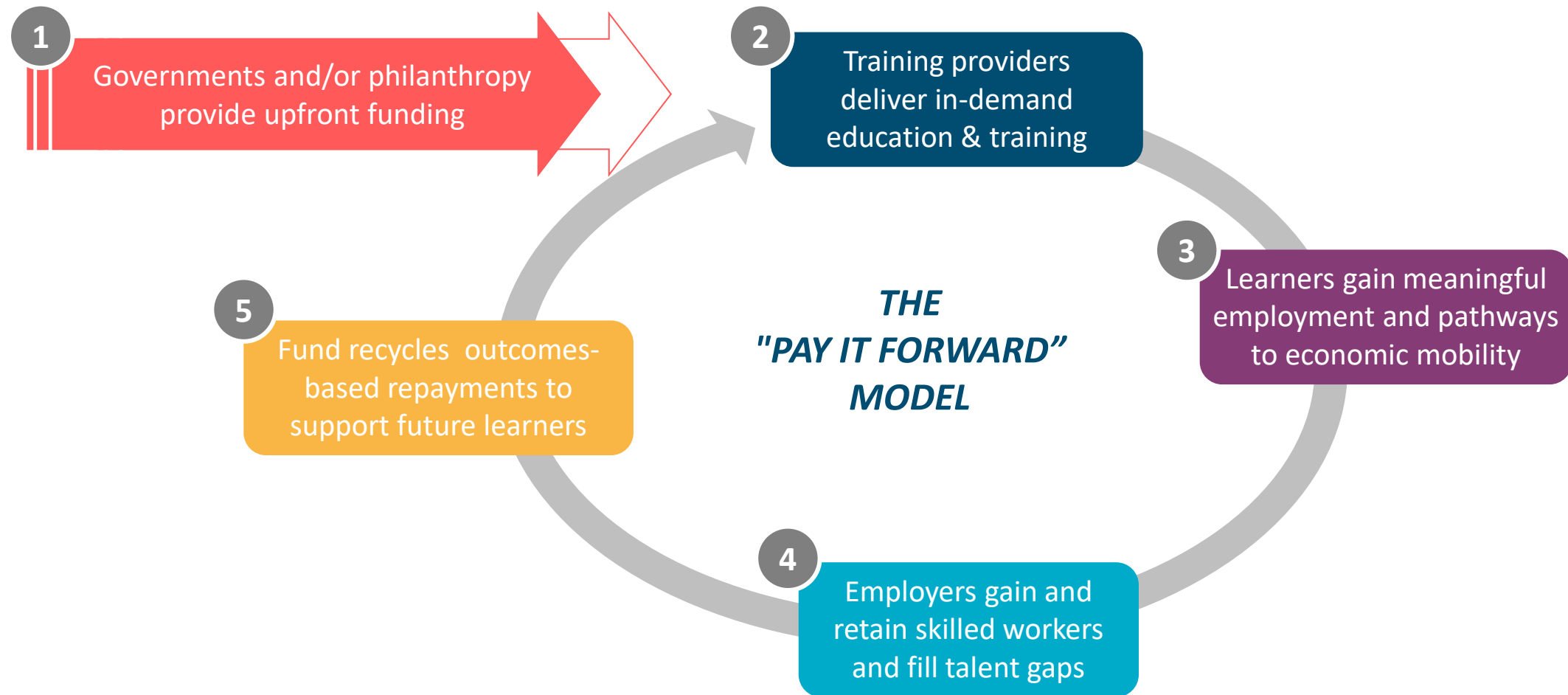
What Would a Regional Workforce Fund Actually Look Like?

October 1, 2025



THE CONCEPT: A “PAY IT FORWARD” FUND

Pay It Forward Funds are workforce development funds that more sustainably invest in worker upskilling and amplify the impact of public and philanthropic dollars by recycling funds to ‘pay it forward’ for future worker learners



A 'WIN-WIN' FOR ALL STAKEHOLDERS

Pay It Forward Funds bring employers, training providers, government, and philanthropy together to more sustainably finance upskilling, re-allocate risk for worker learners, and address key labor market needs



Employers

- Access a diverse, reliable pipeline of local talent
- Increase retention and lower turnover costs



Training Providers

- Expand access and success for low-income learners
- Scale and diversify student population



Local Economy

- Meet regional needs for skilled, diverse workforce
- Increase economic competitiveness



Worker Learners

- Access high-quality training, supportive services, and good jobs
- Receive preferential financing with meaningful downside protection



Funders

- Increase the impact of each dollar by recycling funds
- Bolster accountability to outcomes

ANCHORING OUR WORK IN REAL PROBLEMS & BARRIERS

**Burn-out for
frontline workers
is REAL**

**Stable, in-demand jobs
exist in the field...but
stigma and lack of
awareness constrain
new entrants**

**Training programs
are not flexible or
designed for
working adults**

**Staffing shortages
are an existential
crisis for the field**

**Even if I had the
time, training
programs are too
expensive**

**Additional training
would be great, but I
can't afford to stop
working**

**The healthcare &
nursing ladder is
filled with broken
rungs**

**There are plenty of
programs available –
but which ones are
good?**

BRINGING OUR WORK TO LIFE

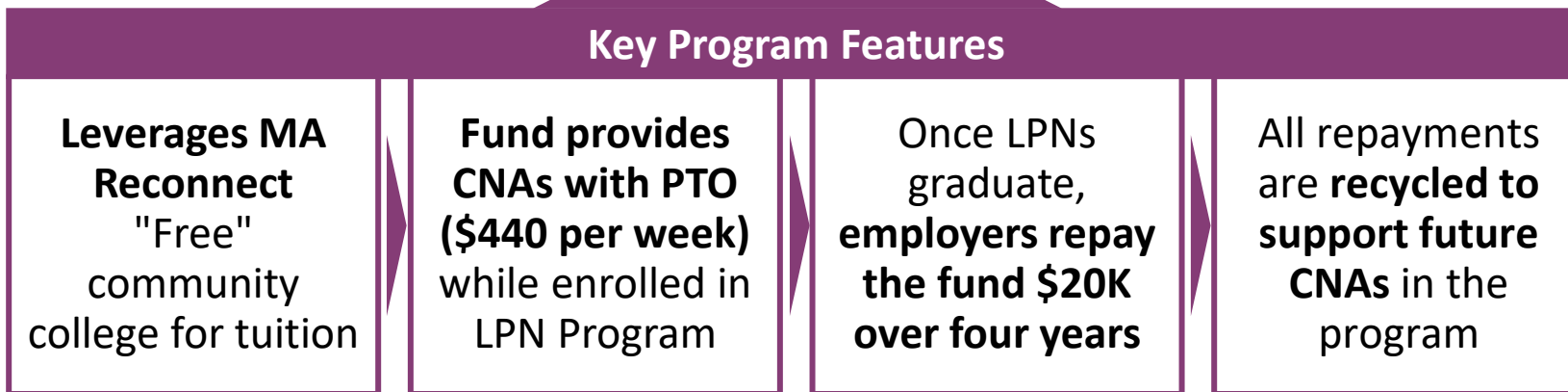
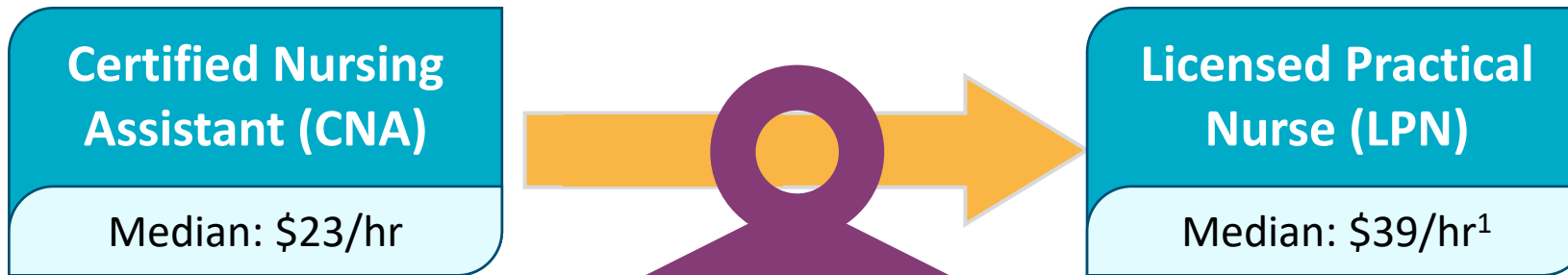
Through a Partnership with Commonwealth of Massachusetts, we identified the following problem statements within the senior living and homecare industry:

- ❑ Certified Nursing Assistants (CNAs) are the lowest paying role on the healthcare ladder – and **higher-paying healthcare occupations require additional education that is difficult to obtain while employed full-time**
- ❑ The Commonwealth of Massachusetts offers free postsecondary education through the Mass Reconnect Program – but **that program does not address the “opportunity cost” of foregone income for low-wage wage workers like CNAs**
- ❑ Healthcare employers face critical nursing shortages – and **are willing to make payments for successful hiring and retention**

MASSACHUSETTS CAREER LADDER PROGRAM OVERVIEW

This initial \$6M fund will support upskilling of 325 entry-level health workers over 5 years (first cohort in Fall 2024)

The MA Career Ladder Program is built **upon state funding with employer participation and repayments** to optimize for student friendliness and fund recyclability.



THANK YOU



“Earning And Learning” In Community Behavioral Health



Blanca Campos (Facilitator)

Chief Executive Officer
Community Behavioral Health Association



Dr. Rosario Cosme

Associate Professor and Child and Adolescent
and Fellowship Program Director
Rush University Medical Center



Amy Watson, PhD

Professor
Wayne State University School of Social Work



Jessica A. Love Jordan, PhD

Assistant Professor
Governor’s State University



Local Action, Statewide Partners



Sonya Leathers, PhD

Professor

Jane Addams College of Social Work

Director

Illinois Behavioral Health Workforce Center at
University of Illinois Chicago



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Local Action, State Partners: The Illinois Behavioral Health Workforce Center

Sonya Leathers, PhD

Agenda

- Establishment of the BHWC
- Areas of work and accomplishments
- Examples of initiative areas and use of data
- Ways to engage with the BHWC

Behavioral Health Workforce in Illinois

- Spring 2018 state legislative session: *Illinois is suffering from a behavioral healthcare workforce emergency.*
- Illinois' workforce deficit is not new
 - From 2017 to 2019, the shortage of behavioral health providers in Illinois increased 215% (*Health Professional Shortage Areas data*)
- The pandemic pushed the need for more providers to a breaking point

Pre-pandemic data estimated that only 23.3% of Illinois' mental health needs were met by its workforce (Kaiser Family Foundation).

The pandemic increased needs and accelerated loss of behavioral health providers.

Faced with unmanageable demand for services, many agencies reported they had closed their waitlists.

Creation of the Illinois BHWC



Legislative Response:
Resolution sponsored to address workforce emergency (2018)



Task Force Created:
Gov. Pritzker created the Behavioral Health Workforce Education Center Task Force (2018-19)



Center Created:
Legislation effective April 2021; Center funded in November 2022



Center's Primary Goal

The BHWC will increase access to effective behavioral health services through coordinated initiatives to recruit, educate, and retain professionals in behavioral health.

Areas of Work



INFRASTRUCTURE

PATHWAYS

DATA

RETENTION & PROFESSIONAL DEVELOPMENT

POLICY

Develop BHWC infrastructure to track outcomes, implement programs, and support workforce

Establish more pathways to support learners' journey to a degree or certificate program

Assess, track, and monitor statewide behavioral health workforce

Enhance professional development and workplace supports to increase workforce retention and quality of care

Inform development of policies to expand behavioral health workforce initiatives



BHWC Southern Illinois University Hub

Primary Administering Hub

Primary Goals and Accomplishments 2023-24

Support for building the pipeline to increase entry into Behavioral Health

- **Now live – access on website:**
 - Behavioral & Mental Health Jobs in IL
 - Interactive Workforce Dashboard
 - Integrated care ECHO training to support psychotropic prescribing in primary care
 - Telehealth training series

Project Teams Created



Access and Affordability



Behavioral Health Education and Career Pathways



Building a Cultural Foundation for a Diverse Workforce for the Future



Career Awareness & Development Work Group



Pathways Work Group



Policy Changes that Impact the Profession

BHWC University of Illinois Chicago Hub

Primary Goals in 2023-24

Data collection & training initiatives to support professional development, strong training programs & retention.

What are the most pressing needs of the workforce and how can we help?

- *Ongoing advisory groups for each initiative*
- *Provider needs assessment surveys include over 1,350 behavioral health providers*

Initiatives

Child, Adolescent, and Parent Services

Community Mental Health

Serious Mental Illness

Integrated Care

Recovery Support Specialists

Substance Use and Recovery

Supervision Training

Child, Adolescent, And Parent Services Initiative (CAP)

Goal:

Strengthen behavioral health services for children, youth, and parents across Illinois.

Objectives:

1. Identify training needs in evidence-based interventions
2. Provide evidence-based training and support for sustained service implementation

Current Activities:

- Advisory group facilitation
- Dissemination of survey results
- Development of Child & Family Behavioral Health Professional curriculum (certificate/ associate's degree)
- Chicago Parent Program Training pilot program (additional slots in FY25)
- MATCH EBP intervention training pilot (ongoing enrollment)



Recovery Support Specialist (CRSS/CPRS) Initiative

Goals:

Enhance support and training outcomes for recovery support staff and supervisors to increase workforce and support retention.

Objectives:

1. Facilitate career progression
2. Provide evidence-based skills training
3. Decrease staff turnover, enhance skills and access to knowledge

Current Activities:

- Advisory group facilitation
- Needs assessment data analysis
- Collaboration with DMH CRSS Success Program to support CRSS Success Program enhancements
- Training to support skill development and meet continuing education requirements for CRSS-certified providers



Integrated Care Initiative (IC)

Focus:

IC programs integrating behavioral and medical care. Primary care provider as the central point for patient care.

Goal:

- Increase use of effective interventions in integrated care settings

Current Activities:

- Advisory group facilitation
- Needs assessment data analysis
- Implementation of Solution-Focused Brief Therapy (SFBT): Study of Two Implementation Conditions
 - *Use of SFBT related to decreased referral to external provider and fewer sessions need to support change*
 - *Increased support of champion of intervention had no effect*



**Community Mental
Health Initiative**

Integrated Care
Initiative

Serious Mental Illness
Initiative

**NEEDS
ASSESSMENT
SURVEYS**

Recovery Support
Specialist Initiative

Substance Use and
Recovery Initiative



Use of Data to Inform Initiative Activities

- Analysis of advisory group input
- Findings from survey data



Supervision effectiveness is limited by both lack of training of new supervisors and policies that don't incentivize supervision.



Create supervision training and support new supervisors in learning collaboratives.

“The lack of supervision or leadership on how to deal with scenarios that come up – that’s where it all falls apart and leads to turnover.”

CMH Advisory Group Member

Supervision Initiative

Goal:

Increase quality of supervision in behavioral health settings to enhance worker wellbeing and improve retention rates.

Objective:

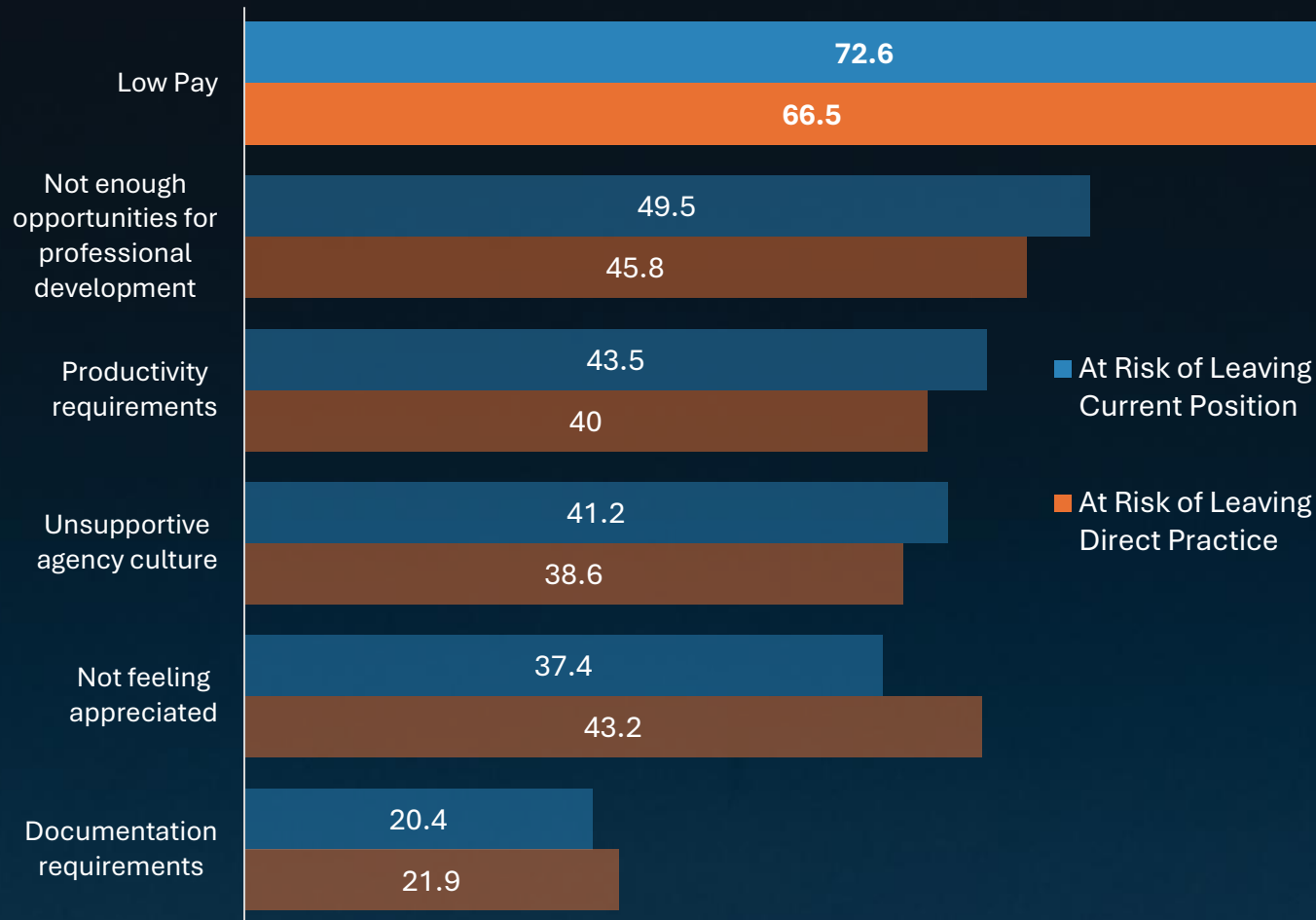
1. Create and launch supervision training series and learning collaboratives for new supervisors

Activities:

- Three-hour supervision training created in FY24
- Training and learning collaborative to launch in October (see website)
- Next phase of training in intermediate skills in development



Use of Data: CMH Data on Reasons At-risk Providers Would Leave



- *While pay is primary, agency factors are also involved*



- Support agency adoption of strategies found effective to decrease burnout and retain the workforce

Support of Retention: In Person Event Sponsored with Cook County Behavioral Health

Goal:

Decrease burnout and increase staff retention through support of agencies in their adoption of programs and policies to found to be effective in increasing staff retention

Objective:

1. Provide in-person half-day events for agency staff in four regions of the state
2. Provide opportunities for continued learning and support (learning collaboratives, mentoring, etc.)

“No need to buy new buildings and create new positions... instead focus on the needs of current positions and create support for positions that are already in existence.”
Provider response, CMH survey



Ways to Engage with the BHWC

Join an SIU Project Group:



The new SIU Project Groups will begin meeting this fall.

Research Findings:



Access reports on demographics and retention needs in CMH. Final reports will be posted on the BHWC website shortly.

Collaboration:

BHWC collaborates with various agencies, programs, and providers across Illinois. Each Initiative has an Advisory Group that provides technical expertise and recommendations. Contact Carrie Welter at cwelter@uic.edu to get involved.

Join us with Cook County Behavioral Health to learn and share insights on burnout prevention and retention strategies that work - currently in development!





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Jane Addams College
of Social Work



BHWC

BEHAVIORAL HEALTH
WORKFORCE CENTER

Sign up for
the BHWC
Newsletter



Sign up for
BHWC Job
Board Info



Expanding Impact: Mental Health Access in Primary Care



John T. Parkhurst, PhD

Child and Adolescent Psychologist

The Pritzker Department of Psychiatry and Behavioral Health

Psychology Director of Collaborative Care, Associate Professor of Psychiatry and Behavioral Sciences

Northwestern University's Feinberg School of Medicine



Expanding the Impact: A model to develop mental health access in primary care

John T. Parkhurst, PhD

Pritzker Department of Psychiatry and Behavioral Health
Associate Professor of Psychiatry and Behavioral Sciences Northwestern
University's Feinberg School of Medicine



Building Capacity in Primary Care

The Opportunity

- Accessible and equitable
 - Most youth see primary care annually
- 43,000 pediatricians, primary care is the *de facto* mental health work force.

The Challenge

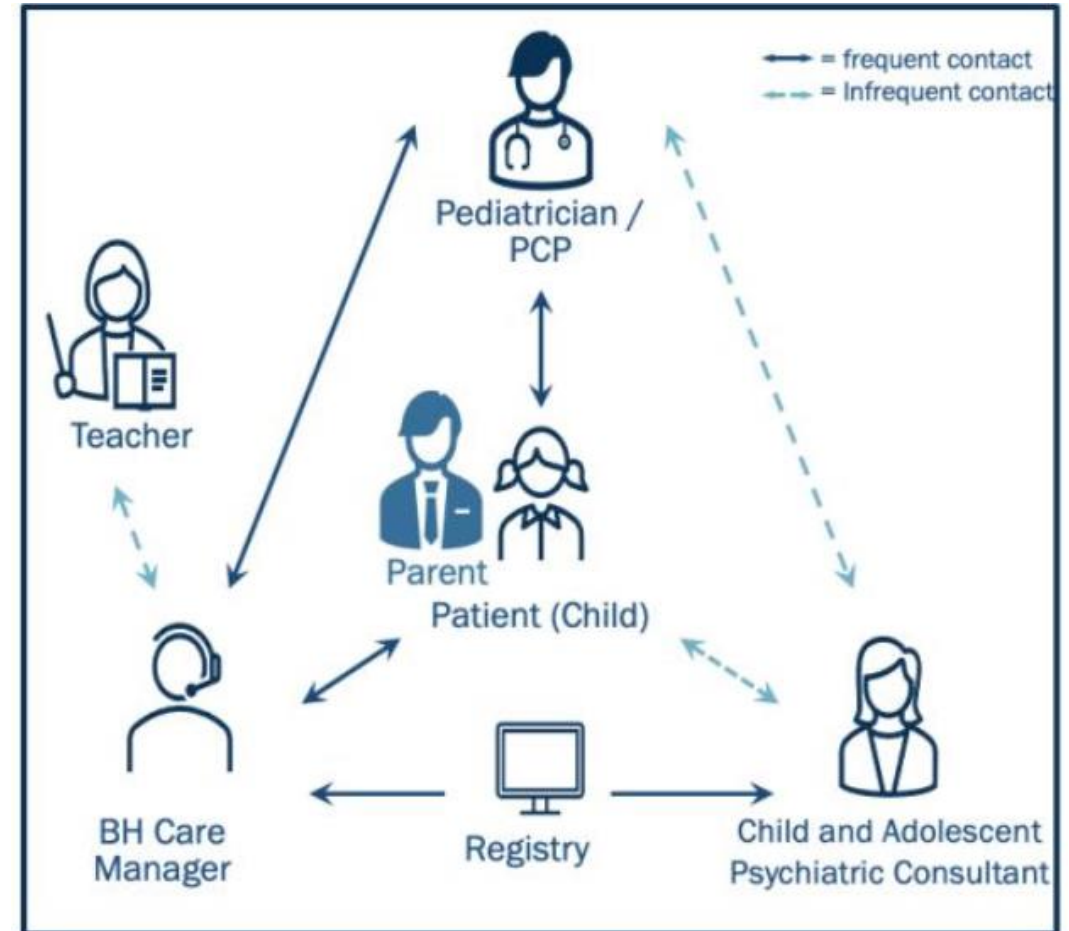
- 15 minutes face-to-face with the doctor
- 25 visits per day
 - 5 mental health appointments daily
 - **129,000**



Collaborative Care to increase **ACCESS**, drive **QUALITY**, and enhance Clinician and Patient **SATISFACTION**

Collaborative Care Model

- Patient-Centered Team
- Population focused (Mental Health)
- Measurement driven/Targeted Treatment
- Evidence Based Care
- Accountable



How Collaborative Care expands access

Task shifting & Role Redistribution

- Pediatric primary care to manage treatment
- Care Coordinators (Behavioral Health Care Manager) to monitor patient progress.

Increased efficiency and quality

- Measurement based, **team-based** decision making

Remote consultation

- Off-site specialists are effective and expand reach

Prevention

- Focus on early identification, improves clinician willingness to treat

Knowledge and Skill Building

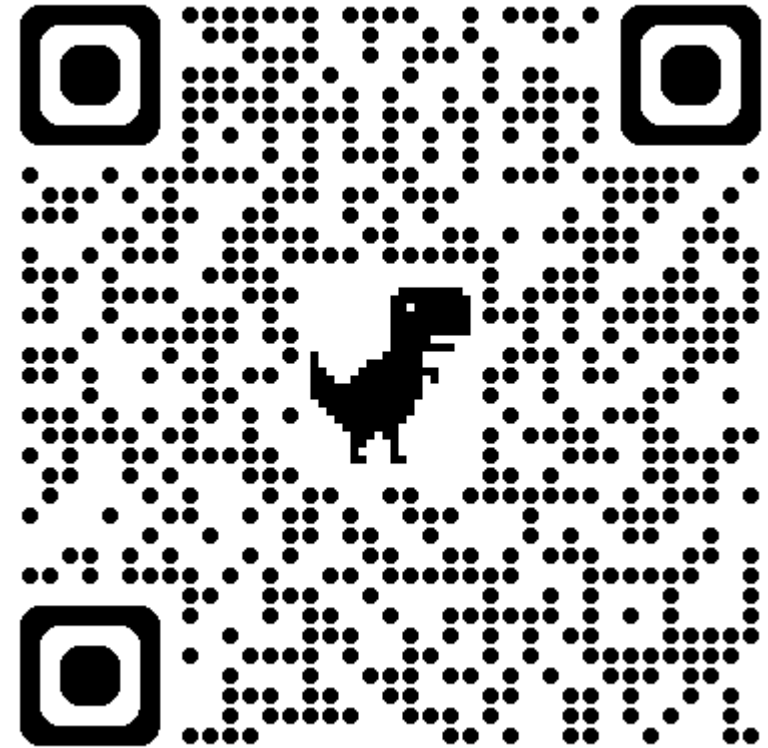
- Education & learning collaborative
- Multidisciplinary consultation



Resources for Advancing Mental Health in Pediatrics

RAMMP

Open-source mental health education
for Primary Care Clinicians



Collaborative Care: Public health approach

Collaborative Care is

- Knowledge and skill building for the existing *De Facto* mental health work force
- Achievable through partnership
- Sustainable with available billing structures

CoCM Code	Medicaid	Commercial
99492	69.45	290.58
99493	76.30	319.4
99494	31.10	132.68
G0512	98.07	123.17

Opportunities

- Statewide evaluation/consultation hubs?
- Care management & Community Health Workers?
- Engagement/capacity building for community therapists?
- Training in primary care settings

Closing Remarks and Next Steps



Dr. Tom Nutter

Chief Behavioral Health Officer

Cook County Health, Office of Behavioral Health



**Tell us what's on
your mind and
stay engaged!**



**COOK COUNTY
HEALTH**

Cook County DEPT. of
Public Health

**BUILDING
HEALTHIER
COMMUNITIES**