



COOK COUNTY HEALTH

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To: Honorable John P. Daley, *Chairman*
Cook County Board of Commissioners, Finance Committee

From: Debra D. Carey
Interim Chief Executive Officer
Cook County Health

CC: Annette C.M. Guzman, DBMS, *Budget Director*
Andrea M. Gibson, CCH Interim Chief Business Officer
Letitia Close, CCH Executive Director of Government Affairs

Date: November 12, 2020

Re: Request for Information from FY2021 Department Budget Hearing

The following information is provided in response to questions posed at our department's hearing held on November 4, 2020 to discuss the FY2021 Executive Budget Recommendation.

I. Request ID#4020-01

Commissioner Deer asked for specific transportation data that relates to the transportation needs of the underserved patients that will be coming to CCH from the Woodlawn and Near South clinics for treatment(s).

Response:

There is an insurance benefit for transportation available for patients, public transportation, and parking availability. Transportation is available to CountyCare members to and from CCH locations, CountyCare High Risk members to non-CCH locations, Medicaid and Medicare patients to and from CCH locations, Hospital/ED/Surgery discharges for Uninsured/CareLink during normal business hours.

II. Request ID#4020-03

Commissioner Degnen asked for clarity regarding the PM table on Page E-17 for Mental Health Status in which it lists 2,082 mental health caseloads.

Response:

CCH affirms what was provided in the hearing. The 2,124 in this category are those detainees who need mental health services out of the total detainee population.

III. Request ID#4020-03

Commissioner Degnan requested information on the status of the newly credentialed Behavioral Health billing?

Response:

Through October, CCH has collected \$1.34M year to date for behavioral health claims that had not been billed in prior years.

IV. Request ID#4020-05

Commissioner Britton and Anaya asked what the practical consequences are if the Affordable Care Act is overturned.

Response:

See attached for the fact sheet on the impact of the potential ACA repeal (*Attachment #1*). The 94,000 CountyCare members would no longer have insurance, which would result in the health plan becoming \$600M smaller. In addition, CCH would lose the \$100M plus revenue source from other ACA adults in other Medicaid Managed Care plans. In addition, CCH would expect over \$600M in additional costs from newly uninsured patients coming to CCH for care. Medicaid Managed Care plans provide comprehensive benefits to ACA adult members, including medical, behavioral health, pharmacy, dental, vision, and transportation services. If ACA were to be repealed, members would lose access to this comprehensive coverage.

V. Request ID#4020-06

Commissioner Miller asked for a breakout of the funding allocations for Mental Health services.

Response:

See attached breakdown of the \$30M in mental health services (*Attachment #2*).

VI. Request ID#4020-07

Commissioner Miller asked a breakout of the Housing Program's performance metrics.

Response:

Please refer to attachment "CCH Housing Department Program Metrics" (*Attachment #3*).

VII. Request ID#4020-08

Commissioner Kevin Morrison asked for a breakout of page E-5, Ambulance Services, as well as the reasoning behind the appropriation going from \$8.7M to \$4.8M.

Response:

The FY2020 Budget is comprised of \$340,000 for Cermak transportation and \$4.5M for system wide transportation. The reduction relates to both contract savings and modifications to the program compared to last year.

VIII. Request ID#4020-07

Commissioner Lowry asked about the plan staff for Renal Dialysis in year one – after year one will those positions be brought in-house?

Response:

The current Pro forma and operational plan is to have a three-year operational agreement with a vendor that will assist CCH in operating the Provident Dialysis Center.

IX. Request ID#4020-08

Commissioner Miller requested an update on the highlights of the Center for Health Equity.

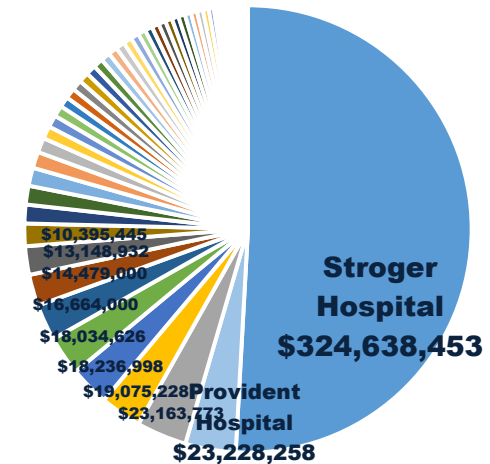
Response:

Please see attached (*Attachment #4*).

As always, please let us know if you have any additional questions.



- Before the ACA, nearly 20% of all Cook County residents were uninsured- more than 900,000 people. In 2019, 10.2% of residents under 65 years were uninsured (525,323)¹.
- The significant increase in insured individuals, largely driven by Medicaid expansion as a result of the ACA, has provided CCH with reimbursement for services provided to patients, many of whom sought care at the health system when they were uninsured.
- According to data from the Illinois Department of Healthcare and Family Services, 627,975 adults were enrolled in the ACA authorized Medicaid expansion statewide as of May 2020; 308,816 reside in Cook County² and nearly 94,000 are enrolled in CountyCare, CCH’s Medicaid managed care plan. All 627,975 of these individuals would lose coverage if the ACA is repealed.
- CCH continues to provide the majority of charity care in region; in 2018, CCH’s two hospitals provided \$348M or 55% of the total charity care reported by hospitals in Cook County. The repeal of the ACA has the potential to overwhelm CCH with patient demand. *See pie chart.*
- CountyCare is one of five Medicaid managed care organizations in Cook County. CountyCare spends approximately \$445M annually on claims for ACA/Medicaid Expansion Adults – nearly \$50M of which are reimbursements to safety net hospitals or Federally Qualified Health Centers in Cook County. Each organization’s impact will vary but repeal of the ACA will impact everyone.
- Cook County’s tax allocation to CCH has decreased by more than 75%, from \$481 million in 2009 to \$83M in 2020, largely due to reimbursements received as a result of the ACA.
- One of the hallmarks of the ACA was the provision of behavioral health services. The ACA population disproportionately utilizes behavioral health services for mental health and substance use disorders. In FY19, CountyCare spent more than \$34M on behavioral health services for the ACA population. CCH has invested upwards of \$100M in the past four years to provide much need behavioral health services to its patients and the community. Repeal of the ACA would eliminate behavioral health services from the list of mandatory benefits through Medicaid, create additional expenses for health systems and also increase the number of detainees in jail with behavioral health issues.
- Additional charity care expenses are expected due to the elimination of other components like the marketplace, pre-existing conditions, adults under 26 years old who will be forced off their parent’s plan, etc.



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

¹ US Census, Quick Facts - <https://www.census.gov/quickfacts/fact/table/cookcountyillinois#>

² <https://www.illinois.gov/hfs/SiteCollectionDocuments/202005ACARaceAgeGenderRanOn20200928.pdf>

Estimated Impact of ACA Repeal on Cook County Health

Elimination of Medicaid Reimbursement for Care of Medicaid Expansion/ACA Adults

Approximately
\$600M annually
in CountyCare
capitation revenue

At least
\$100M annually
in reimbursements from
Medicaid Managed Care
Organizations for ACA
members CCH cares for but
could be as high as \$140M

**Increased
Uncompensated Care
Costs**

Approximately
\$700M annually
in bad debt & charity care for
those ACA adults who lose
coverage but is likely higher if
individuals with marketplace
plans and other covered
populations lose coverage and
turn to CCH

Preliminary & Conservative Estimate of the Annual Impact of ACA Repeal on Cook County Health is at least \$1.4B (\$600M + \$100M + \$700M)

Unknowns:



Sustainability of local health care safety nets: The ACA has stabilized FQHCs and safety net hospitals. CountyCare alone reimbursed safety net hospitals and FQHCs more than \$48M for ACA adults in FY19. These organizations also have contracts with the other MCOs in the region. Without these reimbursements, it is likely some organizations will close.



- Number of individuals covered by Marketplace plans who could turn to CCH if marketplace is eliminated
- Number of individuals under 26 currently covered by parent's insurance who may lose coverage and turn to CCH
- Number of individuals with preexisting conditions who could turn to CCH
- Migration of newly uninsured patients from other systems to CCH due to lack of insurance

FY21 BEHAVIORAL HEALTH	Object Acct./Acct. Description	FY2021Request
Cermak		
240 - 16125-Mental Health Services	501010-Sal/Wag of Reg Employees - Budget Entry	12,587,463
240 - 16125-Mental Health Services	501030-Turnover Adjustment	(629,373)
240 - 16125-Mental Health Services	501201-Differential Dollars- Budget Entry	383,681
240 - 16125-Mental Health Services	501211-Planned Overtime Compensation - Budget Entry	725,000
240 - 16125-Mental Health Services	501296-Sal/Wag of Per Diem Empl - Budget Entry	191,956
240 - 16125-Mental Health Services	501421-Sal/Wag of Empl Per Contract - Budget Entry	52,000
240 - 16125-Mental Health Services	501511-Mandatory Medicare Cost - Budget Entry	186,056
240 - 16125-Mental Health Services	501541-Worker's Compensation - Budget Entry	198,287
240 - 16125-Mental Health Services	501590-Group Life Insurance- Budget Entry	14,190
240 - 16125-Mental Health Services	501610-Group Health Insurance- Budget Entry	1,321,880
240 - 16125-Mental Health Services	501640-Group Dental Insurance- Budget Entry	51,271
240 - 16125-Mental Health Services	501660-Unemployment Compensation- Budget Entry	4,118
240 - 16125-Mental Health Services	501690-Vision Care- Budget Entry	10,555
240 - 16125-Mental Health Services	501715-Group Pharmacy Insurance- Budget Entry	433,690
240 - 16125-Mental Health Services	501836-Transportation and Travel Expenses - Budget Entry	200
240 - 16125-Mental Health Services	520190-Laundry and Linen Services - Budget Entry	1,940
240 - 16125-Mental Health Services	530105-Wearing Apparel - Budget Entry	-
240 - 16125-Mental Health Services	530605-Office Supplies - Budget Entry	-
240 - 16125-Mental Health Services	530790-Medical, Dental and Laboratory Supplies - Budget Entry	9,700
Total 16125-Mental Health Services		\$15,542,614

\$15,542,614

Object Acct./Acct. Description	Object Acct./Acct. Description	FY21 Request
JTDC		
4241 - 10755-Behavioral Health	501010-Sal/Wag of Reg Employees - Budget Entry	3,023,689
4241 - 10755-Behavioral Health	501030-Turnover Adjustment	(151,184)
4241 - 10755-Behavioral Health	501035-Furlough Day Adjustment- Budget Entry	-
4241 - 10755-Behavioral Health	501201-Differential Dollars- Budget Entry	14,553
4241 - 10755-Behavioral Health	501211-Planned Overtime Compensation - Budget Entry	45,000
4241 - 10755-Behavioral Health	501421-Sal/Wag of Empl Per Contract - Budget Entry	5,200
4241 - 10755-Behavioral Health	501511-Mandatory Medicare Cost - Budget Entry	43,919
4241 - 10755-Behavioral Health	501590-Group Life Insurance- Budget Entry	3,851
4241 - 10755-Behavioral Health	501610-Group Health Insurance- Budget Entry	328,827
4241 - 10755-Behavioral Health	501640-Group Dental Insurance- Budget Entry	12,738
4241 - 10755-Behavioral Health	501660-Unemployment Compensation- Budget Entry	997
4241 - 10755-Behavioral Health	501690-Vision Care- Budget Entry	2,624
4241 - 10755-Behavioral Health	501715-Group Pharmacy Insurance- Budget Entry	107,614
4241 - 10755-Behavioral Health	501805-Training Program Staff Pe- Budget Entry	3,000
4241 - 10755-Behavioral Health	520675-Purchased Services - Budget Entry	1,000
4241 - 10755-Behavioral Health	521024-Medical Consultation Services- Budget Entry	48,500
4241 - 10755-Behavioral Health	530605-Office Supplies - Budget Entry	-
4241 - 10755-Behavioral Health	530640-Books, Periodicals and Publications - Budget Entry	500
4241 - 10755-Behavioral Health	530790-Medical, Dental and Laboratory Supplies - Budget Entry	14,550
Total 10755-Behavioral Health		\$3,505,377

\$3,505,377

893 - 10755-Behavioral Health	Object Acct./Acct. Description	FY21 Request
ACHN		
893 - 10755-Behavioral Health	501010-Sal/Wag of Reg Employees - Budget Entry	1,291,164
893 - 10755-Behavioral Health	501030-Turnover Adjustment	(96,837)
893 - 10755-Behavioral Health	501201-Differential Dollars- Budget Entry	1,772
893 - 10755-Behavioral Health	501211-Planned Overtime Compensation - Budget Entry	-
893 - 10755-Behavioral Health	501511-Mandatory Medicare Cost - Budget Entry	18,722
893 - 10755-Behavioral Health	501541-Worker's Compensation - Budget Entry	11,369
893 - 10755-Behavioral Health	501590-Group Life Insurance- Budget Entry	1,652
893 - 10755-Behavioral Health	501610-Group Health Insurance- Budget Entry	157,083
893 - 10755-Behavioral Health	501640-Group Dental Insurance- Budget Entry	5,961
893 - 10755-Behavioral Health	501660-Unemployment Compensation- Budget Entry	487
893 - 10755-Behavioral Health	501690-Vision Care- Budget Entry	1,304
893 - 10755-Behavioral Health	501715-Group Pharmacy Insurance- Budget Entry	54,199
893 - 10755-Behavioral Health	520830-Professional Services - Budget Entry	1,636,530
893 - 10755-Behavioral Health	550130-Facility and Office Space Rental - Budget Entry	-
893 - 10755-Behavioral Health	580300-General and Contingent NOC - Budget Entry	1,000,000
Total 10755-Behavioral Health		\$4,083,405

\$4,083,405

Stroger Hospital	Object Acct./Acct. Description	FY2021Request
18280-Psychiatry Administration	501010-Sal/Wag of Reg Employees - Budget Entry	\$ 1,191,576.04
18280-Psychiatry Administration	501030-Turnover Adjustment	\$ (89,368.20)
18280-Psychiatry Administration	501279-Pension- Budget Entry	\$ -
18280-Psychiatry Administration	501511-Mandatory Medicare Cost - Budget Entry	\$ 17,277.85
18280-Psychiatry Administration	501541-Worker's Compensation - Budget Entry	\$ 3,962.00
18280-Psychiatry Administration	501590-Group Life Insurance- Budget Entry	\$ 861.00
18280-Psychiatry Administration	501610-Group Health Insurance- Budget Entry	\$ 68,080.00

18280-Psychiatry Administration	501640-Group Dental Insurance- Budget Entry	\$ 2,626.00	
18280-Psychiatry Administration	501660-Unemployment Compensation- Budget Entry	\$ 227.00	
18280-Psychiatry Administration	501690-Vision Care- Budget Entry	\$ 574.00	
18280-Psychiatry Administration	501715-Group Pharmacy Insurance- Budget Entry	\$ 23,836.00	
18280-Psychiatry Administration	501790-Prof /Tech Membership Fees- Budget Entry	\$ 1,050.00	
18280-Psychiatry Administration	530605-Office Supplies - Budget Entry	\$ 500.00	
18280-Psychiatry Administration	530640-Books, Periodicals and Publications - Budget Entry	\$ 970.00	
18280-Psychiatry Administration	530804-Clinical Laboratory Supplies- Budget Entry	\$ 14,995.00	
		\$ 1,237,166.69	\$ 1,237,166.69

Object Acct./Acct. Description	FY2021Request		
18305-Psychiatry-Ambulatory	501010-Sal/Wag of Reg Employees - Budget Entry	\$ 3,968,018.15	
18305-Psychiatry-Ambulatory	501030-Turnover Adjustment	\$ (297,601.36)	
18305-Psychiatry-Ambulatory	501201-Differential Dollars- Budget Entry	\$ 3,942.81	
18305-Psychiatry-Ambulatory	501279-Pension- Budget Entry	\$ -	
18305-Psychiatry-Ambulatory	501511-Mandatory Medicare Cost - Budget Entry	\$ 57,536.26	
18305-Psychiatry-Ambulatory	501541-Worker's Compensation - Budget Entry	\$ 16,509.00	
18305-Psychiatry-Ambulatory	501590-Group Life Insurance- Budget Entry	\$ 3,586.00	
18305-Psychiatry-Ambulatory	501610-Group Health Insurance- Budget Entry	\$ 283,667.00	
18305-Psychiatry-Ambulatory	501640-Group Dental Insurance- Budget Entry	\$ 10,941.00	
18305-Psychiatry-Ambulatory	501660-Unemployment Compensation- Budget Entry	\$ 948.00	
18305-Psychiatry-Ambulatory	501690-Vision Care- Budget Entry	\$ 2,392.00	
18305-Psychiatry-Ambulatory	501715-Group Pharmacy Insurance- Budget Entry	\$ 99,317.00	
		\$ 4,149,255.87	\$ 4,149,255.87

Object Acct./Acct. Description	FY2021Request		
18310-Psychiatry-Child	501010-Sal/Wag of Reg Employees - Budget Entry	\$ 958,813.71	
18310-Psychiatry-Child	501030-Turnover Adjustment	\$ (71,911.03)	
18310-Psychiatry-Child	501279-Pension- Budget Entry	\$ -	
18310-Psychiatry-Child	501511-Mandatory Medicare Cost - Budget Entry	\$ 13,902.80	
18310-Psychiatry-Child	501541-Worker's Compensation - Budget Entry	\$ 3,302.00	
18310-Psychiatry-Child	501590-Group Life Insurance- Budget Entry	\$ 717.00	
18310-Psychiatry-Child	501610-Group Health Insurance- Budget Entry	\$ 56,733.00	
18310-Psychiatry-Child	501640-Group Dental Insurance- Budget Entry	\$ 2,188.00	
18310-Psychiatry-Child	501660-Unemployment Compensation- Budget Entry	\$ 190.00	
18310-Psychiatry-Child	501690-Vision Care- Budget Entry	\$ 478.00	
18310-Psychiatry-Child	501715-Group Pharmacy Insurance- Budget Entry	\$ 19,863.00	
		\$ 984,276.48	\$ 984,276.48

FY21 TOTAL BEHAVIORAL HEALTH REQUEST \$ 29,502,095.04

CCH Housing Department Program Metrics



Christine Haley

Director, Housing

November 11, 2020



COOK COUNTY
HEALTH

CCH Housing Department: System Level Goals

Strengthening integration and understanding within health & housing system partnerships

Create innovative collective impact models to serve patients with various health and housing needs

Patient

Create data and evaluation systems to measure impacts on health outcomes and return on investment

Identify strategic investments to create housing opportunities for vulnerable patients

CCH Housing Initiatives & Metrics

Initiative	Partners	Description	Households Housed as of 11/01/20
Chicago & Cook County Flexible Housing Pool	Chicago Department of Family & Support Services, Center for Housing & Health	125 units of permanent supportive housing in phase one	105
Wellness Initiative Network	Housing Forward, BEDS Plus, South Suburban PADS, Alliance to End Homelessness in Suburban Cook	33 Units permanent supportive housing through Suburban Cook CoC; CCH provides grant for housing tenancy supports	33
IHDA Rental Housing Support Program	IHDA, Housing Forward, BEDS Plus, South Suburban PADS	30 units of affordable housing; support services provided by CCH and Housing Forward	30
CCH/HACC Mainstream Voucher Program	Housing Authority of Cook County	35 units of affordable housing, support services provided by CCH	35

CCH Housing Services Initiatives & Metrics

Initiative	Partners	Description	Households Served as of 11/01/20
CCH Homeless Prevention & Emergency Assistance Fund	BlueCross Blue Shield Foundation of IL	Provides one-time rental assistance or security deposits assistance for homeless/at-risk CCH patients	26
CCH Medical Respite Center	City of Chicago (Spring 2020) Housing Forward (To Open 11/20)	Created isolation alternate housing site for COVID+ homeless individuals during crisis at South Side YMCA; Moving to providing recuperative care services in Suburban Cook	City/South Side YMCA: 51 Suburban Cook: N/A
Recuperative Care/Medical Respite	The Boulevard	CCH contract to provide medical respite for homeless households	Approx. 90 annually

Housing Department: External Policy Tables

- Chicago Homeless Continuum of Care, Board of Directors
- Suburban Cook County Homeless Continuum of Care, Board of Directors
- Chicago Homelessness & Health Response Group for Equity (CHHRGE)
- Chicago & Cook County Flexible Housing Pool Leadership Team
- Chicago Expedited Housing Initiative Leadership Team
- Alliance for Health Equity, Housing Committee

Housing 101 for Health Care: Internal Trainings Delivered by CCH Housing Department

- Integrated Care, Complex Care Coordination Teams
- Juvenile Temporary Detention Center, Care Coordination Team
- Maternal and Child Health, Community Health Workers
- Patient Support Services, Concierge Services
- SUD Recovery Coach Team

Flexible Housing Pool Interim Evaluation



Keiki Hinami, MD MS

CCH Health Research & Solutions



**COOK COUNTY
HEALTH**

FHP CCH Cohorts Overview

As of 23Oct2020, status of the cumulative N=529 from CCH's cohorts in outreach is:

Housed – PSH	74 (14%)
Housed – Bridge	26 (5%)
Matched with Housing Provider	49 (9%)
Located	13 (2%)
Deceased after housed	5 (1%)
Exited – Other	87 (16%)
Outreach active	73 (14%)
Unable to locate	202 (38%)

CCH contributed a list of the following cohorts of potential clients for FHP outreach:

- **Jan2019 Initial CCH Cohort* (N=273) ← THE EVALUATION CONTAINED HERE FOCUSES ON THIS COHORT**
- Jul2020 Updated Adult Cohort from Chicago HMIS (N=346)
- Jul2020 Youth Cohort from Chicago HMIS (N=290)
- Jul2020 CountyCare Contribution Cohort from Chicago HMIS (N=334, further prioritization pending)
- Aug2020 CountyCare Contribution Cohort from Suburban Cook HMIS (N=134, further prioritization pending)

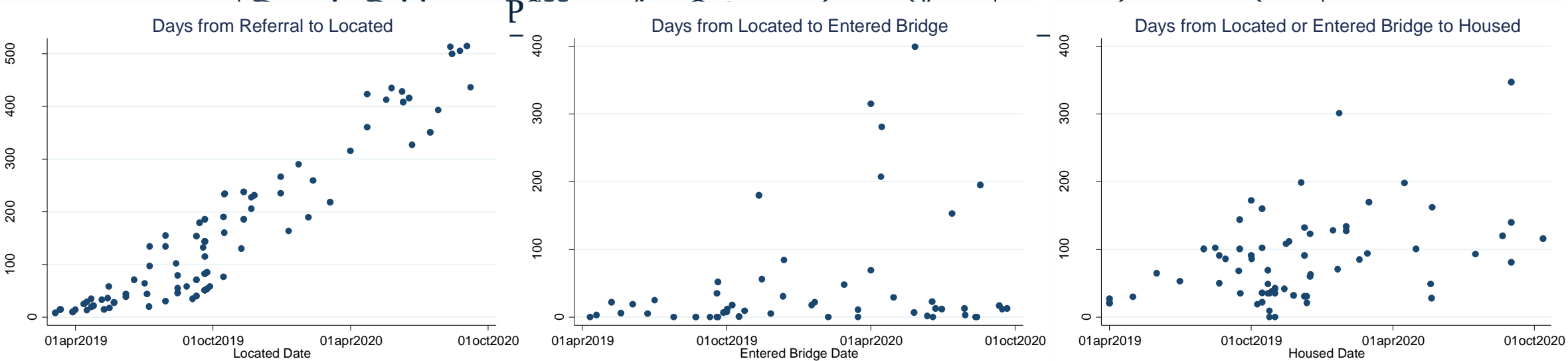
* The Initial CCH Cohort contains subgroups selected from CCH Health System patients and CountyCare members.

Status for the Housed as of 23Oct2020, Initial CCH Cohort

	Participating in the Program	Deceased	Self-Discharged; Client No Longer Interested	Lost to Contact; Disappeared	Institutionalized; Hospitalized	TOTAL
In PSH	60 (64%)					60 (64%)
In Bridge	18 (19%)					18 (19%)
Matched with Housing Provider	4 (4%)					4 (4%)
Deceased after Housed		5 (5%)				5 (5%)
Exited, other		2 (2%)	2 (2%)	2 (2%)	1 (1%)	7 (7%)
TOTAL	82 (87%)	7 (7%)	2 (%)	2 (%)	1 (1%)	94 (100%)

Time to Housing Milestones for the Housed, Initial CCH Cohort

	Median (IQR)
Day from Referral to Located (n=94)	83.5 (36, 231)
Days from Located to Entered Bridge (n=53)*	12 (2, 31)
Days from Located or Entered Bridge to Housed (n=68)*	76 (35, 114)
Days in PSH as of 23Oct2020 (n=68)*	344 (243, 383.5)



* One client matched with housing provider contains missing data fields.

EXECUTIVE SUMMARY

The main aim of Cook County Health (CCH)'s Center for Health Equity and Innovation ("Center") is to identify and advance strategies, initiatives, and programs that improve health equity throughout Cook County. The Center's goals are to promote justice and equity, convene experts in data and analytics, as well as community leaders, and align resources to develop effective, sustainable long-standing gains towards achieving health equity.

To achieve its goals, the Center's objectives are to create a platform at CCH that:

- 1) Fosters a learning health system internally and that extends beyond the physical campus.
- 2) Provides ideation of programs to support CCH strategic priorities through programmatic, data, and technological innovations.
- 3) Develops cross-departmental and external partnerships to strive for health equity.
- 4) Identifies and obtain resources for these innovations.

The Center was established in CCH's Fiscal Year (FY) 2020 budget and brings together Health Research and Solutions (HRS) (formerly the Collaborative Research Unit) and the Programmatic Services and Innovation Unit (PSIU). The joining of these units is to create solutions that effectively integrate clinical care and address social needs that can lead to long-term sustainable improvements, moving towards achieving health equity.

KEY AREAS OF FOCUS

The Center seeks to champion efforts within CCH that are focused on generating financial resources, research and data analytics, community engagement, and equity and justice promotion. The categories below highlight the key focus areas of the Center's work:

1) GRANT FUNDING AND PROJECT MANAGEMENT

As part of the Center, the Programmatic Services and Innovation Unit (PSIU) has become a significant source of innovations and delivered major revenue streams. PSIU currently manages 69 innovative, multiyear grant projects totaling \$37 million in funds from federal and state government agencies, public and private foundations, and other non-profit entities. Grants have been awarded for scientific research, programmatic implementation, capital planning, and health policy. In FY 2020 to date, PSIU has been awarded 35 grant awards amounting to \$12.4 million, a significant increase from the \$1.45 million awarded its first year in 2017. By category in FY 2020, CCH received \$4 million for 7 Substance Use Disorder awards, \$2.8 million for 3 Justice Involved/Mental Health awards, \$2.2 million for 3 Maternal Child Health awards, \$2.1 million for 10 COVID-19 awards, \$547,154 for 8 awards in various areas including: Chronic Illnesses, Infectious Diseases, Injury Prevention, Housing, and Health Policy.

Current funders include U.S. Dept. of Health and Human Services, U.S. Dept. of Justice Substance Abuse and Mental Health Services Administration, Centers for Disease Control, Illinois Dept. of Human Services, Illinois Dept. of Public Health, Illinois Dept. of Healthcare and

Family Services, Chicago Dept. of Public Health, Public Health Institute of Metropolitan Chicago, Illinois Public Health Institute, Illinois Children's Healthcare Foundation, MacArthur Foundation, Great Lakes Hemophilia Foundation, Michael Reese Health Trust, Chicago Community Trust, American Cancer Society, J.B. and M.K. Pritzker Family Foundation Illinois Public Health Institute, American College of Preventive Medicine, Near North Health Services Corporation, Corporation for Supportive Housing, Robert Wood Johnson Foundation, Institute for Diversity and Health Equity, and Duke University

The department works to support innovation and revenue generation by: identifying funding opportunities; interfacing with funders; fostering collaborative work; preparing and writing proposals; providing research resources, support, and data processing linkages to principal investigators and teams; constructing budgets; and guiding the implementation of new projects. Current staff members include a Director; Assistant Grants Management Director, Senior Development Manager; Grants Program Manager; Research Assistant, Grant Writer; and Grant Analyst.

Between 2017 and 2020, the Center has secured funding for innovative projects including: improving care for adolescents in outpatient clinics; creating a healthcare workforce pipeline training program for local residents; offering legal assistance for patients suffering from workplace injuries; providing sexual abuse/assault examination training for emergency room nurses; diverting residents with mental health issues and/or substance use disorders from the local police precincts to instead receive health services; strengthening the prenatal health delivery system and establishing a new model of comprehensive prenatal health care services; and expanding jail-based and community-based Medication-Assisted Treatment (MAT) services to address the opioid crisis.

2) RESEARCH ADMINISTRATION

With the increasing demand for clinical research opportunities at CCH, PSIU realized the inherent need to provide oversight and support for CCH clinicians engaging in research. Current research sponsors include: National Institutes of Health (NIH), Eli Lilly & Company, Bayer Healthcare Pharmaceuticals, AbbVie Inc., Avita Medical, Alnylam Pharmaceuticals, Akcea Therapeutics, and Amgen Biotech. In terms of grant research evaluation, PSIU supports clinicians to determine whether existing interventions are effective and to identify areas of opportunity for improvement. As it relates to clinical research administration, PSIU supports and oversees clinical research by ensuring compliance with federal regulations, sponsor requirements, and CCH policies. This complex task includes assuring appropriate legal review of study documents, as well as reviewing all agreements for compliance with institutional and regulatory policies. Of note, PSIU has recently established COVID Research Consortium Administrative Support project for the many current COVID related clinical research studies.

3) DATA, ANALYTICS, & INFORMATICS SOLUTIONS

A key part of the Center, Health Research & Solutions (formerly the Collaborative Research Unit [CRU]) was founded over 20 years ago and provides unique expertise in project design, implementation, informatics solutions, software applications, and analytics. HRS is comprised of

two physician investigators, who are supported by diverse team of health informatics and clinical research staff. The scope of supported activities is broad—including health services research, clinical care, & community-based studies; however, we have focused on a few high-priority domains: housing persons experiencing homelessness, treating those with substance use disorders, and the justice-involved population. With guidance and support from the Hospital Information Systems and Business Intelligence Departments, we have led or assisted with the following projects: provision of housing for people experiencing homelessness; counseling services for those exposed to intimate partner violence; cessation of tobacco use in primary care; psychosocial distress in oncology clinics; patient- and physician networks of prescription opioids; and, a real-time out-of-care software platform for alerting care coordinators for HIV-infected patients, homeless individuals who have a housing unit, and out-of-care patients who have substance use disorders.

4) PREVENTIVE MEDICINE PROGRAM

For fiscal year 2021, the Preventive Medicine Program will be housed in the Center. The move was promoted to foster cross-departmental projects, to provide supervision by physicians board-certified by the American College of Preventive Medicine, and houses the program in a setting that focuses on health promotion by addressing social determinants of health and promoting health beyond traditional medical service delivery. The Preventive Medicine Program actively recruits individuals who are oriented toward the Center’s focus areas and has a history of training future leaders in public health and CCH programs.

5) SYSTEMWIDE HEALTH EQUITY EFFORTS

Externally, the Center serves as a point of collaboration for cross-sector engagement to address health inequities. The Center has and will continue to host Summits to bring together the community’s best minds in Cook County to address the health needs of the community and improve patient outcomes. Specifically, the Center is planning a racial equity summit, specifically on COVID-19, to be held in early 2021. **Also**, the Center is working to align and leverage strategic CCH efforts to engage employees, patients, and community residents related to health equity through CCH High Reliability Organization Learning Network Work Groups, CCH Trauma Informed Care Task Force, CCH Community Advisory Boards, and the Cook County Department of Public Health’s Community Co-Design process. Additionally, the Center is now supporting the Cook County Racial and Health Equity Initiative led by two physician leaders to develop a comprehensive strategy to address health equity for patients, employees, and the community. Furthermore, the Center is an active member of the Pursuing Equity Learning & Action Network of Institute for Healthcare Improvement (IHI) and is seeking to implement IHI Improving Health Equity Assessment Tool for Health Care Organizations to develop measures for quarterly reporting.

THE CENTER’S NEXT STEPS

In short term, the Center plans to continue:

- To work to identify funding to support strategic objectives;

- Deploy a software solution for care coordination that will replace a vendor system resulting in cost savings, flexibility to deploy additional modules for populations, and enhanced data capture for research and operational activities.
- Sustain research and grant administration;
- Oversee strategic implementation support for grant funded programs;
- Develop innovations in research through data analytics and the use of technology;
- Align and leverage strategic CCH efforts to engage employees, patients, and community residents related to health equity
- Plan and implement racial and health equity initiatives to address structural and systemic racism;
- In addition, remain active in local and national coalitions and learning networks to advance health equity.