



# November's Care Management Webinar

Wednesday, November 20, 2024

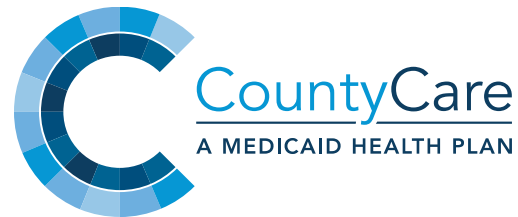
**CountyCare**

A MEDICAID HEALTH PLAN

# Member Stories

## November's Care Management Webinar

11/20/2024





# Importance of Member Stories

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## Why is this a priority?

- Sharing our member stories is critical to demonstrate the work the CountyCare team does everyday
- Member stories are also an opportunity to highlight our work with broader audiences, i.e., media
- We are required to share member stories with the state and IAMHP

**Member Stories are critical to sharing CountyCare's great work!**

# Topics for member stories

Specific member cases that are great illustrations of the work you do everyday

- Behavioral Health
- CAHPS related topics:
  - Care coordination experience
  - Health promotion and education
  - Examples of shared decision-making
  - How health status and functional status are managed
- Foodcare/medically tailored meals
- Flexible housing pool/housing
- Maternal & Child Health
- Partnerships in care coordination
- And more!



# Topical stories (flexible)

Month	Topic	Month	Topic
<b>November</b>	American Diabetes Month	<b>June</b>	Men's Health Month LGBTQ+Pride Month
<b>December</b>	HIV/AIDS Awareness Month	<b>July</b>	
<b>January</b>	Cervical Health Awareness	<b>August</b>	Immunization Awareness / Back to school
<b>February</b>	American Heart Health Month	<b>September</b>	
<b>March</b>	National Nutrition Month	<b>October</b>	National Substance Use Prevention Breast Cancer Awareness Month
<b>April</b>		<b>November</b>	
<b>May</b>	Mental Health Awareness Hypertension Day	<b>December</b>	American Diabetes Month

# Short Member Story

## Intake Form (fillable)

- The member story short form is intended to capture basic information and next steps
- Save the short form to your desktop
- Complete the form
- Send it to Katie Garza at:  
[marykatie.Garza@cookcountyhhs.org](mailto:marykatie.Garza@cookcountyhhs.org)

## Member Stories

[Intake\\_fillableform\\_10.23.2024.pdf](#)

Please complete all fields of the short form

The screenshot shows a digital form titled "Member Story Intake" with a blue header. The form includes several input fields and checkboxes. At the top right is the CountyCare logo, labeled "A MEDICAID HEALTH PLAN". The form fields are: "Date" (text input), "CountyCare Employee" (text input), "How are you interacting with the member?" (checkboxes for "Call Center", "Care Coordination/Care Management", "Event:", and "Other:"), "Member Name/Member ID" (text input), "Member Phone" (text input), "Preferred Language" (text input), "Would you be willing to speak with staff and share details of your story" (checkboxes for "Yes" and "No"), and "Best days to contact member" (checkboxes for "Mon", "Tues", "Wed", "Thurs", and "Fri"). Below these is a section titled "Member Story/ Member Feedback" with a large text area. At the bottom, a blue footer bar contains the instruction: "Please email the completed Member Story Intake to Katie Garza at [marykatie.garza@cookcountyhhs.org](mailto:marykatie.garza@cookcountyhhs.org) or attach it to a Communications Intake [here](#)."

**Member Story Intake**

Date  CountyCare Employee

How are you interacting with the member? ☐ Call Center ☐ Care Coordination/Care Management ☐ Event:  ☐ Other:

Member Name/Member ID

Member Phone  Preferred Language

Would you be willing to speak with staff and share details of your story ☐ Yes ☐ No

Best days to contact member ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

**Member Story/ Member Feedback**

Please email the completed Member Story Intake to Katie Garza at [marykatie.garza@cookcountyhhs.org](mailto:marykatie.garza@cookcountyhhs.org) or attach it to a Communications Intake [here](#).

# Long member story (CMEs)

The long member story is intended to capture all the details:

- Member background and demographics
- Summary of member needs
- Action taken by the Care Manager
- Member outcome
- Lessons learned

**Member stories should be emailed to  
[marykatie.garza@cookcountys.org](mailto:marykatie.garza@cookcountys.org)**

# CME Success Story Template

**Member  
Background and  
demographics  
Summary of  
member  
needs  
Action  
Taken  
by CM**

**Member  
Outcome**

**Lessons  
Learned**



# CME Success Story Template

## Components

- Member demographic
- Summary of member needs
- Action taken by CM
- Member Outcomes
- Lessons learned

# Consent form



## Cook County Health Consent Form

gally authorized representative) has agreed to allow disclosure of his/her health information  
**reviewing the form** with the patient (or patient representative)  
ent or legal representative to sign the Authorization  
label on the form and file the Signed Authorization in the patient's medical record and

Patient First Name		Patient Middle Name	
Day	Year	Today's Date	Month
City	State	Zip	

er Jr. Hospital ☐ Provident Hospital  
ealth Center ☐ CORE Center  
1 ☐ Cermak Health

CCH) provides healthcare to a diverse population and has much potential

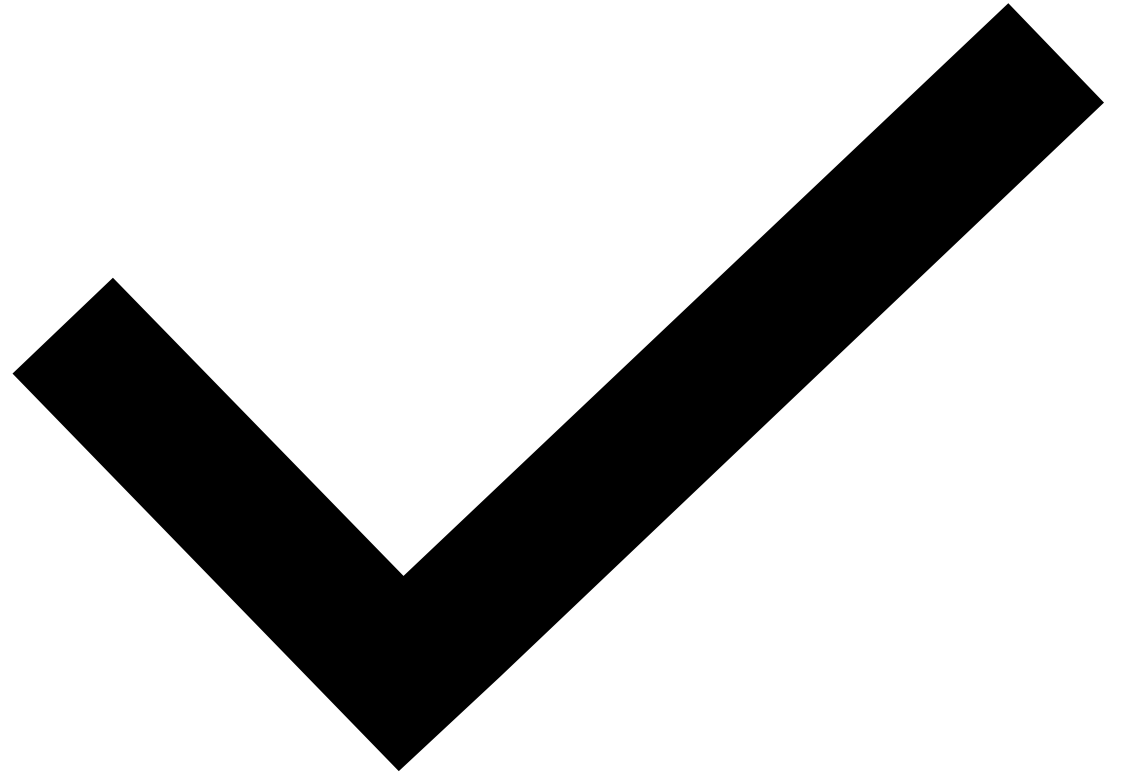
orization, I will allow CCH to share (disclose) information about me de  
Permission to photograph, videotape, or audiotape me is specifically  
ctions: Showing

The consent form is  
**ONLY** required if  
member PHI is  
included in the story

# Next steps

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- All CME staff to save consent form to desktop
- Submit member stories monthly





# Thank you!

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# Appendix

# What makes a good member story?

- Member background and demographics
- Summary of member needs
- Action taken by CM
- Member outcome
- Lessons learned

# Example Long Member Template Success Story



# Care Management Success Story

## Member Background and demographics

- 74 YO Arabian male with Diabetes, Hypertension, Hypercholesteremia, Alzheimer's and vision loss due to Diabetes
- Resides in a well-maintained home with wife and has support from his sons.

## Summary of member needs

- Member needs full support to assist with ADL's and IADL's. Member is incontinent and requires assistance with dressing, bathing, grooming, housework, medication management, feeding. Member currently received Homemaker services and is allotted 155 hours per month to assist with his needs. The member's son serves as the Preferred worker which allows for continuity of care and provides a level of comfort for the member and family.
- The wife and one son primarily work to care for the member. Member is never left without one of them. The other two sons will assist when needed. This member has a strong family support system.

## Action Taken by CM

- July 2023, SW CC was at the home to complete an annual assessment. During this time, two of the sons were engaged in a disagreement. One son expressed that he would shoot the other right now. This agreement sparked safety concerns for the member, family and Care Coordinator. As a result, the CC left the home, contacted the Police, Adult Protective Services and notified a manager. A critical Incident was completed and further follow up with APS/CCU. The manager reached out to APS/CCU to discuss the events and as a result, services were on hold until the investigation was complete. The CC reached out to the member's son and wife who is the POA to assist with needs of providing incontinent supplies and Meals on Wheels to Support in the interim while the investigation was pending. Wellness checks were provided monthly by the CC.
- Adult Protective services went out to investigate and the family denied the event and stated that the two brothers did have a fall out and they are no longer in the home. The Illinois Department of Aging was notified about the incident and direction was requested on how to proceed with services. Education was provided to the member & family on Abuse, neglect & Exploitation as well as the importance of reporting it to the proper authorities. Services remained on hold during the waiting period. During this time, the member was hospitalized for a stroke and went to rehab.





# Care Management Success Story

## Member Outcome

- Per the Illinois Department of Aging (IDOA), a Memorandum of Understanding was put in place. Restricting access to only the wife, member (father), and son as specified in the MOU ensured compliance with the agreed-upon terms and helps maintain the safety and well-being of all involved parties. Restricting access to only the wife, member (father), and son as specified in the MOU ensures compliance with the agreed-upon terms and helps maintain the safety and well-being of all involved parties.
- The home underwent remodeling to accommodate the father's care needs, specifically by relocating him to the first floor. The sons who had a disagreement moved out as part of this process. This adjustment in living arrangements reflects a proactive approach to ensuring the father's comfort and safety, as well as maintaining a conducive environment for caregiving.
- Manager and care coordinator (CC) were able to visit the home to complete a visit. The family's kind demeanor and verbal acknowledgment of the importance of safety for all parties involved are positive indicators of their cooperation and understanding. Effective communication and collaboration between the family and healthcare professionals are essential for ensuring the well-being and safety of everyone involved in the care process.

## Lessons Learned

- Safety is paramount for everyone
- Keep communication open with the member & family while the investigation is underway; offer any supports and continue with wellness checks
- Continued coordination with the CCU/APS, member, family, Care Coordination Team & IDOA promotes continuity of care and the best outcome for the member.



# Member Success Story Q/A

## Summary

- Member & family educated on the importance of safety
- Home modifications were made and limited family access
- Services were reinstated for the Preferred worker.  
Fortunate that the Preferred worker was the son who was providing support.

## Conclusion

- Questions to presenter(s)
- Additional Comments or Final Thoughts



# Opioid Overdose Prevention & Naloxone Training

Cook County Department of Public Health

November 20, 2024



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# OPIOIDS

What are  
opioids?

- OPIOIDS ARE NATURAL OR SYNTHETIC SUBSTANCES THAT ACT ON THE BRAIN.
- SOME OPIOIDS MAY BE PRESCRIBED FOR PAIN, OR THEY CAN BE USED ILLEGALLY.

What are opioids  
used for?

- OPIOIDS DULL PAIN AND RELIEVE ANXIETY.

Why are opioids  
risky?

- ANYONE EXPOSED TO OPIOIDS MAY THEN BE AT RISK TO BECOME DEPENDENT OR MISUSE THEM.



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# COMMON OPIOIDS INCLUDES:

<u>Generic</u>	<u>Brand Name</u>
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone
Morphine	MsContin, Kadian, Embeda, Avinza
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Butrans

## Street Names for Substances:

**Heroin:** Dope, Black Tar, Brown Crystal, Brown Rhine, Brown Sugar, China White, Dragon, The Dragon, H, He, Horse, Junk, Mud, Number 3, Number 4, Skag, Skunk, Smack

**Fentanyl:** Apace, China Girl, China Town, China White, Dance Fever, Goodfellas, Poison, Tango & Cash, Friend, Jackpot, Murder 8

**Methamphetamine:** Ice, Tina, Crystal, Speed, Crank, Trash, Chalk

**Benzodiazepines:** Bars, Benzos, Blues, Chill Pills, Downers, Nerve Pills, Planks, Tranks

**Cocaine:** Big C, Big Rush, Blow, Candy, Charlie, Coke, Colombia, Crack, Pearl, Powder, Rail, Snow



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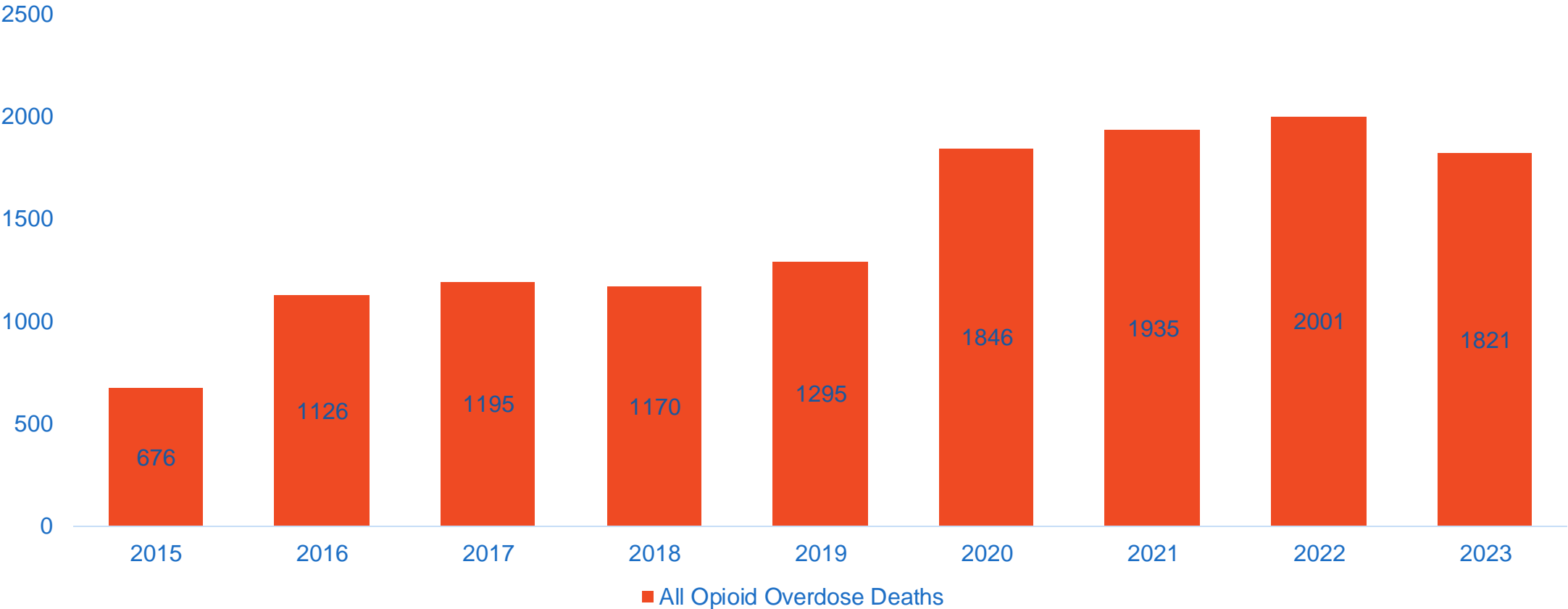


# WHAT IS AN OVERDOSE?

- AN OPIOID OVERDOSE OCCURS WHEN OPIOIDS OVERWHELM RECEPTORS IN THE BRAIN
  - RESPIRATION IS SUPPRESSED
  - PERSON MAY STOP BREATHING
- OVERDOSE USUALLY OCCURS OVER 1-3 HOURS
- CAN BE CAUSED BY:
  - ✓ TAKING MORE OPIOIDS THAN PRESCRIBED
  - ✓ COMBINING OPIOIDS WITH OTHER DEPRESSANTS, SUCH AS ALCOHOL
  - ✓ TAKING MORE OPIOIDS THAN ONE CAN TOLERATE



# COOK COUNTY OVERDOSE DEATHS FROM 2015 TO 2023



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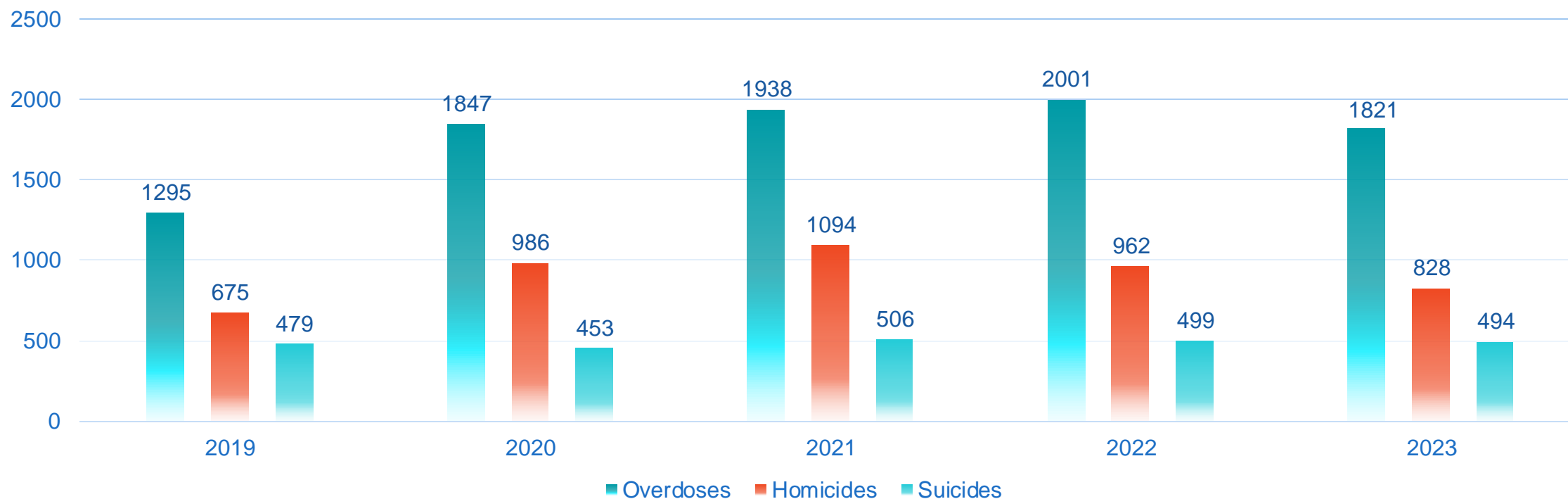
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# Why is this an Issue?

Overdose deaths are significantly higher than homicide and suicide deaths combined

## COOK COUNTY DEATHS



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# Overdose Deaths

- Centers of Disease Control and Prevention reported 107,081 drug overdose deaths in the U.S. in 2022. It's projected to be over 110,000 for 2023
- More than 90% of opioid overdose deaths involved fentanyl
- More than 70% of opioid overdose deaths occur in Chicago
- The age group most impacted is 50- to 59-year-olds, accounting for 27% of the overdose deaths. The year's youngest opioid overdose death in Cook County was an 8-month-old boy from Chicago. The oldest was a 93-year-old woman from Arlington Heights



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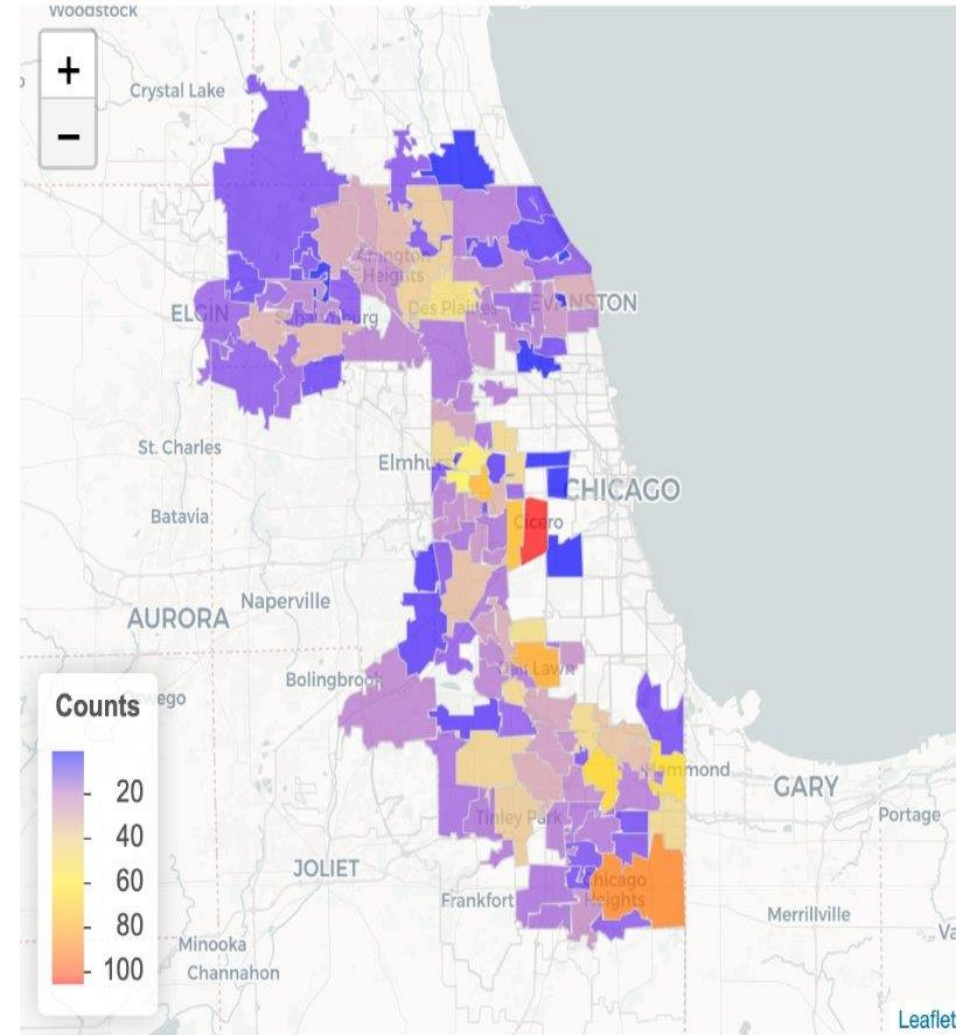


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# COOK COUNTY OVERDOSE HOT SPOTS

1. Chicago
2. Cicero
3. Harvey
4. Maywood
5. Oak Lawn
6. Oak Park
7. Forest Park
8. Calumet City
9. Berwyn



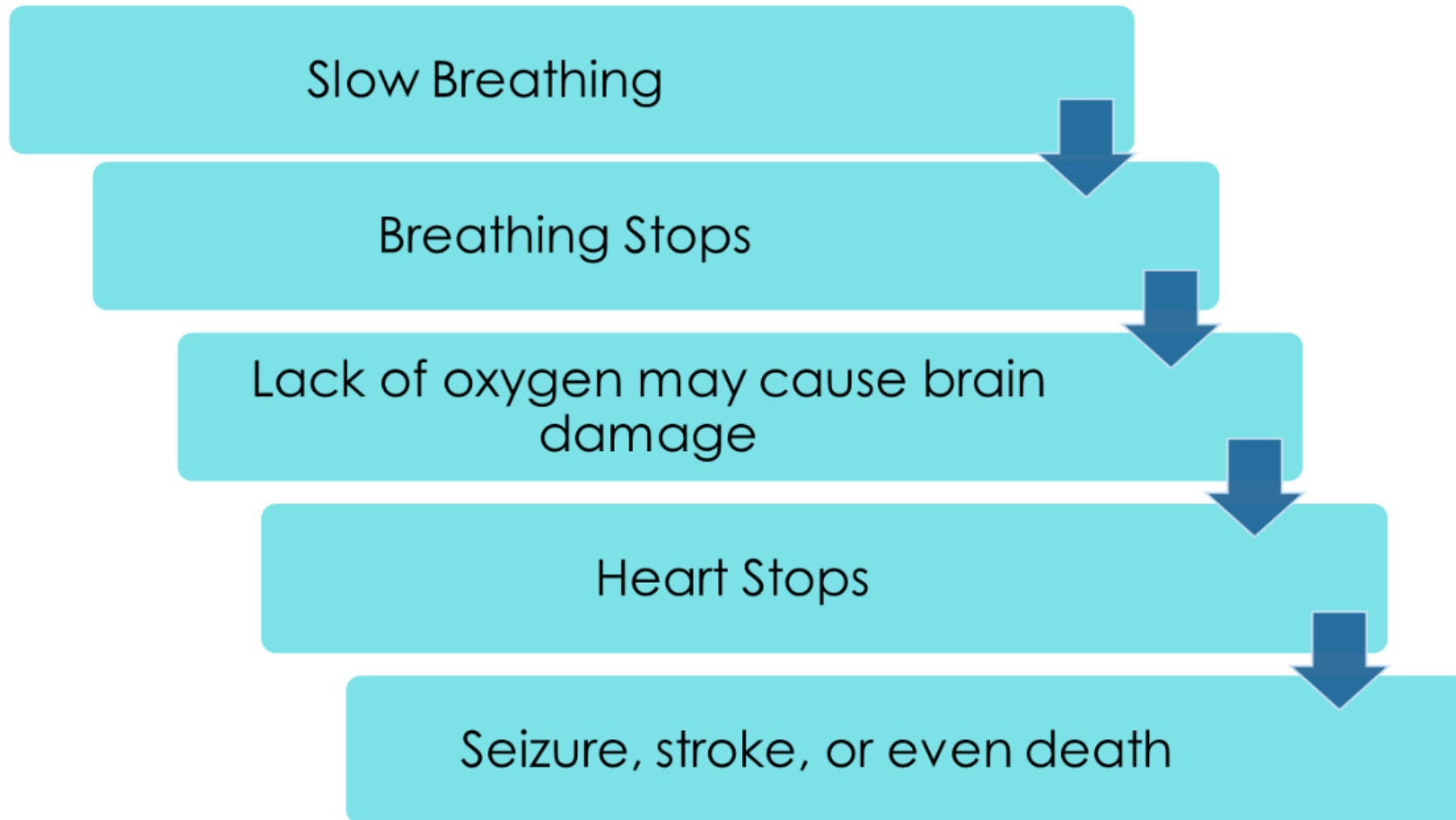
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# HOW OVERDOSE WORKS



# WHAT INCREASES RISK OF OVERDOSE?

Switching between  
prescriptions

Chronic medical  
conditions

Discharge from  
emergency medical care  
after an opioid overdose

Mixing opioids with other  
substances

Recent release from a  
detoxification program or  
incarceration



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# DISTINGUISH BETWEEN AN OVERDOSE AND SOMEONE WHO IS HIGH

- **SOMEONE WHO IS HIGH MIGHT NOT BE EXPERIENCING AN OVERDOSE.**
- **LOOK FOR THESE SYMPTOMS TO DETERMINE IF AN OVERDOSE IS OCCURRING.**
- **IF UNSURE, CALL 9-1-1 AND ADMINISTER NALOXONE.**

REALLY HIGH	OVERDOSE
Muscles becomes relaxed	Pale, clammy skin
Speech is slowed or slurred	Breathing is infrequent or has stopped
Sleepy looking	Deep snoring or gurgling
Responsive to sternal rub, shouting, earlobe pinch	Unresponsive to any stimuli
Normal heart rate and/or pulse	Slow or no heart rate/pulse
Normal skin tone	Blue lips and/or face



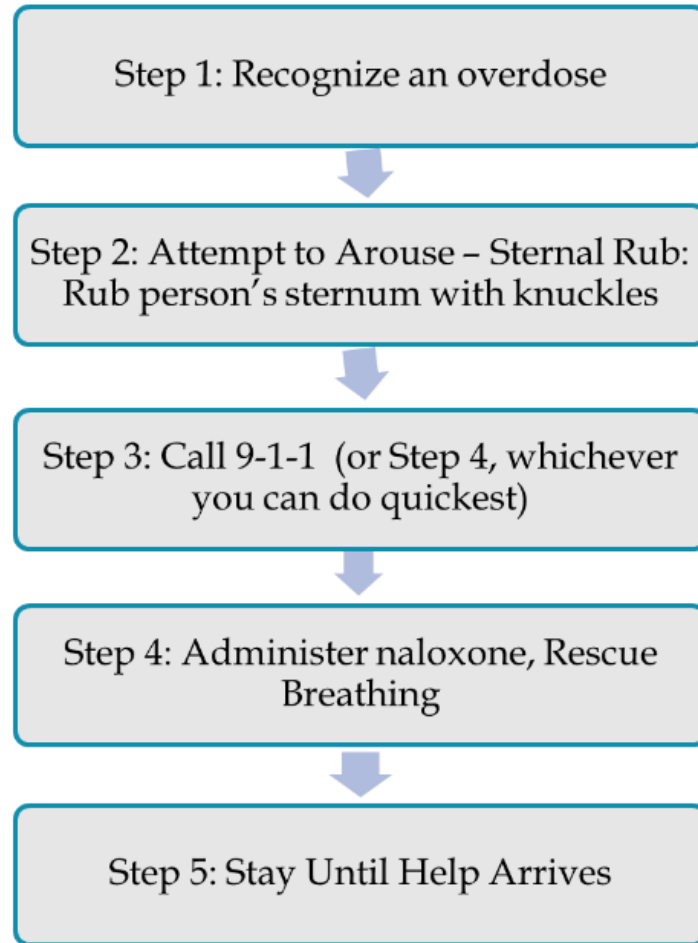
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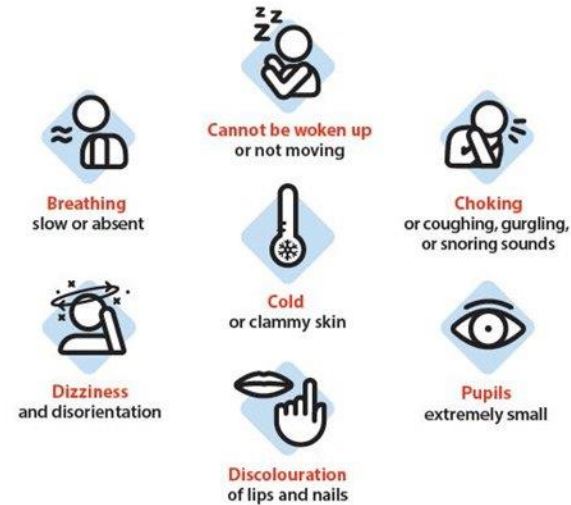
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# RESPONDING TO AN OVERDOSE



## SIGNS OF AN OPIOID OVERDOSE

Learn how to spot an overdose and what to do.



## CALL 911 IMMEDIATELY!

Your address: \_\_\_\_\_

### THEN:



fraserhealth

[fraserhealth.ca/overdose](https://fraserhealth.ca/overdose)

Catalogue # 265347 (August 2016) English  
To order: [petstardoc@fraserhealth.ca](mailto:petstardoc@fraserhealth.ca)



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# WHY USE NALOXONE

## IT'S EFFECTIVE



☐ NALOXONE REVERSES EFFECTS OF AN OVERDOSE.

☐ ANYONE IN ILLINOIS CAN BE TRAINED TO ADMINISTER NALOXONE.

## IT'S SAFE



☐ THERE IS NO POTENTIAL FOR MISUSE OR ADDICTION.

☐ IT IS AS NONTOXIC AS WATER.

☐ IT WILL NOT HURT SOMEONE WHO HAS NOT TAKEN OPIOIDS.



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# 2 Ways to Administer Naloxone

- ✓ NASAL (INTRANASAL – IN)
  - ✓ NARCAN BRAND
- ✓ INJECTABLE (INTRAMUSCULAR – IM)
  - ✓ AUTO INJECTOR (EVZIO BRAND)
  - ✓ SYRINGES



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# HOW TO ADMINISTER INJECTABLE NALOXONE

## Injectable naloxone

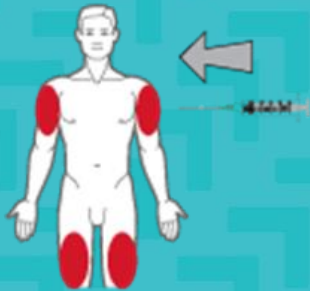
**1** Remove cap from naloxone vial and uncover the needle.



**2** Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.



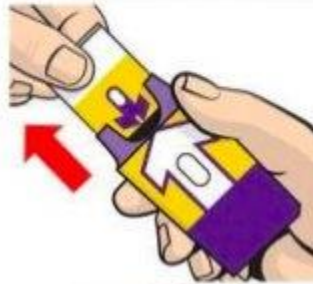
**3** Inject 1 ml of naloxone into an upper arm or thigh muscle.



**4** If no reaction in 3 minutes, give second dose.

## Administration of Naloxone

- Intramuscular Auto-Injector Evzio®



Evzio® Auto-Injector [package insert] Richmond, VA: kaleo;2014.



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# HOW TO GIVE NASAL SPRAY NALOXONE



1. PEEL BACK THE TAB TO  
REMOVE NARCAN® NASAL  
SPRAY FROM ITS PACKAGE.



2. PLACE THE DEVICE INTO ONE  
NOSTRIL.



3. PRESS THE DEVICE PLUNGER  
FIRMLY.



4. GET EMERGENCY HELP RIGHT  
AWAY. IF NO RESPONSE AFTER 2-  
3 MINUTES, GIVE A SECOND DOSE  
IN THE OTHER NOSTRIL.



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# REMEMBER THAT...

**YOU DO NOT...**

**...NEED TO  
REMOVE THEIR  
CLOTHING TO  
ADMINISTER  
NALOXONE.**

**IF THE 1<sup>ST</sup> DOSE...**

**...DOES NOT  
WORK WITHIN  
2-3 MINUTES,  
GIVE A SECOND  
DOSE AND  
BEGIN RESCUE  
BREATHING  
AGAIN.**

**IF THE PERSON...**

**...IS STILL  
UNRESPONSIVE,  
MAKE SURE TO  
LAY THEM IN  
THE RECOVERY  
POSITION, ON  
THEIR SIDE, TO  
PREVENT  
CHOKING AND  
WAIT FOR HELP.**



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# Naloxone Facts

- 1 Naloxone only reverses overdoses caused by opioids.  
It can take 2-3 minutes for Naloxone to reverse an opioid overdose.
- 2 Naloxone is effective for up to 30-120 minutes.  
It is possible for overdose to reoccur once it wears off.
- 3 It is as nontoxic as water.
- 4 May be used on children and pregnant people.
- 5 \*Expired naloxone can be used.



# RESCUE BREATHING

- 1. Check that the person's airway is clear
- 2. Place one hand on the person's chin, tilt the head
- 3. Pinch the nose closed
- 4. Place your mouth over the person's mouth to make a seal and give 2 slow breaths.
- 5. The person's chest should rise (but not the stomach).
- 6. Follow up with one breath every 5 seconds until the person can breathe on their own



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# AFTER ADMINISTRATION OF NALOXONE...

Stay with the person for as long as you can or until help arrives.

If the person is still unresponsive, lay them in the recovery position.

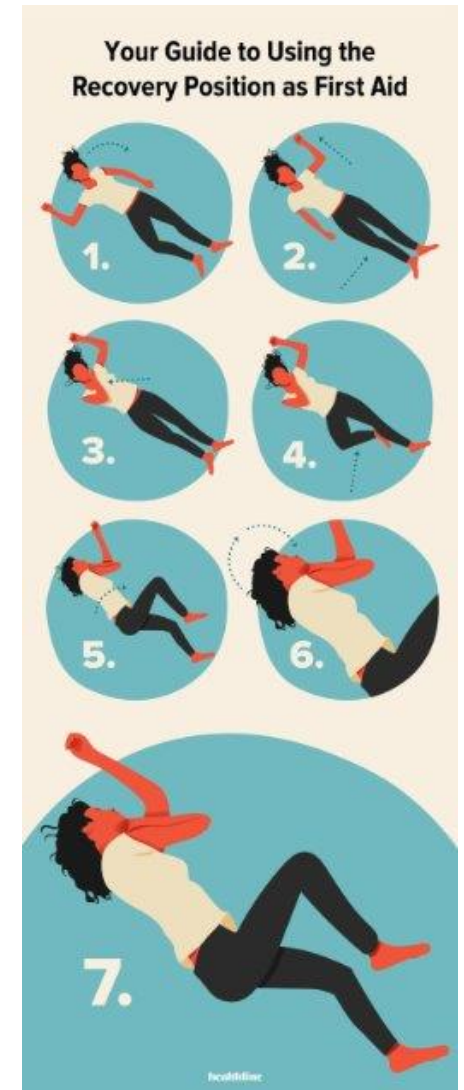
If the person is responsive, they will be confused and will probably not remember overdosing.

Explain what has happened

The person may experience withdrawal symptoms

Some people may become agitated or combative

Comfort the person



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# Thank you.



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# Announcements

- Next webinar is December 18<sup>th</sup>, 2024!
- Slides posted on CountyCare Care Coordination Webpage:
  - <http://www.countycare.com/carecoordination>
- Have feedback? Ideas for future topics? Please share!
  - <https://redcap.link/23k1fzzb>



- Please email questions/concerns: [raphael.daniels@cookcountyhealth.org](mailto:raphael.daniels@cookcountyhealth.org)