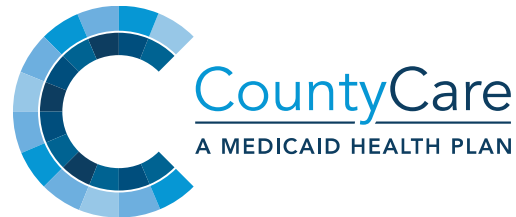


# October CM Webinar

**Wednesday, October 15, 2025**

**Stephanie R. Nickles**

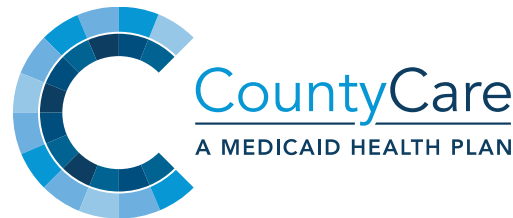
**Clinical Training Manger**



# Meeting Schedule

## Wednesday October 15, 2025

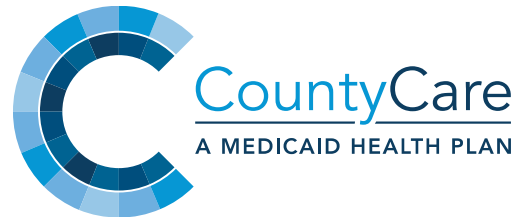
1. Kasey Parker-Reid – Death Notification (5 minutes)
2. Andrew Gillen- Equal Hope Vendor for mammogram program launching November (10 minutes)
3. Katrina Agnew-Hakeem Bello –Oasis Hospice and Palliative Care (20 mins)
4. Angela Cummings-Talk Saves Lives (The American Foundation) – Suicide Prevention (20 minutes)



# Kasey Parker-Reid

## Death Notification Update

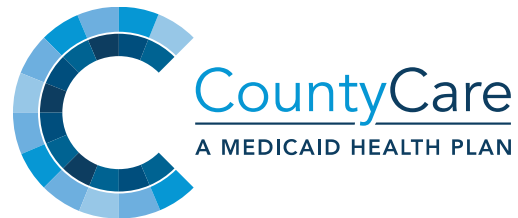
Update will be sent to everyone.



# CountyCare Partnership with Equal Hope

**Go-Live**

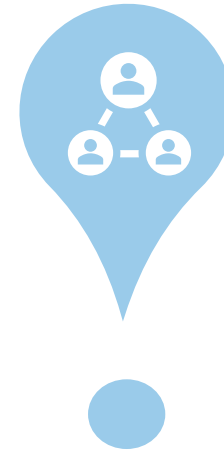
10-15-25





## Project Statement

**CountyCare will partner with Equal Hope to provide comprehensive patient navigation services as part of the Medicaid Breast Cancer Quality Improvement Initiative, a 2-year pilot program starting October 2025, aimed at reducing disparities in breast cancer detection and treatment for Medicaid beneficiaries aged 50-64 in targeted areas of Chicago.**





# Project Goal

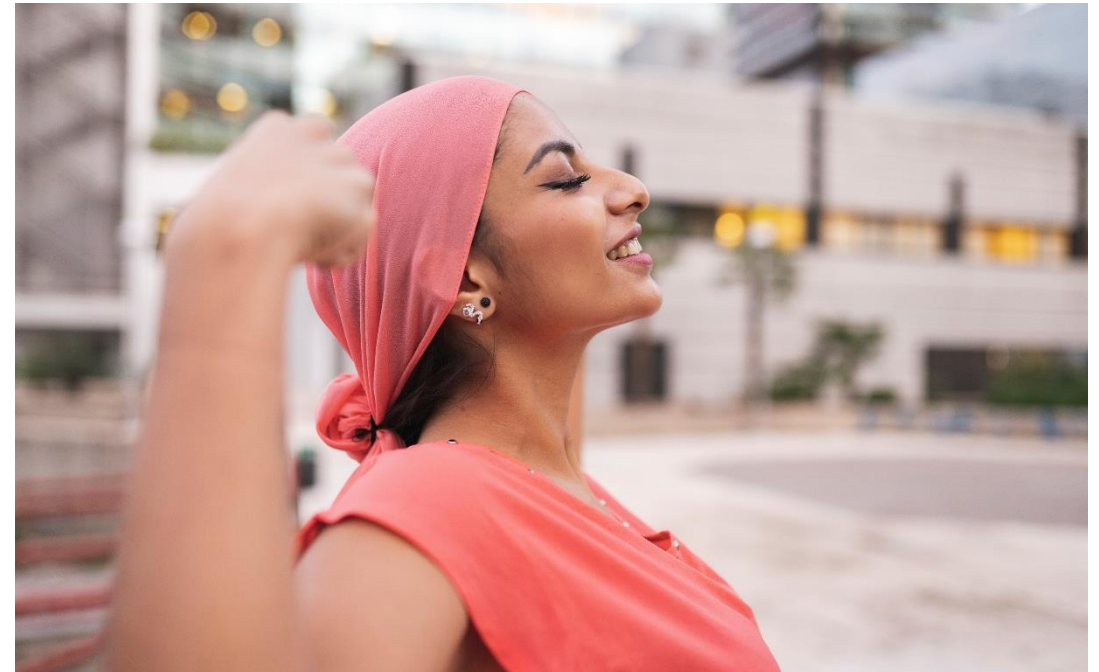
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- ✓ Reduce breast cancer detection and treatment disparities for CountyCare members who are eligible for breast cancer navigation services through the implementation of a two-year pilot beginning October 2025.

# Introduction to Equal Hope

## Equal Hope Mission

Equal Hope's mission is to save lives by eliminating health inequities. We do so by challenging the status quo—striving to understand the context of people's lives and the barriers they experience, so we can help them achieve their best health and a longer life. Our model includes **Equal Access**, providing comprehensive outreach and navigation services to breast and reproductive cancer screenings, medical home placements and addressing social determinants of health, **Equal Care**, through research, quality assessment and improvements and **Equal Voice**, reviewing and writing policy to advocate for quality access to care. We approach health holistically to achieve sustainable outcomes and true health equity.



# Summary

- Starting 10/15/25, Equal Hope will be reaching out to CountyCare members who need a mammograms and any follow up appointments. Equal Hope will work with members to schedule and attend their mammogram appointments, support members in acquiring a PCP, help them schedule any follow up appointments if they have an abnormal test result and refer members back to our services/benefits. Equal Hope will connect members with positive mammogram results back to CountyCare care coordination



# Next Steps

- CountyCare members receive communication of partnership in mail in early October
- Calls to begin 10/15

|  
[DATE]

[PLAN MEMBER FULL NAME]  
[STREET ADDRESS]  
[CITY, STATE ZIP]

Dear [PLAN MEMBER FIRST NAME],

We're writing to let you know CountyCare is partnering with Equal Hope.

Equal Hope can help you schedule your breast cancer screening and follow up care you need. Their expert navigators will help you schedule your breast cancer screening and can arrange free transportation to your appointment.

CountyCare covers your breast cancer screening and transportation at no cost to you. You may receive a phone call from an Equal Hope navigator to help you schedule your appointment. You can opt in or out of services with Equal Hope at any time. If you have any questions, you can also reach out directly to Equal Hope at 312-942-3368, press #1 if insured and #3 as CountyCare member.

What you need to do

- **Call Equal Hope at 312-942-3368**
  - A patient navigator can help you schedule your mammogram appointment
  - Navigators are available Monday-Friday 8:00am-5:00pm (CT)

Early detection saves lives.

Visit [www.equalhope.org](http://www.equalhope.org) to learn more.

Sincerely,

CountyCare



# Thank you!

## Comments or Questions?

Contact Andrew Gillen  
([andrew.gillen@cookcountyhealth.org](mailto:andrew.gillen@cookcountyhealth.org)) or  
Lauren Dillon ([lauren.dillon@cookcountyhealth.org](mailto:lauren.dillon@cookcountyhealth.org))  
with questions or concerns

# Hospice and End-of-life Care





# Mission and Vision Statements

## **Mission:**

At Oasis Hospice and Palliative Care, we provide compassionate hospice services. Our mission is to honor and celebrate each life through patient-centered care.

## **Vision:**

We believe hospice care should provide comfort, dignity and the highest quality of life possible during a difficult time. Our hospice team works together to manage pain, provide emotional support, and meet the physical, social, and spiritual needs of each patient and family. We partner with patients and loved ones to fully understand their values, priorities, and what gives life meaning as they navigate the end-of-life journey.

# What Is Hospice?

## **A concept of care that:**

- Recognizes dying as part of the normal process of living
- Affirms life - neither hastens nor postpones death
- Focuses on quality of life for individuals, their family and caregivers
- Provides comfort, relieves pain, and offers support



# What Hospice Provides

- Reasonable and necessary care and services from the interdisciplinary team
- Four levels of care:
  - Routine home care
  - General inpatient care
  - Respite care
  - Continuous home care
- Medications, durable medical equipment and supplies related to the terminal hospice diagnosis and within the Hospice Plan of Care



# Fact:

- More than 1.5 million people receive hospice annually.
- Over 60% of hospice patients are over the age of 75
- The number of patients receiving hospice over the last decade has increased by 60%.
- 90% of patients receiving hospice care report significant improvements in their overall quality of life.
- Hospice care can reduce the number of hospital readmissions

NHPCO



# Fact:

- The average length of a hospice day is 24 days
- The most common diagnoses are cancer, followed by dementia, and heart disease
- Over 90% of hospice care is provided where the patient calls home

NHPCO

# Where is Hospice Care Provided?

- Private Homes
- Nursing Facilities
- Assisted Living Facilities
- Hospitals
- Hospice residence or in-patient unit
- Prison, homeless shelter
- Wherever the patient calls home

# Hospice Team Members

- Patient's primary physician
- Hospice medical director
- Registered nurse
- Hospice aides
- Social workers
- Chaplains
- Volunteers
- Bereavement Support
- Dietitians
- Therapists



# Who Qualifies and how do we get started?

- Reside in service area – Cook, DuPage & Will county
- Diagnosis of a life-limiting illness
  - Prognosis of 6 months or less if disease takes its normal course without aggressive treatment
- Physician order for hospice assessment needed
- Full assessment done by a licensed RN
- Consent to receive hospice services





# Common Hospice Diagnoses

- 40% of patients have Cancer
- Amyotrophic Lateral Sclerosis (ALS)
- Heart disease
- Terminal Alzheimer's, Parkinson's disease
- Stroke or coma
- Lung, liver or kidney conditions
- HIV/AIDS

# Common Hospice Symptoms

- Pain
- Shortness of breath
- Fatigue
- Nausea and vomiting
- Constipation
- Disorientation and delirium
- Restlessness and agitation
- Loss of appetite
- Depression and anxiety



*Hospice medical professionals evaluate patients  
to provide effective treatments through a  
plan of care and goal setting*

# Length of Hospice Care

- Initial 90-day benefit period
- Subsequent second 90-day benefit period
- Unlimited 60-day benefit periods, as long as the patient qualifies for recertification as deemed by the RN Case Manager and Medical Director.

# Who Pays for Hospice?

- Medicare –
  - Part A
- Medicaid
- Private insurance
- Private pay
- VA
- Sometimes a combination of these

# Late Referrals to Hospice

- Many hospice patients spend far less than six months on hospice care. ALOS is approximately 24 days.
- They are thus unable to receive the full benefit of quality hospice care services
- Some reasons for late referrals include:
  - Hoping for a cure
  - Delay in referring to hospice
  - Fear of hospice by patient or family

**“If only we’d known about  
hospice sooner”**



# House of Goshen

- General inpatient level of care
  - Medically managed care for symptoms that cannot be managed in the patient's place they call home.
- Respite level of care
  - Designed specifically for caregivers
    - Burnout
    - Distress
    - Family situation, etc.

# GLP Criteria

- Acute symptom management that cannot be controlled at home
  - Pain
  - Nausea
  - Vomiting
  - Respiratory distress, etc.
- Short-term care
  - Symptom is managed and patient is sent back to wherever they call home
  - Average of 3-5 days



Oasis and House of Goshen





House of Goshen



House of Goshen





House of Goshen Serenity Garden













Serenity Garden





Serenity Waterfall



**WE ACCEPT THE FOLLOWING INSURANCES:**

- Aetna Better Health (Medicaid HMO)/Aetna Insurance (Commercial)
- Blue Cross Blue Shield PPO, HMO, Community and Medicaid
- County Care
- Medicare/Medicaid
- Meridian Health Plan/WellCare
- United HealthCare
- Veterans' Affairs (VA)
- CHAMP VA

**When sending us your Hospice referrals, Don't forget to include the following:**

- Physician Order: Oasis Hospice to Evaluate and treat for hospice service. Must be signed by PCP/MD.
- Face Sheet – Demographics page to include SSN & insurance info.
- History & Physical
- Lab Reports and any available diagnostic reports
- Medication Profile
- Vital Flow Chart with Weight
- Advanced Directives: POA (Health Care Power of Attorney), DNR, Surrogacy Form
- Consult visit and Progress Notes
- Emergency Contact/Primary Contact

# How to refer to Oasis Hospice

- Anyone can refer to hospice
  - Physicians, family members, community resources; even the patient themselves.
- **Physicians' order for a hospice assessment is needed to assess for hospice.**
- **Oasis Hospice and Palliative Care**
  - **Main (773)941-4838**
  - **Fax (773)941-4324**

# Our Reviews

## **Oasis Hospice & Palliative Care**

[https://g.page/r/Ce\\_L-gWamByMEB0/review](https://g.page/r/Ce_L-gWamByMEB0/review)

## **House of Goshen**

<https://g.page/r/CR8iCJp1AG9IEBM/review>

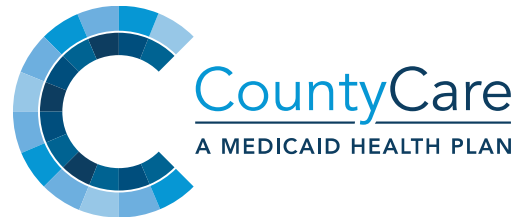
## **Medicare Compare**

- <https://www.medicare.gov/care-compare/details/hospice/141662?city=Flossmoor&state=IL&zipcode=60422>

# Angela Cummings

## **Suicide Prevention**

Update will be sent to everyone.





**TALK  
SAVES  
LIVES**

# An Introduction to **Suicide Prevention**



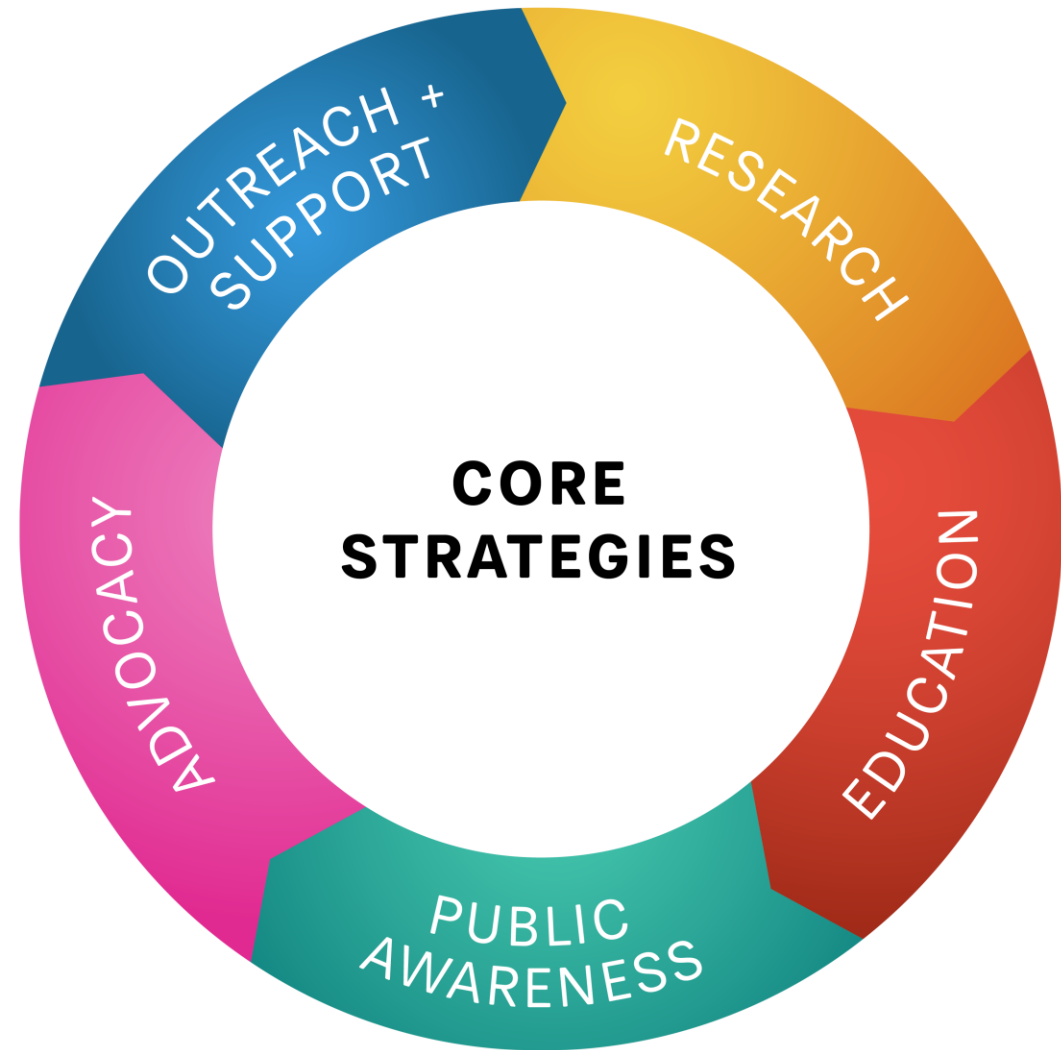
American  
Foundation  
*for* Suicide  
Prevention

The American Foundation for Suicide Prevention's Talk Saves Lives™ is an educational presentation and is intended for informational purposes only. This presentation is not a substitute for professional medical advice or services. You should not use the information in this presentation for diagnosing or treating a health condition. You should consult a physician or other health care professional in all matters relating to your health, and particularly for any symptoms that may require diagnosis or medical attention. Any action on your part in response to the information provided in this presentation is at your discretion. The American Foundation for Suicide Prevention (AFSP) makes no representations or warranties with respect to any information offered or provided regarding treatment, action, or application of medication.



**AFSP's mission  
is to save lives  
and bring hope  
to those affected  
by suicide.**

For more, please see  
[afsp.org](https://afsp.org)







# Mental Health Matters

## 90%

of people who die by suicide most often have an underlying – and potentially treatable – mental health condition.

However, most people with mental health conditions do not engage in suicidal behavior or die by suicide.



# Building a Culture that Addresses Suicide Prevention

- Universal education and health promotion
- Healthcare, schools, workplaces, etc.
- Changing social and cultural norms to decrease stigma and encourage help-seeking
- Prevention strategies for those who may be at increased risk
- Treatment and recovery
- Public policy







## What You Will Learn

**By the end of this presentation, participants will be able to:**

- Describe the impact of suicide
- Identify contributors to suicide and protective factors
- Understand how suicide may impact certain communities differently
- Describe how to recognize suicide warning signs
- Provide examples of how to start a conversation about suicide with someone you're concerned about
- List ways to seek and offer support and crisis resources for yourself or others



# How We Talk Matters

## Avoid saying:

Committed suicide • Failed or successful attempt

## Say:

Died by suicide • Ended their life •  
Suicide attempt • Death by suicide

## Common Terms:

- Suicide loss survivor
- Survivor of suicide loss
- Suicide bereaved
- Bereaved by suicide
- Lived experience
- Suicide attempt survivor





## Scope of the Problem

- Suicide is a leading cause of death in the U.S.
- Each year, millions of people think about suicide
- There are well over a million people in the U.S. each year who survive a suicide attempt
- Most people have been affected by suicide in some way



# Differences in Suicide Rates

Suicide rates may differ based on a variety of factors, including age, gender, geography, ethnicity, race and occupation.

**Males have 3.5 times higher rates of suicide than females**



**Middle and older adults have higher rates of suicide than younger people**



**Veterans have higher rates of suicide than non-veterans**



**Suicide rates are 3 times higher in homes where there is a firearm**



# Differences in Suicide Rates (continued)

**While the rate of suicide has been increasing among youth, youth still have the lowest rates compared to other age groups**



**Although overall suicide rates are lower among people of color, rates among these groups are increasing faster**



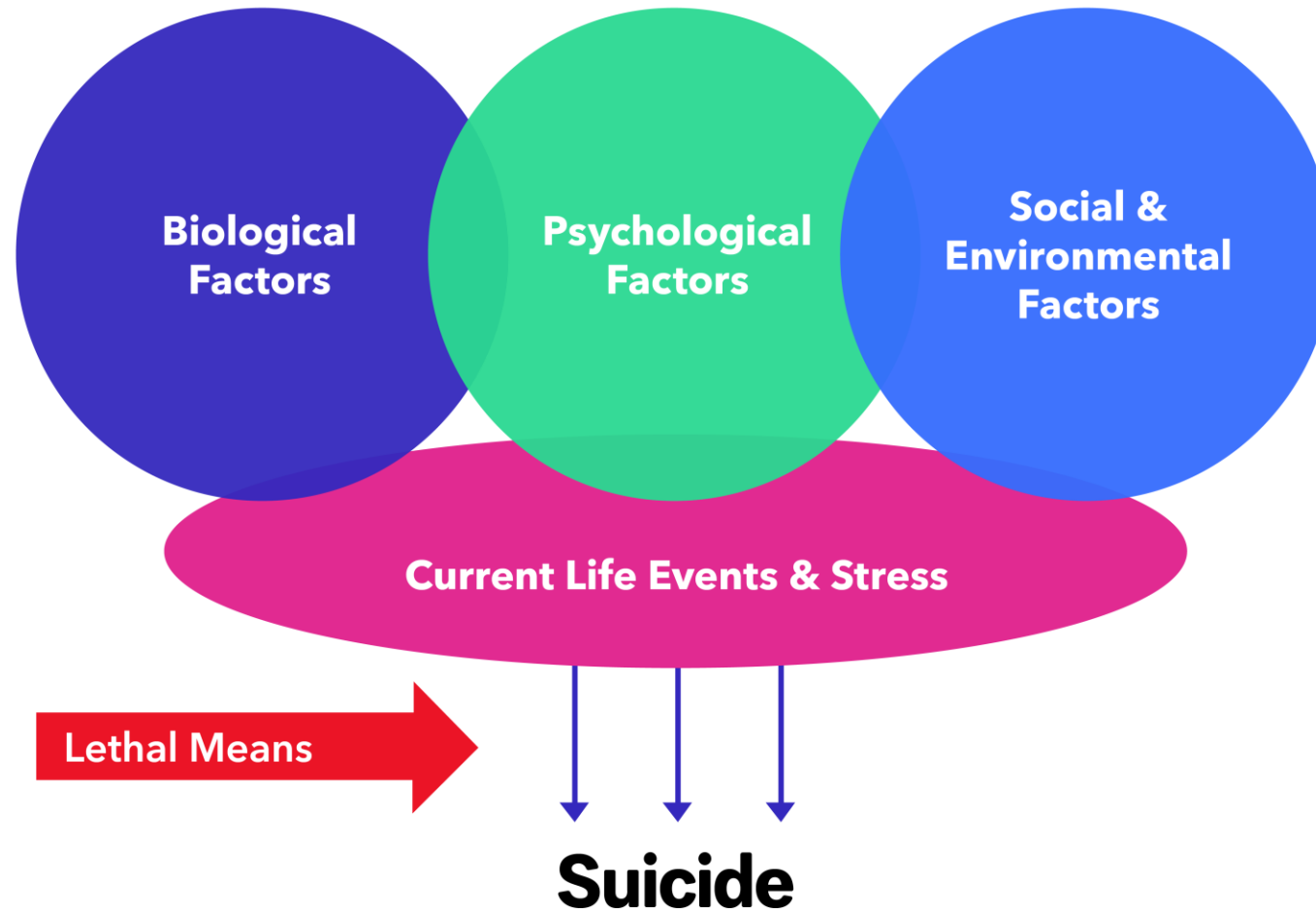
**Suicide rates among Black and AAPI youth have been increasing, similar to other racial and ethnic groups of color**



**Indigenous youth and young adults die by suicide at higher rates than any other racial or ethnic group**



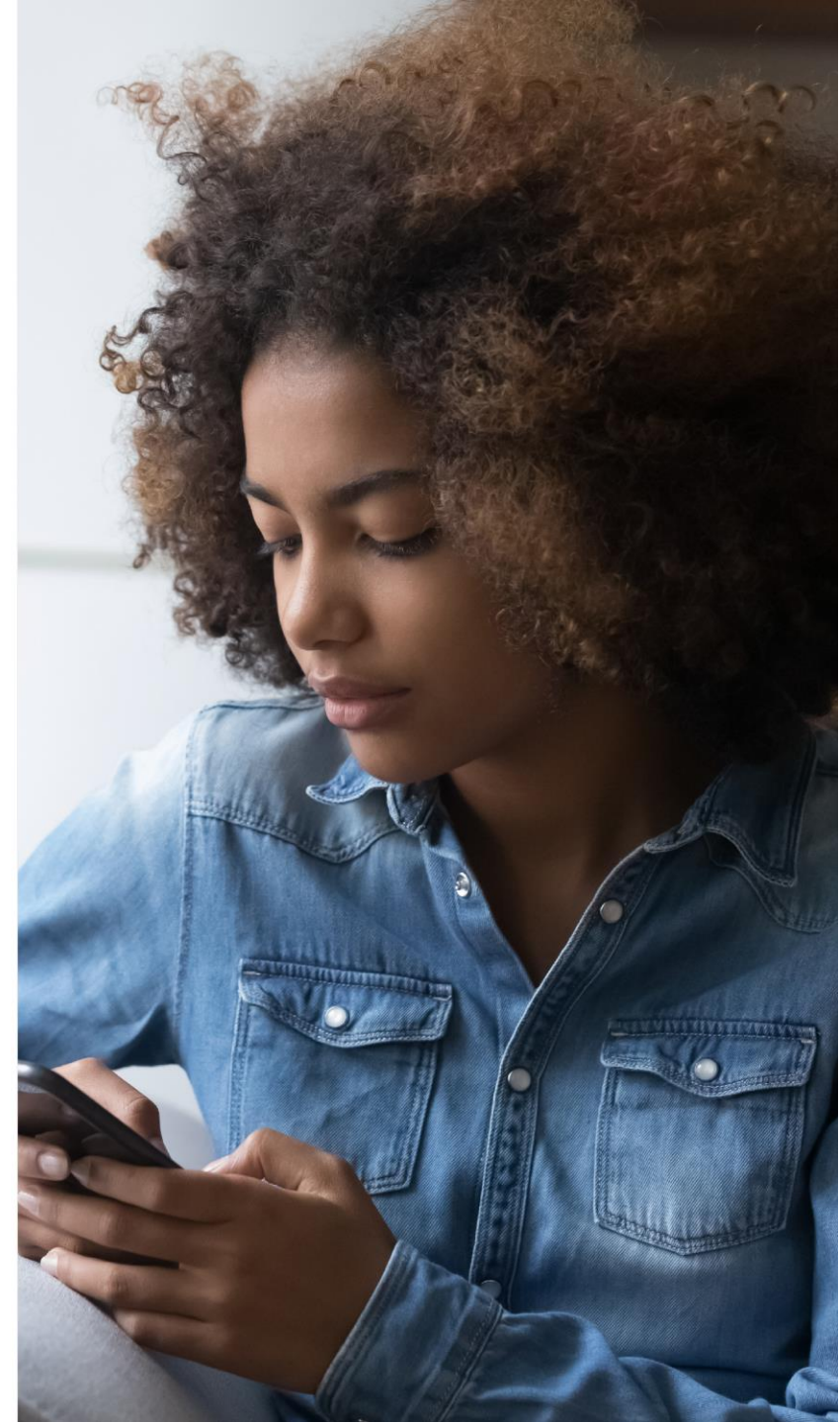
# Interacting Risk and Protective Factors





# Contributors to Suicidal Behavior

- Previous suicidal behavior
- Mental health conditions: depression, bipolar disorder, psychosis, personality disorders, eating disorders, substance use
- Physical health conditions, chronic pain
- Family history of mental illness or suicide loss
- Childhood trauma, abuse, neglect
- Traumatic brain injury
- Genetics
- Ongoing social factors: rejection, victimization, race or gender related discrimination, prejudice, systemic racism and historical trauma







## Protective Factors

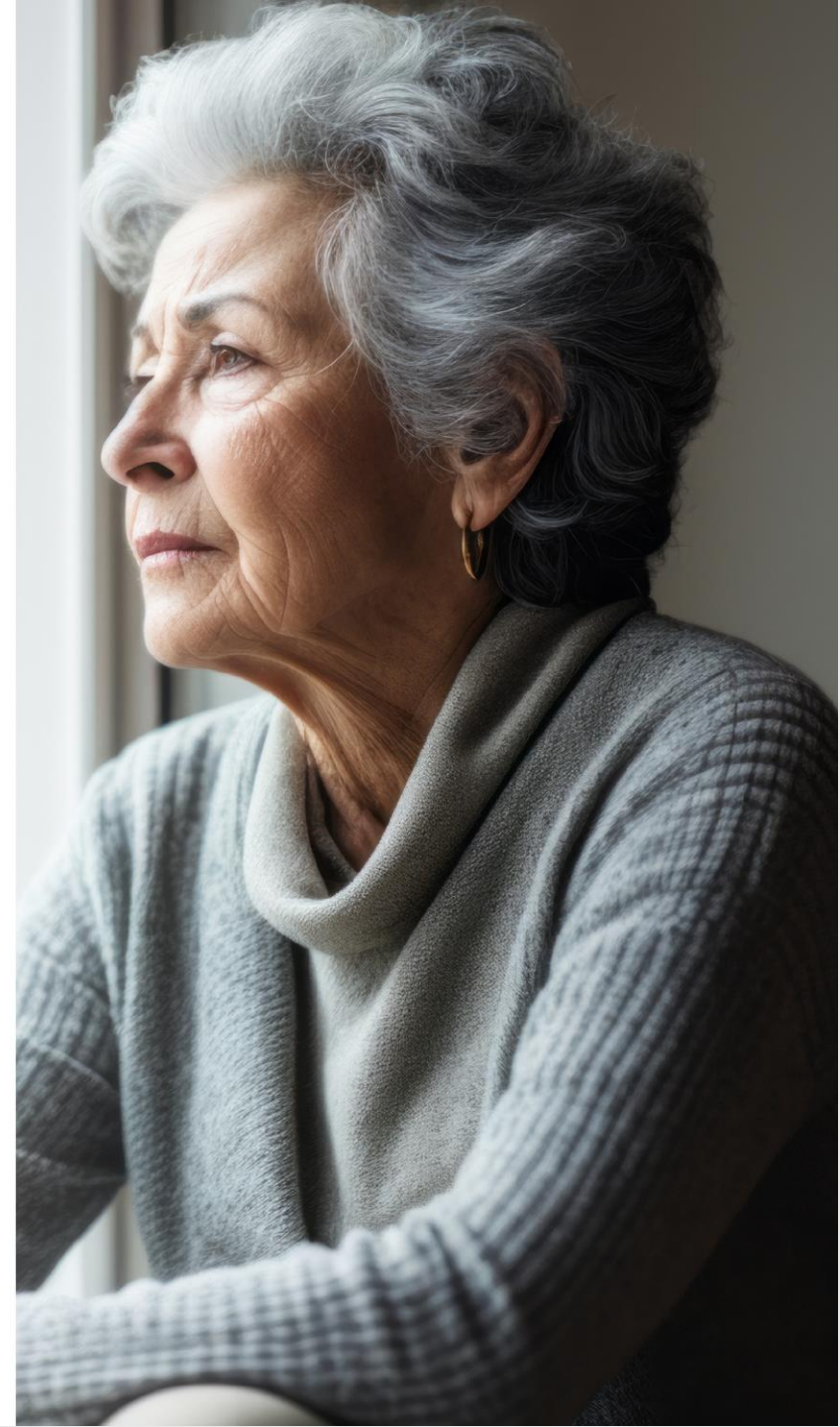
- Resilience
- Strong sense of personal identity including gender, race, and ethnicity
- Social and problem-solving skills
- Connection
- Social support
- Willingness to participate in mental health care
- Access to mental health care

**Certain groups and populations  
experience suicide risk factors  
and contributors differently**

# Suicide in Older Adults

- Depression is often unidentified or untreated
- Chronic illness and pain
- When an older adult attempts to end their life, those attempts more often result in death
- More likely to experience loss compared to other groups

**Supporting older adults by having caring conversations, discovering new hobbies together, and encouraging community connectedness can reduce suicide risk.**







## Suicide in LGBTQ+ Individuals

- LGBT individuals have more suicidal ideation and attempts than their heterosexual peers
- Social stigma, prejudice, and discrimination are associated with minoritized sexual orientation
- For LGBT youth, a common and powerful stressor is rejection by parents and other family members

**Increasing acceptance and affirmation of LGBTQ+ identities and increasing access to LGBTQ+-affirming physical and mental health care can be protective factors.**

# Suicide and Veterans

**Suicide rates are higher among Veterans as compared to non-Veterans.**

Contributors to suicide among veterans include:

- Readjustment to civilian life – especially the first 12 months following separation
- Exposure to traumatic events
- Homelessness
- Mental health conditions and substance use disorders
- Firearm ownership
  - Firearm ownership is over twice as prevalent among Veterans than for non-Veterans, and are involved in over 70% of Veteran suicides

**Strategies to prevent Veteran suicide include safe storage of firearms, increased access and use of mental health services, and support for service members transitioning back to civilian life.**





# Suicide and Workplaces

**Suicide rates differ across different occupations, and can depend on:**

- Work related stress
- Access to lethal means
- Potential work hazards and physical consequences
- Support for mental health

**Supportive workplaces can serve as a protective factor for suicide.**

In the U.S., most people who die by suicide are people of working age.



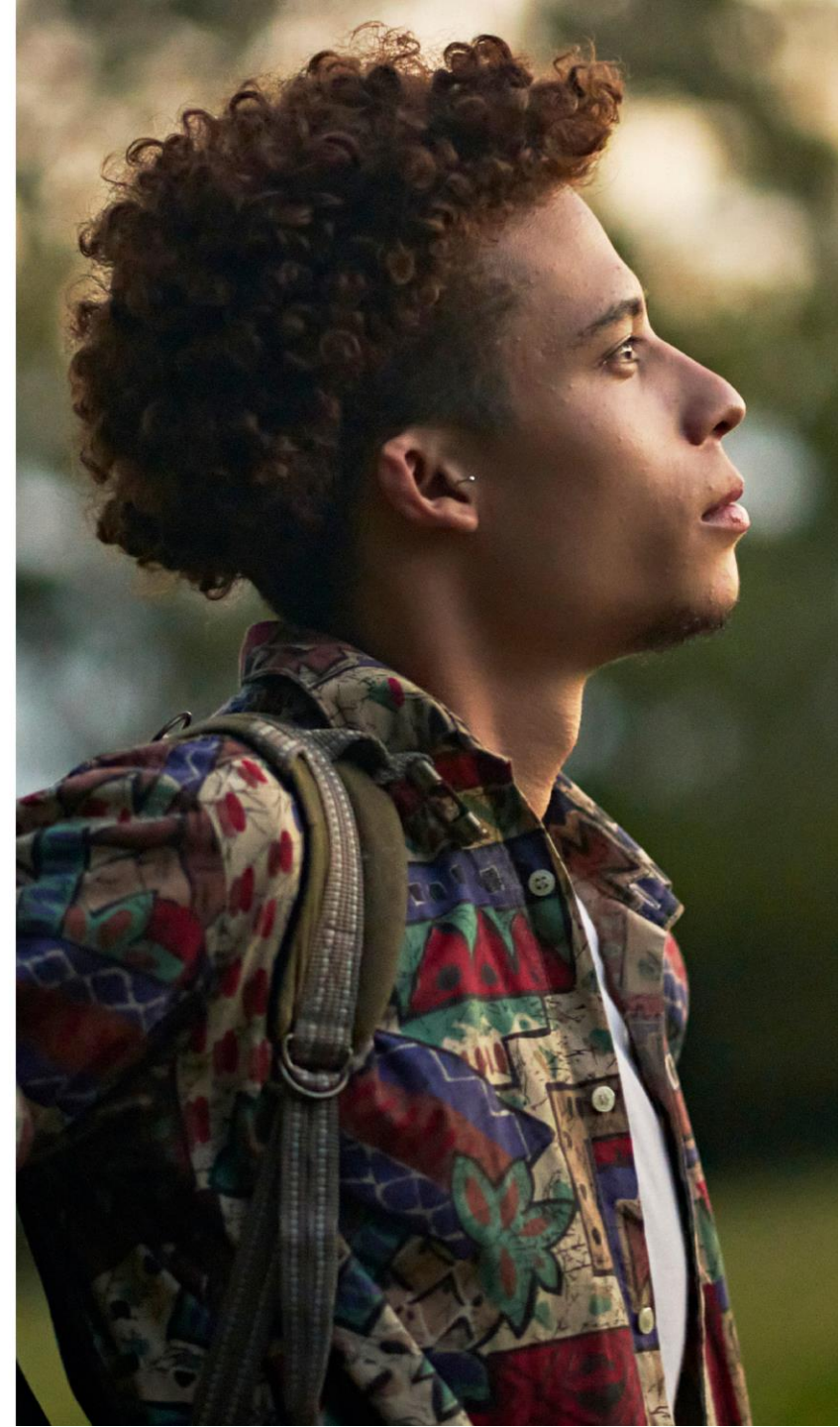
# Suicide and Men

**Men account for the vast majority of suicides each year.**

Contributors to suicide risk in men include:

- Relationship status (being unmarried, divorced, widowed, or single)
- Mental health conditions (i.e., depression)
- Substance use
- Gender norms that promote stoicism, toughness, self-reliance
- Access to lethal means like firearms

**Protective factors include strengthening connections to family and peers, participation in meaningful activities, and normalizing seeking mental health care.**





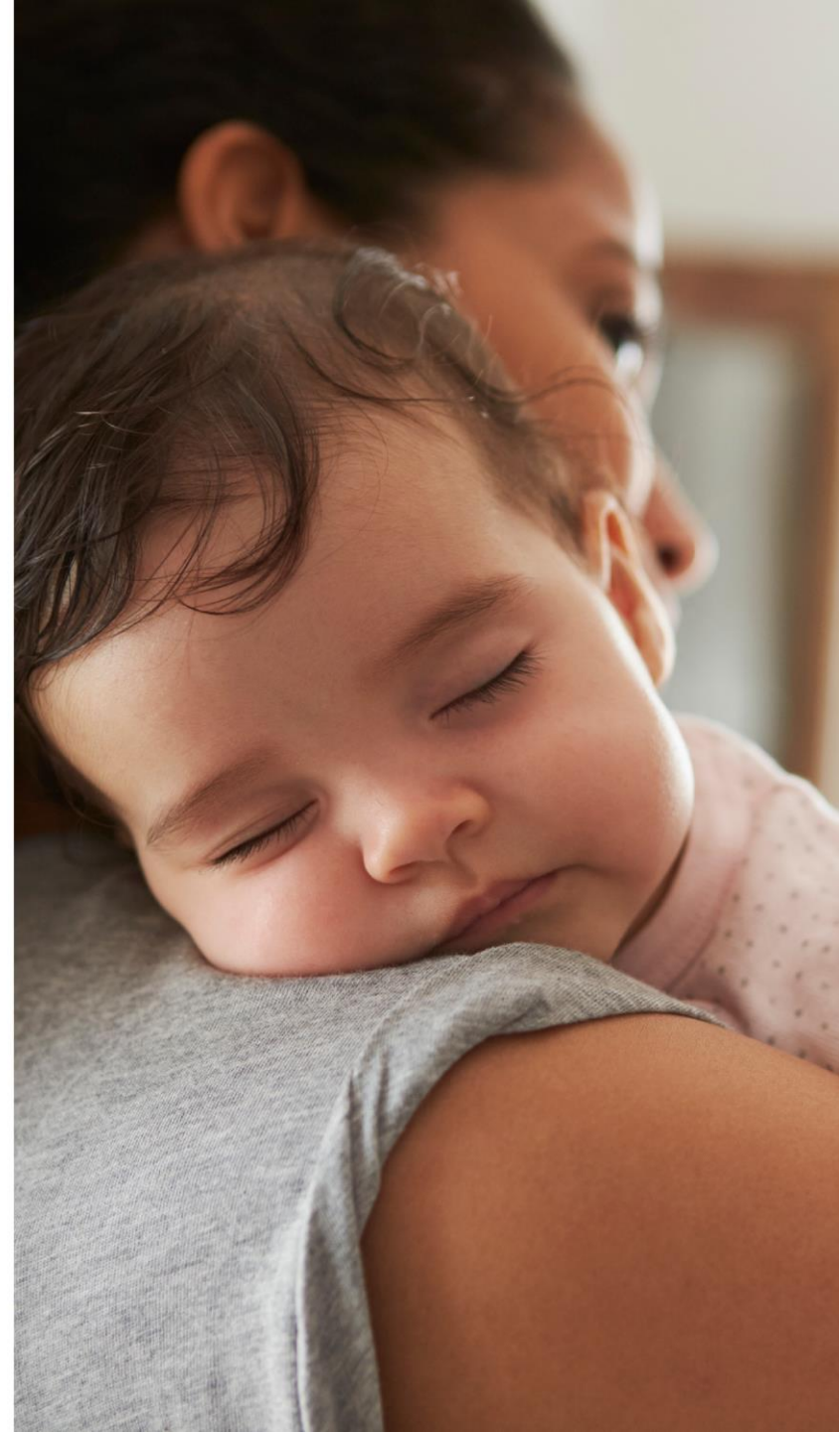
# Suicide and the Perinatal Period

**Suicide is a leading cause of death during the perinatal period (pregnancy or first 12 months postpartum).**

Contributors to suicide risk for those in the perinatal period include:

- Mental health conditions, including post-partum depression
- Relationship status with partner
- Limited time for self-care (i.e., lack of sleep)
- A difficult pregnancy or birth experience; pregnancy loss
- New health issues including changes in body and hormones
- Unplanned pregnancy
- Financial stress

**Protective factors include having a supportive partner or support system and accessing mental healthcare when needed.**







## Thoughts of Suicide are Complex

- Part of them wants to live, part of them wants their pain to end
- They may think that if they weren't around, it would be better for their family and friends
- They may feel like a burden
- They may feel overwhelmed with hopelessness

# Perspective of a Person in Crisis

- Experience a crisis point
- Unbearable physical or emotional pain that feels unescapable
- Their brain is operating differently; thinking lacks flexibility
- They can't access coping skills
- It's not a choice to feel this way





**Thoughts of suicide are often temporary. Keeping people safe and helping them feel supported can get them through those critical moments.**

A woman with short, curly dark hair and black-rimmed glasses is looking towards a man whose back is to the camera. She is wearing a light grey t-shirt and has a ring on her finger. The background is slightly blurred, showing an indoor setting with warm lighting.

# Steps You Can Take

- 1 Watch for warning signs
- 2 Reach out and have a conversation
- 3 Keep the environment safe
- 4 Connect to help and resources

# 1

## Watch for Warning Signs

# Suicide Warning Signs

### Talk

- Ending their lives
- Having no reason to live
- Feeling hopeless
- Being a burden to others
- Feeling trapped
- Unbearable pain

### Behavior

- Increased use of alcohol or drugs
- Issues with sleep
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Looking for a way to kill themselves
- Giving away possessions
- Missed work or declining work or school performance

### Mood

- Depression
- Apathy
- Rage
- Irritability
- Impulsivity
- Humiliation
- Anxiety
- Sudden, unexplained happiness



# 2

## Have a Conversation

### Have a Conversation

- Trust your instinct
- Assume you're the only one who is going to reach out
- Be okay with the awkwardness



3

Keep the Environment Safe

**The most important thing you can put between a person thinking about suicide and their way of ending their life is time.**

**Time allows the crisis to de-escalate and the opportunity for help.**

# 3

## Keep the Environment Safe

### Help them limit access to lethal means

#### Examples of how you might restrict lethal means:

- Remove or secure firearms, including decorative firearms (unloaded, locked, and disassembled)
- Store ammunition separately
- Secure medications including over the counter medications
- Secure toxic substances

#### Additionally, you can:

- Ask what they might need to feel safer
- Encourage them to refrain from substance use
- Encourage them to discuss keeping the environment safe with a mental health professional

**“Lethal means” refers to a method that can be fatal if one uses it to attempt suicide.**

# 3

## Keep the Environment Safe

### Suicide and Firearms

- Nearly half of all U.S. households have at least one firearm
- In the U.S., around half of all suicides involve firearms
- In some states, firearms are used in as many as 70% of suicides
- Most firearm deaths are suicides in the U.S.
- If someone is at risk for suicide, having a gun in the house can be fatal



# 4

## Connect to Resources

### Crisis Resources

If someone has a suicide plan or is in a crisis and not safe, take immediate action.



#### 988

Dial 988; Press 1 for veterans, 2 for Spanish, 3 for LGBTQ

Text 988 (English & Spanish)

[988lifeline.org](https://988lifeline.org)

#### Crisis Text Line

Text TALK to 741741 for English

Text AYUDA to 741741 for Spanish

[crisistextline.org](https://crisistextline.org)

#### Emergency Department

Help the person get to emergency services

#### Trevor Project – LGBTQ Youth

1-866-488-7386

Text START to 678-678

[thetrevorproject.org](https://thetrevorproject.org)

#### Trans Lifeline

1-877-565-8860

[translifeline.org](https://translifeline.org)



4

Connect to Resources

**Call 911 for medical emergencies—such as an attempt in progress.**



# 4

## Connect to Resources

### Connect to Professional Care

- Visit a mental health or medical provider who can help:
  - [Findtreatment.samhsa.gov](https://findtreatment.samhsa.gov)
  - [Mentalhealthamerica.net/finding-help](https://Mentalhealthamerica.net/finding-help)
  - [incusivetherapists.com](https://incusivetherapists.com)
- Get an evaluation
- Discuss treatment options and interventions, such as safety planning, if applicable
- Continue treatment, follow up regularly
- Practice self-care and connect with loved ones and your community

**We recognize there are many barriers to receiving mental health care, including a shortage of mental health professionals**



# 4

## Connect to Resources

### Postvention is Prevention: Resources

**Providing support for loss survivors is important and is another way to prevent suicide. Resources include:**

**AFSP resources and programs available to help you heal**

[Afsp.org/loss](https://afsp.org/loss) and [Afsp.org/get-help](https://afsp.org/get-help)

**The Dougy Center, The National Center for Grieving Children & Families**

[Dougycenter.org](https://dougycenter.org)

**Tragedy Assistance Program for Survivors (military or veteran)**

[TAPS.org/suicide](https://taps.org/suicide)

**Alliance of Hope for Suicide Survivors**

[Allianceofhope.org](https://allianceofhope.org)

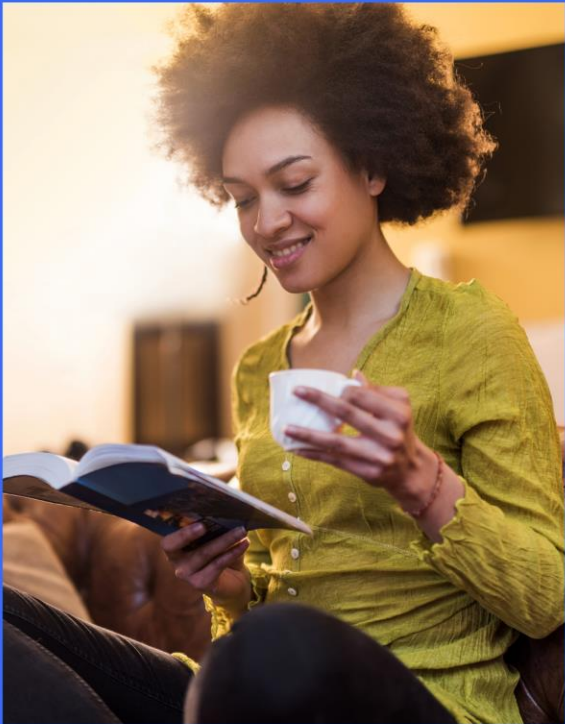
**American Association of Suicidology**

[suicidology.org/resources/suicide-loss-survivors](https://suicidology.org/resources/suicide-loss-survivors)



# Prioritize Self-Care

Mind



Body



Soul



Surroundings





# Summary: Lessons from Suicide Research





**Together, we can create a culture that prioritizes mental health and suicide prevention.**







## Why is my Feedback Important?

- Your opinion and experiences are critical
- With your voice, we can better improve our programs
- Your feedback will help us know: Is the program working? What needs to be changed?
- Your feedback is confidential and will not be linked to you

# Help us measure our impact by completing the post survey.

Visit [afsp.org/TSLfeedback](https://afsp.org/TSLfeedback)





## CONNECT WITH US

Website: [www.afsp.org/illinois](http://www.afsp.org/illinois)

Email: [illinois@afsp.org](mailto:illinois@afsp.org)



AFSP.IL



AFSPIL



afspillinois



**American  
Foundation  
for Suicide  
Prevention**

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Illinois

# Announcements

- Next webinar is Wednesday November 19<sup>th</sup>, 2025 at 2:00pm.
- 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: [stephanie.nickles@cookcountyhealth.org](mailto:stephanie.nickles@cookcountyhealth.org)