



COOK COUNTY HEALTH

Quarterly Report for the Cook County Board of Commissioners

**Cook County Department of Public Health
Behavioral Health Quarterly Report Survey**

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#1 - General information on the population served, including how patients were identified or applied for services, a breakdown of where patients of the program(s) reside in Cook County and the number of patients served over the last 24-month cycle

Cook County Department of Public Health (CCDPH) is not a direct provider of behavioral health treatment services. However, through grant funding, we support a partner organization in referring people who use opioids and other substances to substance use treatment. These clients will be drawn from deflection programs established with suburban Cook County law enforcement agencies by the technical assistance provider, TASC. Deflection, also known as pre-arrest diversion, routes people with substance use and mental health disorders to treatment as an alternative to incarceration.

Our opioid programs, including programs that support patients with opioid use disorder, are focused in areas that are at higher risk for opioid overdose. CCDPH's analysis indicates that the ZIP codes hit hardest by the opioid epidemic have substantially lower median household incomes (\$56,430 vs. \$79,313) and correspondingly higher poverty rates (12.7% vs 7.8%).

#2 - Overall goals of behavioral health program(s) including goals unique to the specific population served

The goal of the initiative is to reduce deaths from opioid overdose and refer people with opioid use disorder to treatment if they are ready to begin treatment.

#3 - Information on the providers, managers, and/or operators of the behavioral health care program, activity or service and any overlap in funding, to the extent it is known.

TASC will utilize a variety of treatment and social service providers when they begin referring people to treatment. CCDPH is not aware of any overlap in funding.

#4 - Key performance indicators measuring the results of the program

TASC will be tracking the following indicators for clients who are referred to the deflection program. These indicators are reported to CCDPH every month.

- # of initial encounters
- # of referrals to case management (by race/ethnicity, sex, and age)
- Length of time from first meeting with deflection specialist to intake (by race/ethnicity, gender, and age)

- Treatment engagement at 30 days (by race/ethnicity, sex, and age)
- Treatment engagement at 60 days (by race/ethnicity, sex, and age)
- Treatment completion (by race/ethnicity, sex, and age)

#5 - Quality measures or expectations for contracts involved in the program, where applicable

Expectations for TASC are identified in the scope of work that is included in their contracts with CCDPH.

#6 - Information on how the care being provided in this program serves the best interests of the patient/recipient of care as well as the communities where the patient/recipient of care or services resides.

TASC will be working with suburban law enforcement agencies to establish deflection programs that are tailored to each agency. TASC is also working to establish Memorandum of Understandings (MOUs) between law enforcement agencies and local social service providers.

#7 - Information on how the continuum of care may be addressed through this program.

In addition to the MOUs mentioned in question six, TASC's deflection specialists will provide clients with support for food, housing, transportation, and other needs to address common barriers to staying in treatment.

#8 - Information on the best practices in this type of programming

TASC is a national leader in establishing deflection programs and convenes stakeholders across the country to provide education on the practice of pre-arrest diversion. The data indicates that clients that are fully engaged in pre-arrest diversion have lower rates of recidivism and a better chance at being referred to treatment than in emergency room programs. Effective deflection programs create a tailored program for law enforcement agencies and include collaboration with community-based stakeholders.

#9 - Information detailing meetings and coordination on patient identification, programs and goals with other Cook County agencies, City of Chicago or other partners or entities on this program, where applicable

CCDPH convenes an Opioid and Substance Use Advisory Council to inform our opioid related efforts and participates in opioid-related work groups. The Advisory Council, includes representatives from state and local agencies, substance use treatment providers, and harm reduction advocates.

In 2020, CCDPH and TASC will convene deflection task forces to coordinate with law enforcement agencies, treatment providers, and social service providers involved in the deflection programs.

CCDPH also participates with the Illinois Opioid Crises Advisory Council, and collaborates with state and local health agencies, including the Illinois Department of Public Health, the Illinois Department of Human Services, and the Chicago Department of Public Health.

#10 - An evaluation of the program and an overview of any overlap in outreach, communities served, and programs with other Cook County and City of Chicago Agencies, and an evaluation of the impact of the program and an overview of its effectiveness, particularly as it pertains to vulnerable populations, racial and ethnic minorities; and populations facing disparities in behavioral health outcomes, behavioral health care, and behavioral healthcare access.

Based on data provided by TASC, CCDPH will evaluate disparities in outcomes for people who are referred to the deflection program. The data will be analyzed by race and ethnicity, sex, and age.

#11 - Information with the costs associated with the program(s) and funding source(s)

Funding for the deflection referral program flows from two sources: Substance Abuse and Mental Health Services Administration (SAMHSA) and the Chicago Department of Public Health via the Centers for Disease Control and Prevention (CDC). CDC dollars fund the planning of the deflection protocols, and the SAMHSA dollars fund the implementation of those protocols, including the support of individuals referred to the program and supported by the deflection specialists. TASC is funded at \$1,080,184 for four years through SAMHSA funded work, and \$450,000 at three years for the CDC funded work.

#12 - Any additional information which may facilitate the Committee's understanding of the program, initiative, or activity.

The deflection program is part of a larger CCDPH initiative to prevent opioid overdose. The initiative has three other components:

- Training on opioid overdose and naloxone use for community-based organizations and law enforcement agencies
- Distribution of naloxone to community-based organizations and priority law enforcement agencies
- Quantitative and qualitative data collection on opioid use, opioid use disorder, and opioid overdose to help inform public health efforts.

More information about the program, as well as data reports on opioid use in CCDPH's jurisdiction, is available at: <https://cookcountypublichealth.org/behavioral-health/opioids/>

#13 - Any additional information which may foster a more accurate assessment of behavioral health care needs and opportunities for collaboration or growth within the Cook County Government entity's behavioral health care programs.

None at this time.

#14 - Any additional information if patients receive follow up care at a Cook County hospital including medication management as a part of aftercare.

TASC will utilize a variety of treatment and social service providers when they begin referring people to treatment, which may include medication-assisted treatment services at Cook County Health ambulatory care clinics.