



COOK COUNTY HEALTH

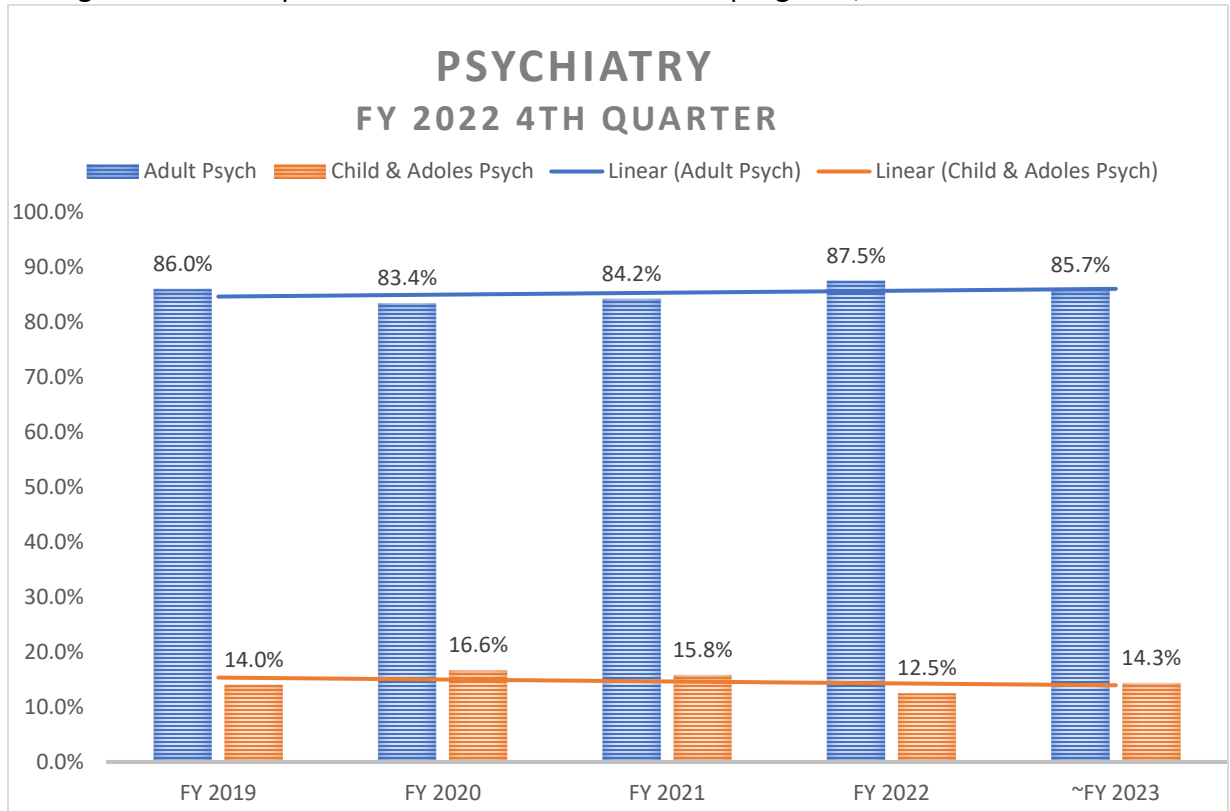
Behavioral Health Quarterly Report September- November 2022

- **Office of Behavioral Health and Psychiatry**
- **Cermak Health Services**
- **Juvenile Temporary Detention Center Health Services**
- **Cook County Department of Public Health**

Office of Behavioral Health and Psychiatry

1. Project Overview

- a. Project activities: The department of Psychiatry is comprised of (4) interlinked divisions (Adult, Child & Adolescent, Consult Liaison, and Emergency Department). The divisions provided an array BH (Behavioral Health)/ Psychiatric services to 6,319 patients in the CCH system in the 4th quarter of FY 2022. Out of the 6,319 patients serviced 12.5% of them were for children, adolescents, and young adults (continued care after 18 years of age with same provider service). BH/ Psychiatric services are funded through the CCH. The following tables list the patient volumes and divisions and programs/ clinics:



4 th Quarter Comparison	2019	2020	2021	2022	*Projection 2023
Adults	6899	7613	6278	5531	6580
Child & Adolescent	1059	1436	1107	788	1097
N=	8018	9120	7451	6319	7677

Note: Our 4th quarter comparison reflects a decrease in services due to loss of behavioral health providers with a subsequent decrease of overall FTEs (Full Time Equivalent). This is a result to a loss of three Psychiatrist and three Psychologist due to retirement and transfers to other facilities. One APRN retired and we are now trying to hire these positions. Note that the productivity increased per FTE when considering the significant decrease in clinical staff. In the 4th quarter of 2023, we project a significant increase based on current hiring activities of additional prescribing providers and behavioral health therapist in the pipeline of FY 2022.

Division	Program/ Clinic	Worksite
Adult Psych	Bariatric Clinic	JSH
	Endocrinology	JSH
	HIV-BH	Core Ctr.
	Injection	Austin BH/ Provident BH
	MAT	Austin BH
	Medication Management	Austin BH/ Provident BH/Blue
	Neuropsychiatry	Island
	Oncology	Provident BH
	Pain Clinic	JSH
	Psychotherapy (Indv/Group)	Blue Island/JSH
Telepsychiatry	Blue Island/JSH/Prieto/Provident Provident BH/ JSH	
Child & Adolescent Psych	AYAC	JSH
	Endocrinology (Peds)	JSH
	Inpatient Consultation	JSH
	Medication Management	JSH
	Psychotherapy (Indv/Group)	JSH
	Positive Parenting Program (Triple P)	JSH
Consult Liaison	Inpatient Consultation	JSH
	Inter-discipline BH Training	JSH
	Medical Student Teaching/ Training	JSH
ER Psych	ER Consultation	JSH/ Provident BH
	Inter-discipline BH Training	JSH/ Provident BH
	Medical Student Teaching/ Training	JSH/ Provident BH

b. The Department of Behavioral Health and Psychiatry currently collaborates with Threshold Inc. in the Stroger ER. Thresholds assist in complex referral placements of patients requiring psychiatric hospitalization to private and/or public facilities.

c. Financial summary-quarterly investments: The department of Psychiatry expended \$1.4 million quarterly (FY 2022 Annual budget \$5.6 million) for Adult, Child & Adolescent, Emergency Room, and Consult Liaison Psychiatric services within the CCH system. With continued increases it will require a significant staff investment to keep (safe) pace with the current mental health patient service needs. The Department of Psychiatry lost three psychologists and three psychiatrists due to retirements and opportunities at other hospitals.

2. As a result of introducing the telepsychiatry platform to our service menu the Department of Behavioral Health and Psychiatry patient show rate has improved dramatically from the pre-Covid period 2019. In 2019 the BH/ Psychiatry show rate was 69.5% during 4th quarter compared with 76.5% for the 4th quarter of 2022.

3. During the Covid pandemic we learned several lessons: develop a staff succession plan to maintain adequate skilled staff; diversify service delivery methods (telepsychiatry and develop a system to implement psychiatric consults in ACHN clinics); and increase and enhance future collaborative community partnerships. We have obtained one MOU from Ascension to admit psychiatric patients from our EDs. We are currently looking at tele-psych in the sleep lab.4.

Future Plan & Sustainability:

- a. Examining alternative resources for informed Psychiatric prescribers (i.e., Psychologist) Looking at a training program for Psychologist to prescribe medication. This will be a two-year process. Currently meeting with different organizations to discuss this type of program.
- b. Expanding Neuropsychiatry Service in 2023.
- c. Resuming Triple P (Positive Parenting Program) post COVID in 2022 and will continue in 2023.
- d. Integrating best practice clinic model through department "Case Conference Series"
- e. Currently reviewing psychiatric services in Sleep Clinic, ACHN Clinics
- f. Developing telepsychiatry services within ACHN sites to increase consultation to have staff on demand for the ACHN provider.
- g. Continuing the Yearlong Student Training Program with Rush and Midwestern medical students (2 Midwestern residents and 1 Rush Resident)

CCH Substance Use Disorder (SUD) Program

The CCH Substance Use Disorder (SUD) program includes health center services; coordinated care upon release from Cook County Jail and discharge from Stroger Hospital and Emergency Department; and collaboration with external partners.

#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.

All ACHN health centers offer medications for addiction treatment (MAT) and recovery support services, with 489 active patients in Sept 2022. The SUD/MAT "Bridge clinic" provides rapid access, low-barrier SUD services, with 100 patients cared for from Jan-June 2022. The CCH SUD Post-Release Care Coordination and Recovery Support Services team completed 400+ post-release follow up plans and 1,083 outreach attempts (Sept-Nov 2022). Recovery coaches in the Stroger ED recovery coaches and Stroger inpatient social workers served 566 patients and 999 patients, respectively (May-Nov 2022).

CCH collaborates with partners as an **SUD Regional Learning Health System (LHS)**:

- Linkages to SUD care for housing insecure individuals in the Sherriff's electronic monitoring program, with 409 individuals referred (41% successfully connected) Oct 2020-Oct 2022.
- Trauma informed, gender responsive care coordination upon release from jail or prison

- Foundation-Women’s Justice Institute, with 111 patients served Jan. 2020-Oct. 2022.
- Regional recovery housing information system and navigator intervention with 51 individuals referred and engaged (27% successful placement) in first 7 months.
- Implementation of a low-barrier recovery home with WestCare Foundation of Illinois and Heartland Alliance, expected to open in Spring 2023.
- Providing hyper-local drug overdose data to community-based organizations to support evidence-based overdose responses.
- Identified a 15-fold increased risk of opioid-related mortality among probation-involved individuals. Partnering to improve referral and linkage pathways from Adult Probation, SUD holds a bi-monthly meeting with the Chief Justice Office and a monthly meeting with the Chief Justice regarding substance use clients.
- Launched a peer recovery coach intervention to support drug court participants, with 22 two participants engaged in first 2 months.
- Developed statewide clinician education and support resources available through the [Illinois Helpline for Opioids and Other Substances](#).
- In partnership with the Toxicon Consortium, CCH provides training and expert guidance for poison care throughout Cook County, and conducts surveillance on drug overdose trends, and trains physician fellows.

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

Actively support patients with SUD to reach their recovery goals; improve the physical, mental, and social well-being, including reducing the harms associated with ongoing substance use, among the program’s patients; and decrease the risk of overdose from opioids and other drugs among our patient population.

#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.

Oversight provided by a steering committee of leaders from across CCH including the Senior Behavioral Health Officer; Dept. Chairs from Family Medicine and Psychiatry; leadership from Complex Care Coordination and Center for Health Equity and Innovation; and members from multiple departments including County Care and Correctional Health. The program is administered by the Manager for Behavioral Health Integration Attending Physician VII-Behavioral Health and Division Chief, Psychiatry.

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

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

Patient volume, recovery coach and CHW (Community Health Worker) activity, clinic implementation milestones

#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 AND #7 - Information on how the continuum of care may be addressed through this program AND #8 - Information on the best practices in this type of programming

Offering medications for addiction treatment (MAT), patient-centered recovery support and harm reduction services, and access to more intensive psychosocial treatment is the gold standard of SUD care. Our team provides a menu of services and support patient's dignity and autonomy. CCH is uniquely positioned to provide SUD care in our crisis care settings - ED, inpatient, and Cermak – with seamless paths to ongoing, community-based care directly in ACHN health centers and/or with partners. We are constantly working to improve these pathways.

Total patients served by setting/program from Sept-Nov 2022 below:

- ACHN: 510
- CCDOC post-release care team: 580
- ED: 199
- Inpatient: 425
- Drug court: 22
- Sheriff's EM partnership: 75
- IDOC post-release: 47
- Recovery Home Coordinate Capacity Pilot: 22

#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

We participate in several workgroups including the Illinois Opioid Crisis Response Advisory Council; the All Cook County Overdose Prevention Task Force; the Westside heroin/opioid task force; the Chicago Re-entry Task force; and the Jail MAR Learning Collaborative. We meet regularly with IDHS/SUPR, Cook County Adult Probation, Office of the Chief Judge, Cook County Sheriff's Office, IL Dept. of Corrections, Parole, SUD treatment partners, recovery home partners, local health departments, and other community-based partners.

#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.

ACHN patients engaged with MAT + recovery coaches are significantly more likely to be retained in care at 90-180 days (about 6 months) compared to patients receiving MAT only (70% v. 48% at 90 days (about 3 months), 45% v. 14% at 180 days).

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Cermak Health Services

1. Structured out of cell programming in restrictive housing areas of the Jail
 - Cermak Mental Health Staff began out-of-cell therapeutic programming in Rehabilitative Housing (“segregated detainees”) in Maximum Security areas of the jail
 - Structured activities reduce social isolation, improve coping, and self-management by detainees
2. Critical Incident Technique (CIT) training for Mental Health staff at Cermak
 - CCSO Office of DOC Policy and Training compliance secured the participation of Cermak Mental Health staff in structured scenario-based CIT trainings at the Sheriff’s Training Academy
 - Formal 40-hour CIT training curriculum enables Mental Health staff to participate in de-escalation situations for the seriously mentally ill in CCJ thus averting more restrictive and intrusive treatment modalities and use of force
3. Coordination of care between Cermak and John Stroger Hospital for ingestion of foreign body
 - Elevated risk Cermak patients during their admissions to John Stroger Hospital require the same level of supervision that they receive at Cermak
 - Cermak participated in the development of the alerts system and staff training that facilitates coordination of care between correctional, medical, environmental, and nursing staff when Cermak detainees must be admitted to JSH
 - Patient safety is improved because of recognition that patients’ high-risk behaviors frequently intensify during transitions of care
4. Petitions for the Involuntary Administration of Psychotropic Medications by Court Order
 - Providers continue to identify individuals in custody who meet criteria for the involuntary psychotropic administration based on their dangerousness or significant deterioration
 - Five additional petitions were filed in Q4

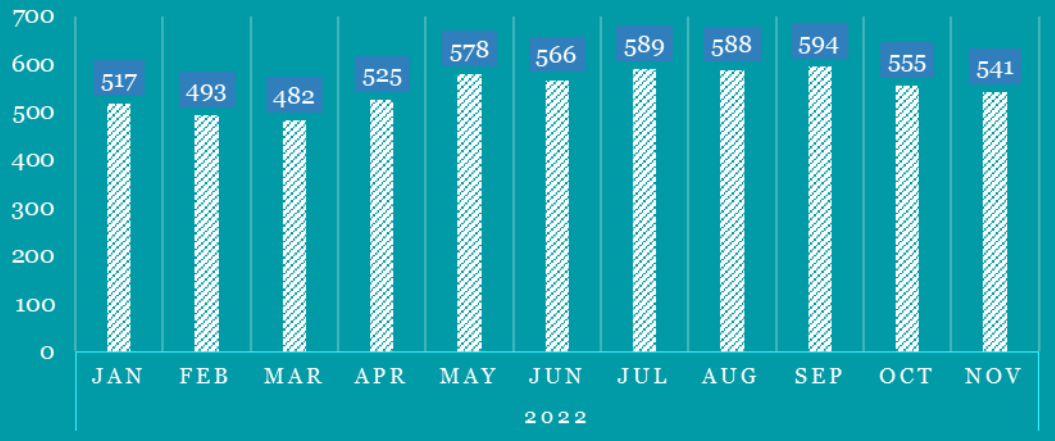
Cermak Mental Health Statistics

- ✓ Jail census has contracted and so did mental health caseload; it stands at about 43% of the total jail population in Q4
- ✓ The number of seriously mental ill in residential treatment settings remains constant and is bed capacity limited
- ✓ The number of total patient contacts by the Department staff has been trending down following decreases in the caseload

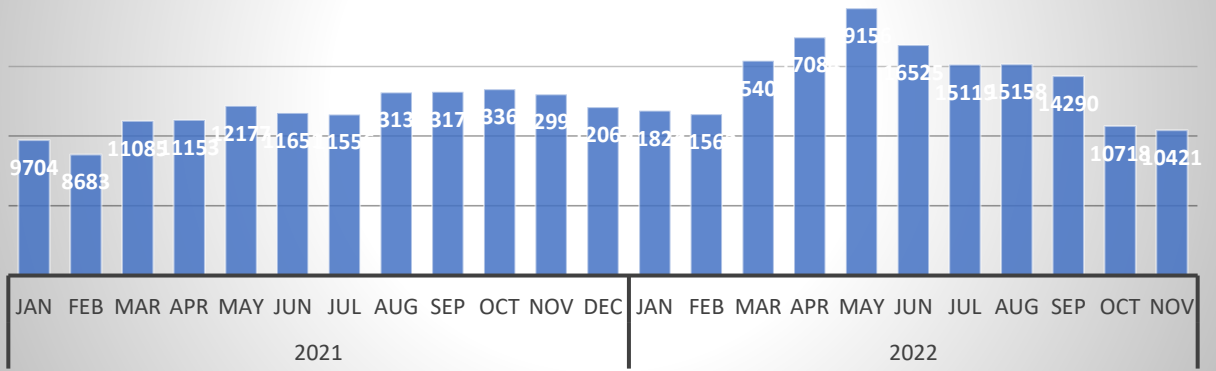
AVERAGE DAILY MENTAL HEALTH CASELOAD



SERIOUSLY MENTALLY ILL



TOTAL MENTAL HEALTH CONTACTS



Juvenile Temporary Detention Center Health Services

Expansion of Juvenile Justice Mental Health Training Programs

- Director of Training onboarded in Q4 and hosted the annual practicum fair. She is actively working on training program expansion ideas and will begin playing a key role in our OJJDP (Office of Juvenile Justice and Delinquency Prevention) grant which is being re-scoped to be a training grant. The OJJDP grant is 250K per year for 3 years.

SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress) Training

- Using the above mentioned OJJDP grant funding, CCH was able to train all its JTDC (Juvenile Temporary Detention Center) clinical staff in Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS).
- Groups began in late November.

JTDC Mental Health Staffing Plan

- Budgeted for 27 FTEs FY23 including 1 MHS-III; 3 Psychologist; 3 Care Coordinator; 1 CRN

Trauma-Informed Juvenile Court Self-Assessment (TI-JCSA)

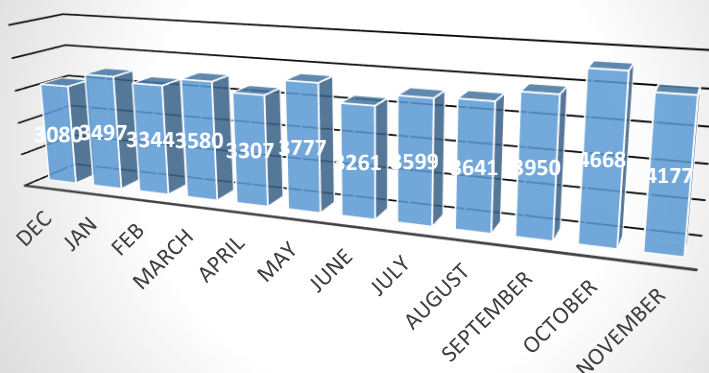
- Self-assessment concluded in Q4. Independent evaluator for the project has been conducting focus groups.
- Implementation plan to be developed in coming months.

Mental Health Program Statistics

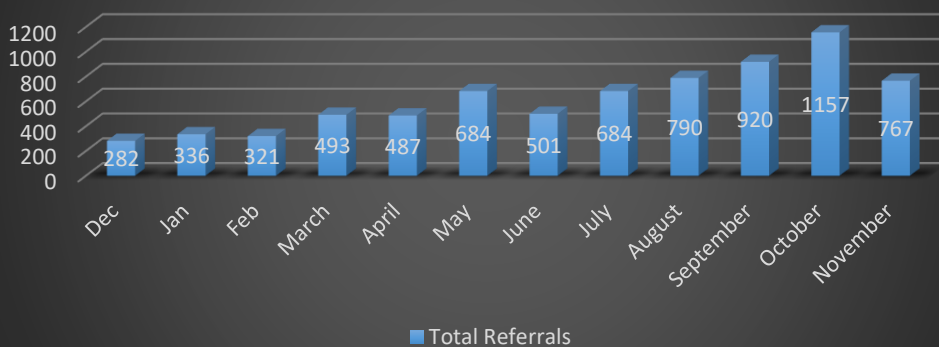
Program Evaluation includes:

- Quarterly Continuous Quality (CQI) Improvement meetings
- Dashboard data reviewed by JTDC and CCH on quarterly basis
- Annual CQI studies
- Annual peer review exercise

Total Productivity Q1-Q4 2022



Total Referrals Q1-Q4 2022



Specific Mental Health Contacts	Q1 Sum	Q2 Sum	Q3 Sum	Q4 Sum
Intakes	222	289	262	299
Referrals	939	1664	1975	2844
Individual Therapy Sessions	694	858	678	999

Cook County Department of Public Health

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

Through the ARPA (American Rescue Plan Act) Behavioral Health Expansion, Cook County Department of Public Health (CCDPH) Behavioral Health Unit will expand existing mental health and substance use prevention and treatment programs through community based organizations (CBOs) and local partners in priority communities in suburban Cook County (SCC) in five areas: suicide prevention, youth-focused programs, upstream approaches to behavioral health, community-based counseling and treatment, and behavioral workforce development. Priority will be placed on expanding the capacity for organizations serving under-resourced communities in suburban Cook County to provide essential services and programs to address the needs created and exacerbated by the COVID-19 pandemic. CCDPH launched the Building Healthy Communities, Behavioral Health Initiative on October 26th. To increase equity and inclusivity of the grantmaking process and encourage all interested organizations and agencies to apply, CCDPH streamlined the grant application process and provided optional, informational sessions and capacity-building workshops on the grant application, program design and planning, and monitoring and reporting where 150 organizations took part. Application for the grant closed on December 7th. CCDPH received 140 applications with over \$120,000 in funding requested. 75 applications requested funding for mental health, 53 for positive youth development, and 12 for opioid-involved overdose prevention. Applications had representation across CCDPH's priority communities.

The ARPA Sustaining Mental Health Hotline for Suburban Residents Initiative in the Behavioral Health Unit continues to expand NAMI's existing mental health support and crises line in the city of Chicago to provide support and referrals for suburban Cook County residents. The hotline provides emotional support, referrals to appropriate mental health and substance use resources, and intensive case support for callers with significant needs through its clinical support program. While the hotline serves any resident calling from suburban Cook County, outreach to promote the Helpline focuses on communities identified by CCDPH as being vulnerable to the impacts of COVID-19 based on the COVID-19 Community Vulnerability Index. The subrecipient agreement has been finalized and signed. NAMI continues to see an increase of calls in suburban Cook County with many of the calls coming from the southern suburbs, southwest suburbs, and immediate north suburbs. Half of the calls NAMI receives are from people seeking mental health treatment for themselves with many having encountered long waitlists and hoping NAMI's resources can get them into a service provider more quickly.

The Behavioral Health Unit is partnering with Flowers Communications Group to develop a mental health campaign targeting 18–34-year-old suburban Cook County residents, with a focus on the south and west suburbs, particularly young African Americans, Latinx, LGBTQI+ communities, and individuals and families on the verge of or experiencing homelessness. The

goal of the campaign is too de-stigmatize and humanize struggles with mental health and connect residents with services that promote self-care, mental health, and well-being and/or address mental health.

Building on CCH and CCDPH's commitment to increase health equity, bridge gaps in treatment and prevention, and change the delivery of and access to high quality care, the Behavioral Health Unit in partnership with CCH's Office of Behavioral Health and Wellness and the Cook County Foundation have applied to be a part of the Illinois AmeriCorps Public Health Commission. The proposed "Cook County AmeriCorps for Change Program" will be a public health training program that will build the next generation of public health workforce while advancing health equity and transforming our health care system through meaningful community engagement and empowerment. The "Cook County AmeriCorps for Change Program" will give particular focus to increasing access to community engagement surrounding crisis care, trauma informed care, substance use, and violence prevention as those areas have been most impacted by COVID-19 among our most vulnerable communities.

The Behavioral Health Unit will expand its existing opioid-involved overdose prevention activities through its ARPA. Opioid Overdose and Substance Use Prevention Initiative will build on existing opioid-involved overdose prevention activities to substantially expand harm reduction services in suburban Cook County and address the impact of COVID-19 on opioid and substance use disorder. Through grant funding from the CDC, the Behavioral Health Unit currently supports a deflection program with a local partner, TASC. Deflection, also known as pre-arrest diversion, routes people with substance use and mental health disorders to treatment as an alternative to incarceration.

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

- Increase the percentage of suburban Cook County residents with access to behavioral health services, support, and treatment
 - Advance the behavioral health of suburban Cook County's children, youth, and their families by supporting and expanding initiatives that directly support prevention approaches
 - Engage with community, county, state, and national partners to identify needs and provide support in building an equitable and complete continuum of crisis care in suburban Cook County.
 - Identifies and recommends policies, procedures, and training to improve trauma-informed care across CCH and CCDPH, including the recommendation for changes to physical space and the development of a system-wide trauma-informed care training program.
 - Increase the percentage of suburban Cook County residents with access to harm reduction services, support, and 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.

The Behavioral Health Unit will use a variety of treatment and social service providers and local CBOs committed to addressing mental health and substance use holistically, equitably, and with respect. The Behavioral Health Unit is not aware of any overlap in funding.

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

The Behavioral Health Unit's APRA Initiatives will do the following:

- Increase the percentage of suburban Cook County residents with access to behavioral health services, support, and treatment
- Advance the behavioral health of suburban Cook County's children, youth, and their families by supporting and expanding initiatives that directly support prevention approaches
- Increase the percentage of suburban Cook County residents with access to behavioral health services, support, and treatment
- Reduce fragmentation and strengthen the County's ability to impact the behavioral health needs of our neighbors
- Increase the percentage of suburban Cook County residents' access to harm reduction services, support, and treatment

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

Expectations are identified in the scope of work included in the 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.

The Behavioral Health Unit's ARPA initiatives will align with the We Plan 2025, the community health improvement plan, which was developed with input from a wide range of partner organizations; more than 2000 residents, and public health and healthcare professionals; as well as our ongoing dialogue with community-based partners and residents of suburban Cook County.

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

The Behavioral Health Unit will promote the creation of sustainable and effective linkages between community partners, agencies, and organizations to fill gaps and improve access to needed services throughout suburban Cook County. For example, in the mental health hotline will refer callers to appropriate mental health and substance use resources, assist in connecting to other social services when needed, and work to improve current listings and add additional

resources to the SCC Behavioral Health Database to best serve the callers. The hotline will also provide intensive case support for callers with significant needs using its Clinical Support program. Another example of how the Behavioral Unit addresses the continuum of care through its deflection program is with TASC's deflection specialists who provide clients with support for food, housing, transportation, and other needs to address common barriers to accessing and staying in treatment. The Behavioral Health Unit is also collaborating with community, county, and state partners to build an equitable and complete crisis care continuum. The Director of Behavioral Health has been appointed by the State to the Regional Community Emergency Services and Support Act (CESSA) Working Group for regions 7,8,9, and 10.

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

Where feasible, the Behavioral Health Unit will develop grant parameters to fund evidence-based or evidence-informed programs and services. For instance, grants to establish or expand suicide prevention programs will be limited to strategies identified in the Centers for Disease Control and Prevention's Technical Package on Suicide Prevention.

#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

The Behavioral Health Unit serves as Cook County Department of Public Health's liaison with local, state, and national organizations on matters involving behavioral health and substance use and represents CCDPH on advisory boards, work groups, taskforce, and consortia for related initiatives, such as the Regional CESSA Workgroups for regions 7, 8, 9, and 10, Alternative Health Intervention and Response Task Force, Trauma-Informed Training Committee, Illinois Children's Mental Health Plan, Cook County Rail Safety Work Group, All Cook County Overdose Prevention Taskforce, Illinois Opioid Crisis Advisory Council, Illinois Department of Human Services, Illinois Department of Public Health, Chicago Department of Public Health, and local health departments.