

CCH Mental Health and Substance Use Disorder Services

Semiannual Report

November 2024



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CCDPH Community Behavioral Health

May 2024–October 2024



- Hosted 8 events with the Village of Maywood as part of a Substance Use Education and Awareness Series
- Distributed funding to 9 new grant partners, Building Healthier Communities grants now distributes \$22 million to 31 partners
- Kicked off an assessment of the suburban crisis response system
- Introduced Trauma-Informed Care Tuesdays at CCH
- By the numbers:
 - 14,493 people served through partners
 - 4,537 clients referred to additional support services
 - 8,196 naloxone kits distributed
 - 5,156 people trained in how to use naloxone
 - 218 CCH employees trained in trauma-informed care

Cermak Mental Health Program August 2023 - October 2024 Updates

- **Initial Impact of the Pretrial Fairness Act (09/18/2023) on Jail Population and Mentally Ill Reviewed**

- Currently, the overall census is at a 10.2% decrease compared to the initial period of the Safety Act, and the census continues to slowly increase.
- Initially, the overall jail population decreased by 16% and Individuals in Custody (IICs) charged with murder or other violent offenses had exceeded 80%. Currently, this metric is 90%.
- Caseload of Serious Mental Illness (SMI) IICs remains at 42% of population.
- Jail now has two primary populations - those charged with most severe violent offenses, and those with SMIs.
- IIC days in the Psychiatric Specialty Care Unit (PSCU) has increased by 12%, due to population's increased psychiatric acuity.
- Department of Human Services (DHS) has a back log of patients unfit to stand trial or found not guilty by reason of insanity.
- 28 petitions for involuntary psychotropic medications have been filed in 2024.

- **Therapeutic Tier Programming in Division 9**

- Maximum security IICs agree to therapeutic programming supervised and implemented by MH staff (44 beds).
- Launch has been successful, and program interest has generated a lengthy waiting list.
- Overall reduction in disciplinary actions and self-injury noted.

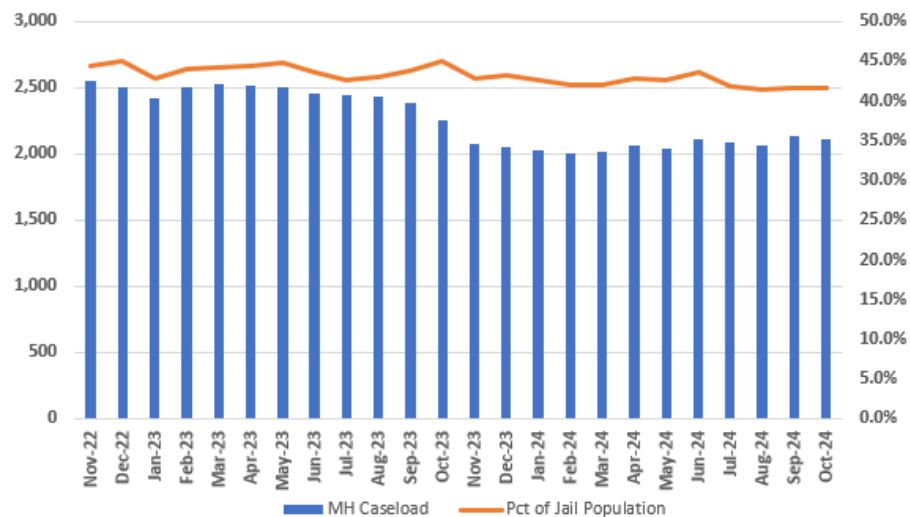
- **Alternative Behavior for Life Experience Unit (ABLE) for RTU**

- ABLE unit of 10 beds purposed for IICs with personality disorders and aggressive, self-injurious, or disruptive behavior.
- Special management track for IICs who demonstrate severe dysfunctional behavior.
- Regular Custody (RC) track for IICs with extended restrictive unit days, but reduced risk of violence toward others.



Cermak Mental Health Statistics

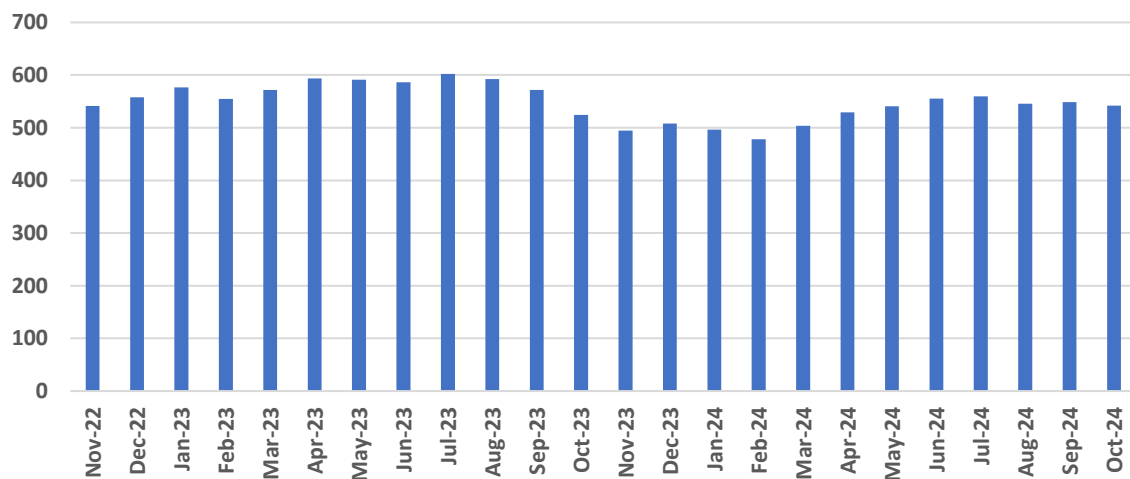
MH CASELOAD AS PCT OF TOTAL JAIL POP BY MONTH



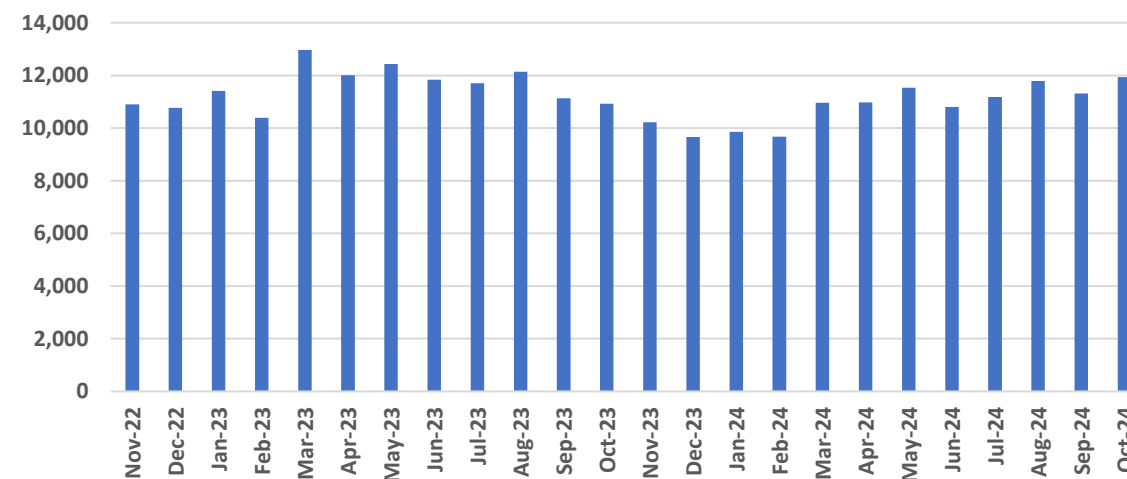
Since Pretrial Fairness Act:

- Jail census declined 10.2%
- MH caseload holds at 42%
- IICs charged with murder or other violent offenses top 90%
- SMI P3 patients and MH contacts maintained
- Days in custody for P4 patients increased 12%
- Therapeutic tier continued in Max Div: reflects ongoing success
- ABLE unit managed for RTU

MH DAILY AVERAGE INTERMEDIATE CARE POPULATION (P3)



MH UNIQUE PT ENCOUNTERS BY MH STAFF



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Juvenile Temporary Detention Center (JTDC)

All detained youth are screened for mental health concerns within 72 hours of admission, and all receive evidence-based group programming run by CCH Behavioral Health clinicians. Behavioral Health staff conduct daily rounds of all JTDC residential areas (“pods”).

On-site coverage provided 365 days/year from 08:00-22:00, and on-call services available 24/7/365.

Staff recruitment/retention challenges led to a slight decrease in overall productivity (26,261 vs. 29,029 clinical encounters in the last reporting period). Interviews are currently underway to fill vacant positions.

Other Behavioral Health team contributions include the Juvenile Justice Trauma Informed Initiative and Antiracism and Equity Committee. Additionally, federal grant funding has enabled the JTDC BH team to organize staff wellness events and other training activities.

Psychiatry

Psychiatry staff completed over 12,000 visits between May and October 2024.

Through a collaboration with Thresholds, high utilizing patients are engaged in an Assertive Community Linkage Program.



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Substance Use Disorder (SUD) Program

Meeting patients “where they are”

- Over 40% of SUD program patients do not wish to engage in formal SUD treatment external to CCH (data source: CCH data)
- Why? 26% report family, financial, and life obligations
- Equity concern: Black/African American patients more likely to decline all formal external SUD treatment

Key Role of the SUD and Recovery Support

Services team:

- Embedded in acute care settings
 - ED, Cermak, hospital
- Integrated into primary care settings
- Patient-centered, harm reduction-oriented
- Frequent contact, focus on recovery capital
- Team members with lived expertise
- Glide paths to external treatment partners
- Grant funded



Countywide Behavioral Health Strategic Plan: The Process

Findings from the 2024 Behavioral Health Summit, the 2024 Cook County Behavioral Health Needs Assessment Report, and the 2024 Cook County Workforce Assessment (joint project with CCDPH) were utilized to create a draft Countywide Behavioral Health Strategic Plan.

To ensure alignment with County, State, and City initiatives, this draft plan has been reviewed by an Intergovernmental Group (with representation from the President's Office, CCH Policy, CCDPH, CDPH, DMH, SUPR, HFS, Children's Behavioral Health Transformation, and OBH leadership). This group will continue to meet quarterly going forward.

Draft plan has been sent to all community partners for feedback, including all participants in meetings regarding the establishment of eleven Regional Collaboratives across Cook County. OBH will continue to work closely with (and assist in the development of) these Collaboratives to ensure effective and equitable implementation of the Strategic Plan. Initial meetings with each Collaborative occurred in December 2024



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High-Level Overview of Cook Countywide Behavioral Health Strategic Plan

Priority Areas

- 1. Systems Alignment:** Lead collaborative and coordinated efforts to align priorities, funding, resources, data, and other administrative structures across state, county and local jurisdictions. This Behavioral Health Strategic Plan aims to address both the broad, systemic challenges and the specific, complex needs of targeted populations.
- 2. Workforce Development:** Strengthen and expand the behavioral health workforce with a focus on training, retention, and increasing cultural competency to meet the diverse needs of the communities we serve.
- 3. Prevention and Early Intervention with Youth and Families:** Develop a robust, culturally sensitive system of care for youth and their families, ensuring access to prevention, early intervention, and treatment services. This area will address family support needs, as well as the integration of behavioral health services into educational and community-based settings, to ensure that youth and families receive comprehensive and coordinated care.
- 4. Access to Treatment, Support, and Recovery:** Enhance access to comprehensive treatment services, create seamless pathways to recovery, and ensures that support systems are in place to guide residents through their behavioral health journey. This area requires addressing disparities in service availability, reducing barriers to care, and ensuring that individuals are supported throughout their recovery process.
- 5. Crisis System Enhancement:** Expands and refines the crisis response system to ensure timely, effective, and appropriate care for individuals in crisis, reducing reliance on emergency services, and supporting long-term recovery.



Other Noteworthy High-Profile Projects

Establishment of a single point of contact for all mental health (including substance use disorder) services available in Cook County

NAMI-Chicago has an extensive current database, resources, connection to 988 and Mobile Crisis Response Teams and is already operating its Help Line. Additional funding will expand utilization and provide cross-agency data on access and wait times.

Creation of a philanthropically-financed “Learn and Earn” Fund to expand the behavioral health workforce through paid internships and apprenticeships, scholarships, and other benefits for local students pursuing careers in the behavioral health field

CCH leadership in discussion with Cook County Health Foundation regarding this project.



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Thank you!



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