



COOK COUNTY HEALTH

Quarterly Report for the Cook County Board of Commissioners

Q3 FY2021

**Cermak Health Services
Cook County Department of Corrections
Cook County Jail**

September 2021

#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

Cermak Health Services (“Cermak”) provides care for detainees remanded to CCSO’s custody in Cook County Department of Corrections’ Cook County Jail (“Jail”). Cermak provides care only for population housed inside jail, and not for community corrections (Electronic Monitoring, diversion programs, etc.).

Detainees have a constitutionally protected right to have access to health care services for their serious medical and mental health conditions when detained.

Upon entering the compound, detainees are booked and then 100% of them are screened in Intake to identify emergently needed mental health services and the populations that will require mental health follow up and care during their incarceration for their chronic mental health conditions.

95% of male and 93% of female detainees who require Mental Health services during their incarceration are identified in Intake. Subsequently, MH staff identifies detainees in need of MH services through detainees’ health care request process, referrals from DOC staff, and routine contacts with general population detainees.

Detainees who are included in the Mental Health caseload are housed on the Jail compound depending on their acuity level, risk/required level of observation and supervision as well as degree with which they can engage in activities of daily living.

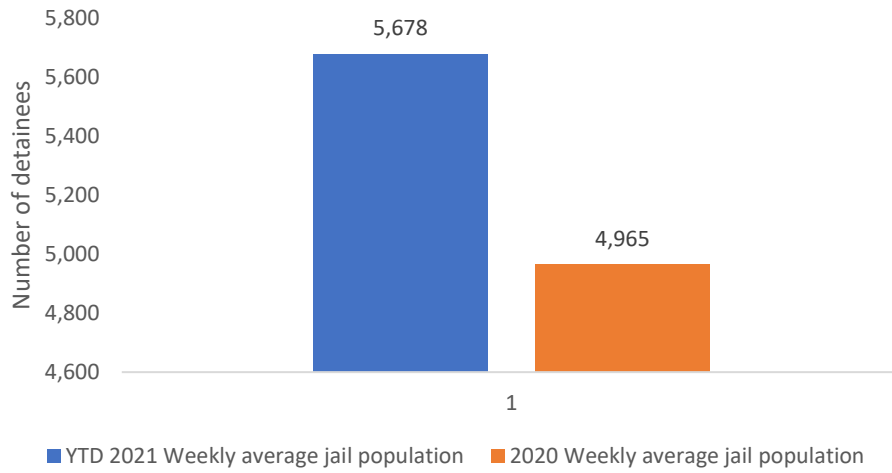
In addition to providing emergent, urgent, and routine Mental Health services to detainees included in the MH caseload, Cermak extends its services to any detainee confined to custody at the Jail on an as-needed basis.

Over the years, MH caseload followed contractions and expansions in jail census, however, recently there has been a significant expansion of Mental Health caseload in relation to the overall Jail population.

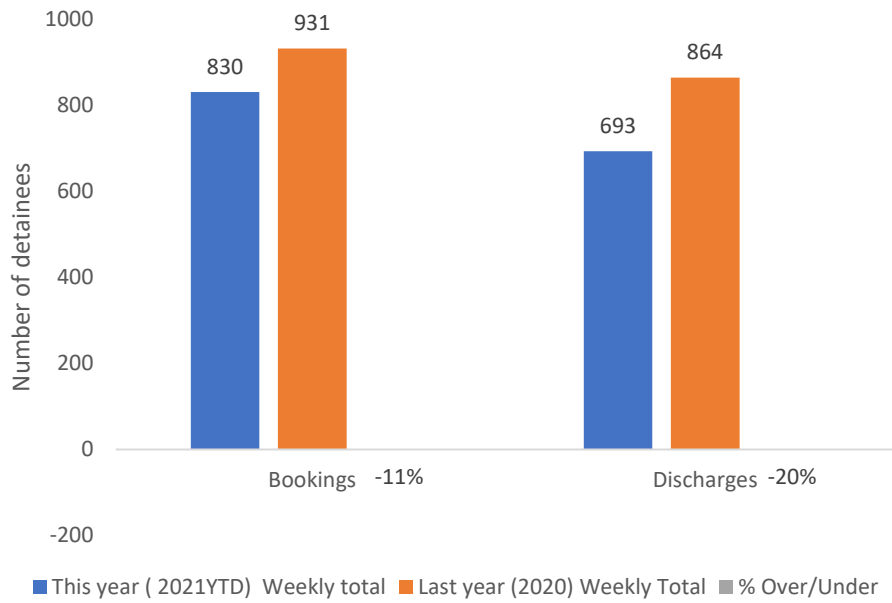
Over the past two years, MH population has grown in absolute numbers and also as a percentage of the total behind-the-walls population. It now constitutes nearly 46% of the Jail census.

This year there has not been evidence that there is more turnover, manifested via the number of bookings and discharges, as compared to 2020, however, average jail population has grown, which correlates with increases in caseload.

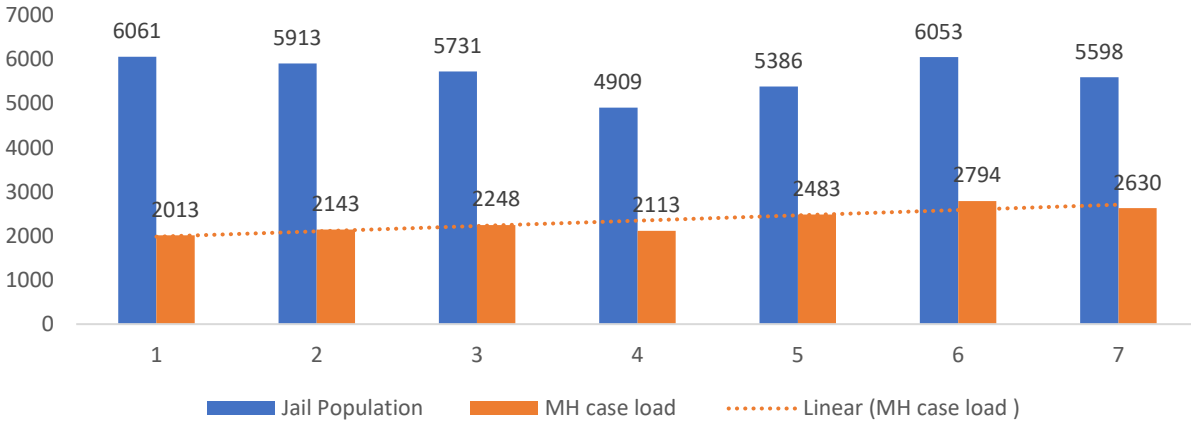
Weekly average jail population



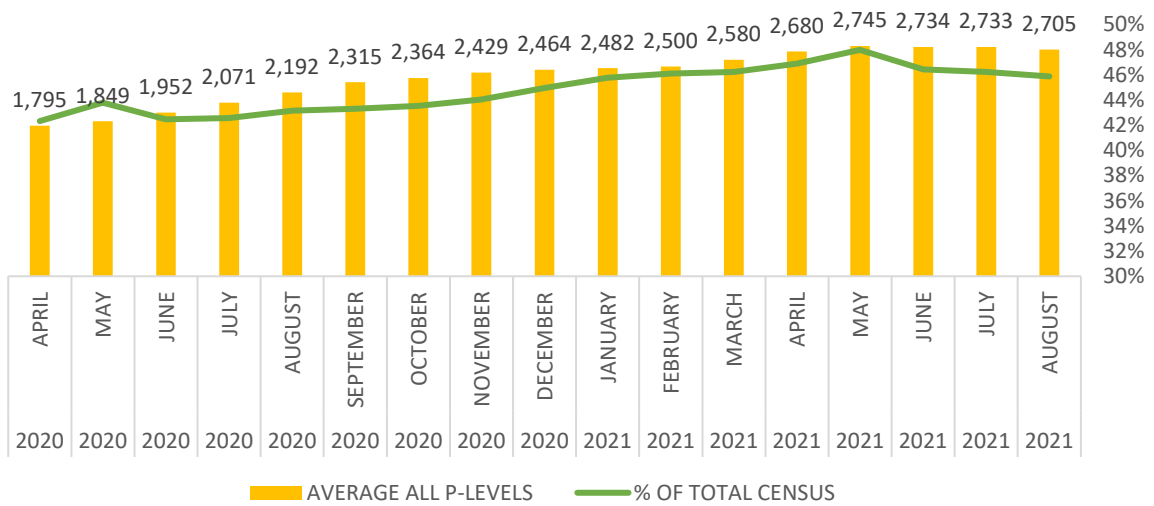
Jail average weekly bookings and discharges



Relationship between Jail population and MH caseload inclusive of September 2021 at 6 month intervals



CERMAK HEALTH SERVICES
AVERAGE DAILY MENTAL HEALTH CASELOAD

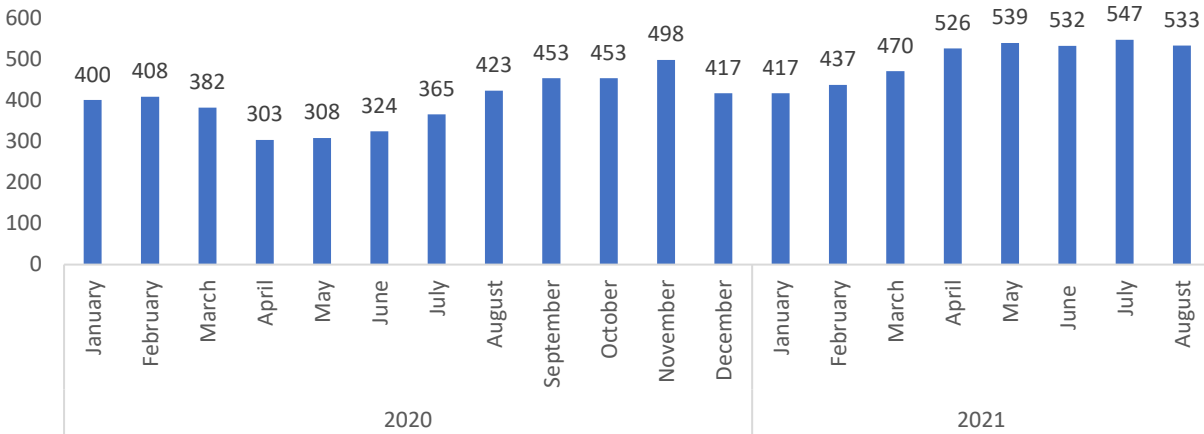


Correspondingly, the number of detainees who require intensive services (Cermak-P3) has grown as well but then plateaued off over the summer months. Traditionally, these detainees had to be housed in the Residential Treatment Building (RTU) to improve their access to care and enable direct supervision. As of September 2021, 40 % of these detainees are housed outside of RTU in other divisions. Cermak MH is adjusting MH staffing to cover non-RTU areas where P3 detainees are housed.

Intensive Care Unit provides manualized treatments for P3's with severe behavioral disturbances. This Unit was relocated from RTU to Division X.

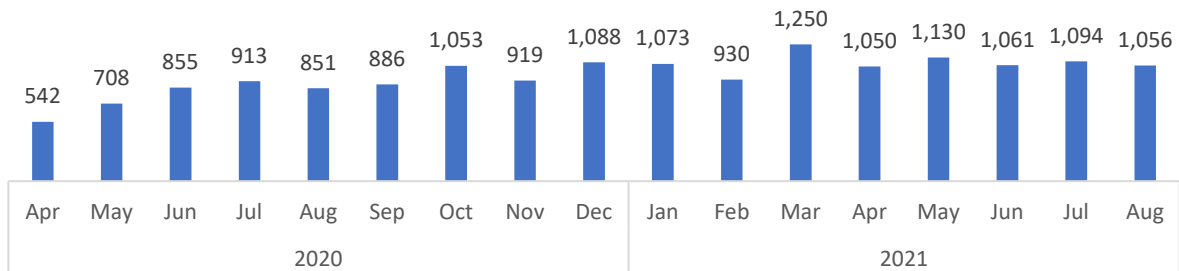
SMI (Seriously Mentally Ill) experience more difficulties with community placement, electronic monitoring compliance/diversion, and adherence to psychiatric treatments that improve overall chance of being released from custody. They require dormitory style housing arrangements, re-entry services, in addition to being frequently adjudicated unfit to stand trial (which leads to significant delays with release). They also, when untreated, are linked to self-injury, use of force, and extended length of stay.

CERMAK HEALTH SERVICES
Average daily P3's



The number of detainees housed in Infirmary Level Care of services (Cermak-P4) has remained constant. The number of referrals and admissions to P4 Level of Care (Infirmary) has overall increased over the past 12-month period.

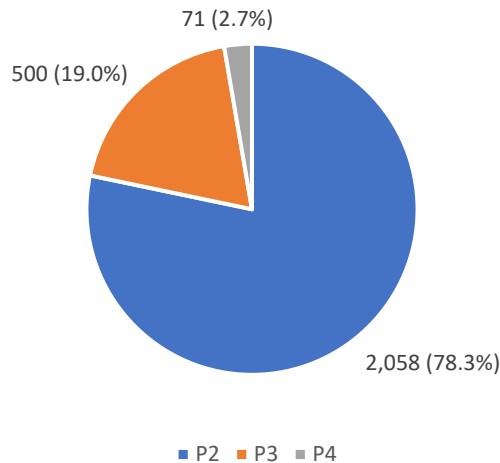
CERMAK HEALTH SERVICES
Number of Psychiatry encounters in Infirmary



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

Detainees with similar MH needs are housed together across the compound and triaged into 3 levels of care: P4, P3, and P2. Cermak arranges for all levels of care and ensures quality, accessible, equitable, efficient, and timely MH services.

Mental Health Caseload September 2021



Cermak- P4 (Psychiatric Special Care Units)- houses detainees who are:

- suicidal and require either constant or close monitoring and supervision in a suicide-resistant setting.
- aggressive/agitated and require enhanced supervision.
- grossly disorganized/refusing treatments.
- persistently self-injuring.
- cognitively compromised.

Cermak-P3 (Residential Treatment Unit Care) – houses detainees who typically reside in supportive settings outside of corrections (e.g., intermediate care facilities, nursing homes, group homes etc.) and need daily contacts with MH staff.

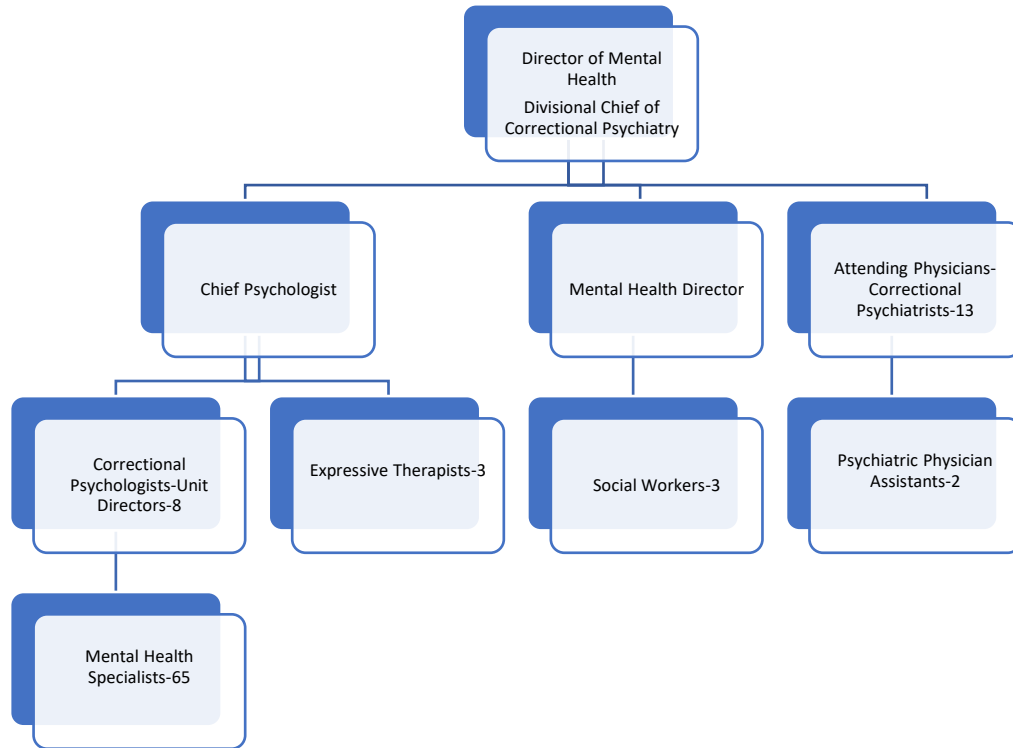
Cermak-P2 (Outpatient Level of Care) - houses detainees who have recovered from the episodes of mental illness, are able to meet the challenges of activities of daily living, avoid self-injury, and participate in the creation of and comply with treatment plans generated by MH staff.

#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.

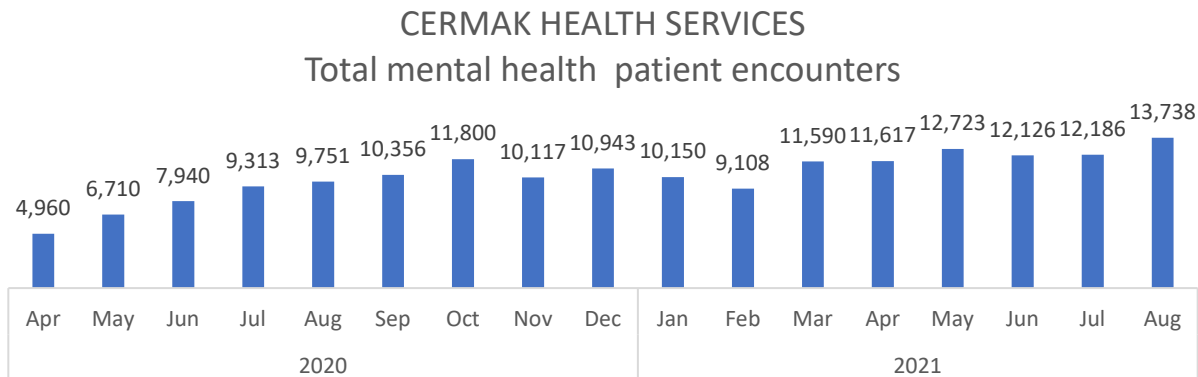
All the Providers and Managers at Cermak Health Services Mental Health Department are CCH employees. MH Department does not employ contractors or vendors to provide services.

Operational, **administrative**, and clinical leadership of the Department is carried out by the Chief Psychiatrist, Chief Psychologist, and Mental Health Director.

Presently, Cermak MH Department has 97.8 FTE's

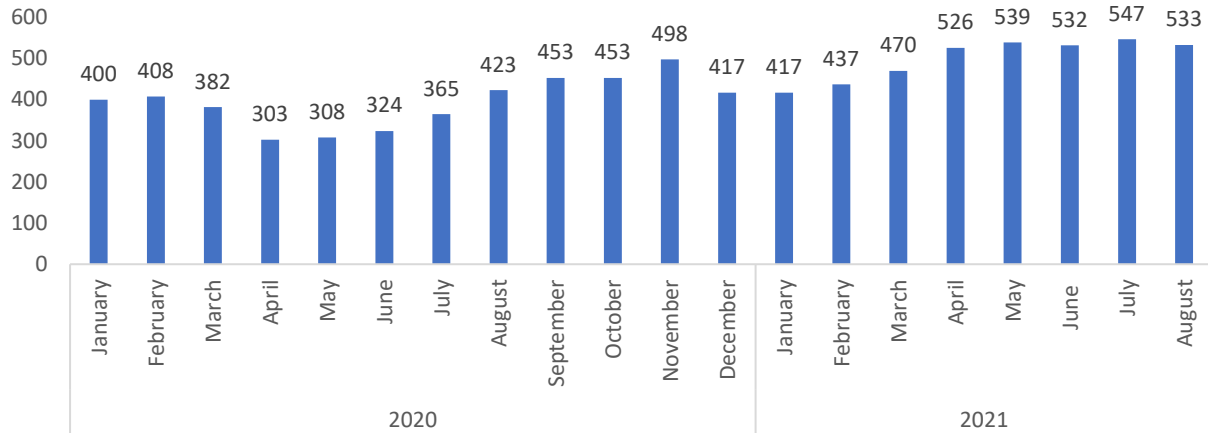


Compound-wide COVID-19 response “depressed” clinical activities and interpersonal encounters. As a result, Cermak saw a decrease in direct contacts with patients. While the compound is returning to normalcy of operations, we are seeing a surging demand for MH services. The emergence of the delta variant in the summer of 2021 did not reverse the uptrend and the Department has not decreased access to MH services as evinced by the data.



As patient movement across the compound is normalizing, more and more detainees reach out to MH staff to address their MH needs. An important mechanism by which detainees can directly request MH services is the Health Care Request process. Through self-referral, detainees may request access to MH services regardless of their housing location or level of care. MH staff respond to the pent-up demand.

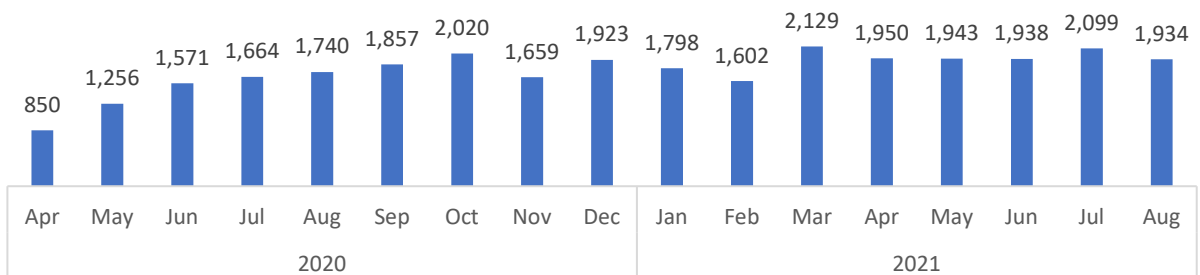
CERMAK HEALTH SERVICES Number of responses to self referrals for MH care



Increase in patient contacts is happening across the whole spectrum of levels of care and in all clinical disciplines.

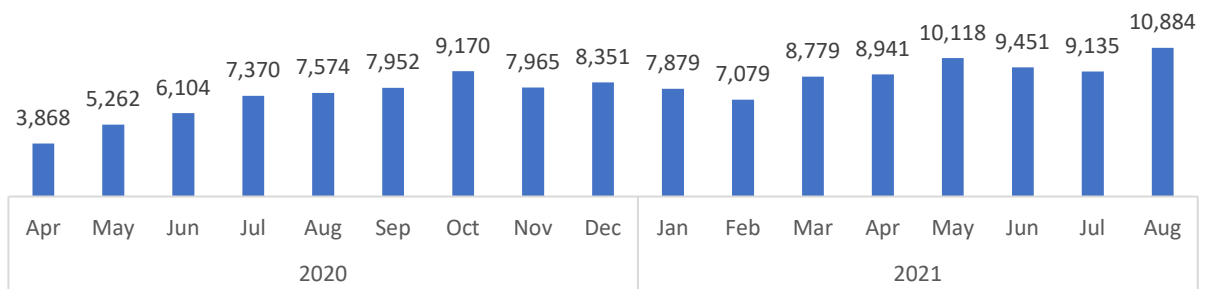
Most of the MH encounters now occur face-to-face and the Department is slowly moving away, when appropriate and safe, from relying on telephone contacts with the patients which was temporarily seen as necessary at the peak of the pandemic. As the rates of vaccinations among staff and detainees are increasing, MH Department has been returning to structured group therapeutic activities and face-to-face individual live encounters while following infection control guidelines about PPE and social distancing.

CERMAK HEALTH SERVICES Number of total Psychiatry encounters



CERMAK HEALTH SERVICES

Number of total encounters with Mental Health Specialists



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

The goal of a successful MH program in the jail setting is to ensure that detainees have access to care for their serious mental health needs. Patients are seen by qualified mental health staff, receive competent diagnosis, and receive care that is ordered.

- A. Cermak ensures that any detainee who screens positively for mental illness or suicidal ideation during the intake screening process, through a mental health assessment, or who is otherwise referred for mental health services, receives a clinically appropriate mental health evaluation in a timely manner, based on emergent, urgent, and routine mental health needs from a Qualified Mental Health Professional.
- B. Cermak ensures clinically appropriate and timely treatment for detainees, whose assessments reveal serious mental illness or serious mental health needs, including timely and regularly scheduled visits with Qualified Mental Health Professionals.
- C. Cermak ensures that treatment plans adequately address inmates' serious mental health needs and that the plans contain interventions specifically tailored to the detainees' diagnoses.
- D. Cermak provides 24-hour/7-day psychiatric coverage to meet detainees' serious mental health needs and ensures that Psychiatrists see inmates in a timely manner.
- E. Cermak ensures timely provision of therapy, counseling, and other mental health programs for all detainees with serious mental illness. This includes adequate array of structured therapeutic programming.
- F. Detainees have access to appropriate infirmary psychiatric care when clinically appropriate.
- G. Cermak ensures an adequate array of crisis services to appropriately manage the psychiatric emergencies that occur among detainees.

- H. Cermak ensures that detainees have access to appropriate acute infirmary care, comparable to in-patient psychiatric care, within the Cermak facility.
- I. Cermak ensures timely implementation of physician orders for medication and laboratory tests. Cermak ensures that detainees who are being treated with psychotropic medications are seen regularly by a physician to monitor responses and potential reactions to those medications, including movement disorders, and provide treatment where appropriate.

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

Not applicable. Cermak Health Services does not contract out for the provision of mental health services at the jail.

#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.

Jails and prisons traditionally fill the gap in services caused by the paucity of accessible Mental Health programs available to some of the most disenfranchised populations in our communities. Second to the Illinois Department of Corrections, Cermak provides an array of services to the largest Mental Health single site population in the State of Illinois.

Frequently, when detainees enter the facility, they have acute and pressing MH needs related to housing insecurity, violence, lack of social support, poverty, and other social determinants of mental health.

These individuals are at risk of decompensation in a highly structured correctional environment and require intensive stabilization efforts.

Individuals with mental illness are at an increased risk of self-injury/suicide when incarcerated. By providing a comprehensive scope of services to these individuals, Cermak mitigates this risk.

Cermak's primary focus is patient safety. All initial evaluations are conducted with specific attention to suicide risk factors. Along the spectrum of MH care at Cermak, from Intake to the point of release, detainees receive numerous suicide risk screenings and assessments.

Detainees participate in multidisciplinary treatment team meetings and can provide input for their treatment plans that seek to address long-term deficits from MH illness, failure to adapt to correctional environment, and to restore psychosocial functioning.

Cermak's MH reentry initiatives ensure that detainees who are being released from CCDOC have a safe path to successful reentry and are connected with Providers and services in the community.

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

Cermak measures its success in ensuring continuity of care by the extent to which preexisting conditions are identified and addressed during the intake and jail stay followed by safe hand-off and linkage for those who are leaving custody. Patient MH care is coordinated and monitored from admission to discharge.

Cermak patients receive MH services per prescribers' recommendations, orders, and evidence-based practices. Cermak Providers utilize clinical protocols consistent with national clinical practice guidelines for the treatment of chronic MH conditions.

Health care for detainees requires input, information, and services from a variety of institutional, CCH systemwide, and community-based resources. Cermak ensures that collateral medical records from community providers are obtained. Outside providers are routinely contacted to verify care in the community. Cermak, as part of CCH, has a shared electronic health record with CCH and all its affiliates and clinics.

Cermak is a congregate setting, and not a hospital. It is important to ensure that detainees have unfettered access to hospital and specialty care during the period of their incarceration when necessary. Upon return to the Jail, detainees are seen by qualified Cermak staff, and the recommendations are reviewed for appropriateness of use in the correctional setting. Cermak ensures that health information from Cermak follows the patient to outside clinics and that a summary of the specialty care visit and associated recommendations are received and added to the patient's health record so that the ordered services are implemented.

Discharge planning is provided for detainees with serious MH health needs whose release is imminent. For planned discharges, health care staff arrange for a reasonable 1-month supply of current medications. For detainees with serious needs, arrangements or referrals are made for follow up services with community prescribers, including exchange of clinically relevant information, including problem lists, medications, procedures, and test results. Prior to planned release staff emphasizes the importance of appropriate aftercare and follow up.

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

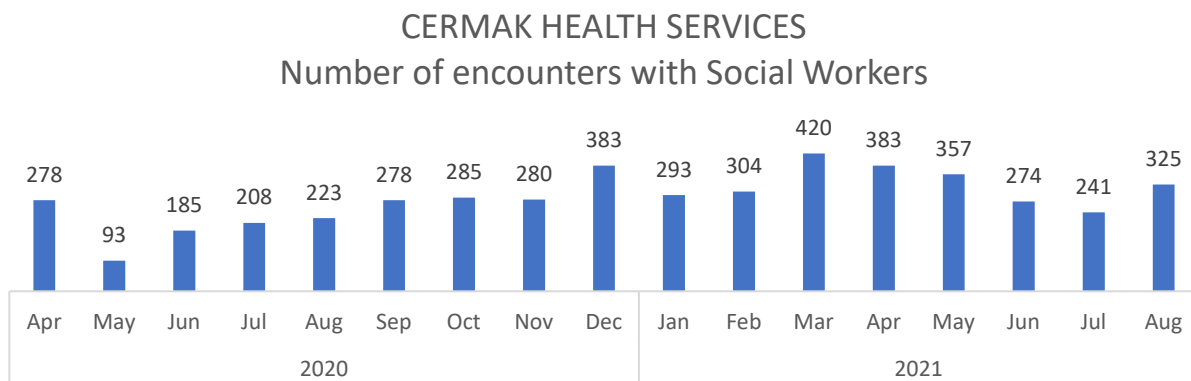
Cermak has developed several clinical and patient safety practices that allowed the organization to come in compliance with all of the provisions of the Agreed Order between the DOJ and the County of Cook in April 2018. Some of these practices include:

- A. Weekly Divisional inter-agency management meetings between CCDOC Divisional leadership and Cermak Correctional Psychologists.

- B. Monthly MH Suicide Prevention Committee (Cermak and CCDOC).
- C. Establishment of Therapeutic Tiers for enhanced programming and creation of a therapeutic community.
- D. Intensive Management Unit serving the institutionally disruptive seriously mentally ill.
- E. Incentives program in P4 Level of Care (Infirmary).
- F. Coordination with CCH and retail pharmacies for post-discharge medications.
- G. Leadership rounding.
- H. Assisted Outpatient Treatment program that facilitates outpatient commitments for detainees who are being released from CCDOC.
- I. Post critical incident Psychological First Aid program.

#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

Most of the reentry services and liaison work between agencies are conducted by Medical Social Workers in coordination with community partners/agencies and CCSO staff. Social workers are responsible for a vast array of services including:



- A. Collaboration with CCDOC programs and departments for coordinated releases of the detainees requiring direct admissions to nursing and intermediate care facilities.
- B. Coordination with Thresholds Justice Team (outside provider contracted through the Cook County Court bond system). Follow up and continuity of care for released

pretrial detainees providing clinical assistance for detainees who remain in custody, as well as developing aftercare plans upon release from CCDOC.

C. Referrals for outpatient care and follow up for detainees who are released from custody through Trilogy, Heartland Alliance, and Bobby Wright as well as behavioral Health Consortium (including Community Counseling Centers of Chicago (C4), Metropolitan Family Services, Human Resources Development Institute Inc. (HRDI), Habilitative Systems, Inc. (HSI), the South Suburban Council on Alcoholism and Substance Abuse, and Family Guidance Centers Inc.)

D. Collaboration with the Circuit Court of Cook County: Mental Health Court Program-AMITA, Veteran's Court, Drug Court, Affordable Care Treatment Court, and Adult Redeploy program.

E. Coordinated transition of care for VA patients upon release from custody.

F. Coordination of discharge medications and patient appointments for Justice Advisory Council who manage no place to stay detainees who are leaving on Electronic Monitoring. JAC sends Cermak a daily list of who they want to place that evening and the location of where they are being placed. Cermak staff review the charts to make sure the placements can accommodate the medications they are prescribed and any additional needs (medical issue, MAT). Cermak staff set up discharge medications and inform JAC that medications will need to be picked up and notify EM if movement is needed for additional medical appointments. Cermak also inform MAT staff so they can set up MAT services.

G. Coordination of services with the Bail Bond Project Initiative. Bail Bond Project sends a list each week of those whom they have decided to bond out. Cermak staff review the charts and enter discharge medication alerts, if needed, and inform BBP and TASC that the patient will have medications available at JSH outpatient pharmacy.

H. Collaboration with the Cook County Community Resource Center. The Cook County Sheriff's Office operates the Community Resource Center (CRC). The initiative will provide linkages to services for at-risk recently released detainees in need of supportive services. Services include direct connections to financial coaching, medical and behavioral health treatment, employment opportunities, food, clothing, and housing resources within their communities. Cermak staff refer prescreened detainees in need of services to CRC.

I. Collaboration with the Public Defender's Office directly or the Sheriff's Justice Institute Health Status Updates (previously known as Compassionate Release Considerations). This process allows Cermak Providers to provide clinical information to Judiciary about those individuals who are eligible for immediate early release on grounds of extraordinary or compelling circumstances.

J. Collaboration with the Fitness/Jail Diversion Program designed to divert arrested individuals who have serious MH needs to Madden Medical Center for immediate treatment and further services coordination and before they enter CCDOC compound.

K. Medical Social Workers work with the State of Illinois Department of Human Services facilitating transfer of detainees remanded to DMH to and from DMH-run facilities.

#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.

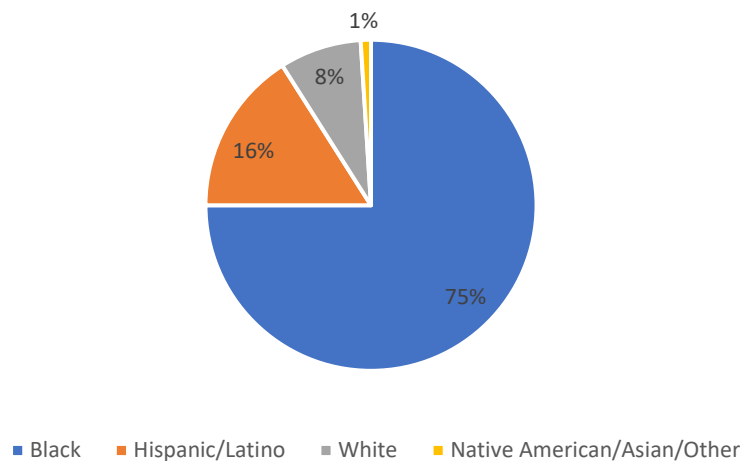
Cermak is the sole health care provider for detainees at Cook County Jail. Cermak works in conjunction with the CCSO's Department of Programs and Operational Leadership to identify opportunities for expansion of services and leads advocacy efforts on behalf of the detainees. Determining a scope of services is frequently a collaborative task between Cermak and CCSO Operational Leadership whereas objectives, locations, and volume of services are determined based on the established previous benchmarks created by the provisions of the DOJ Agreed Order, allocated resources, as well as current operational and clinical needs.

Cermak Health Services evaluates the effectiveness of the MH program by:

1) *Provision of suitable services*- Cermak provides services across the continuum of care on-site (inpatient/infirmity level of care, intermediate/residential care, and outpatient level of care)

2) *Provision of accessible services*- all detainees at the Jail can access MH services at any time during their detainment. Most detainees experience disparities in access to care in the community. When these individuals are detained at the Jail, Cermak works to minimize and/or remove any barriers to needed care to reduce disease burden and recidivism. Cermak provides services based on individual level of mental health needs. Cermak provides these services regardless of any patient's ability to pay, and Cermak does not bill any services to the patient. Detainees have a constitutionally protected right to have access to health care services for their serious medical and mental health conditions when detained.

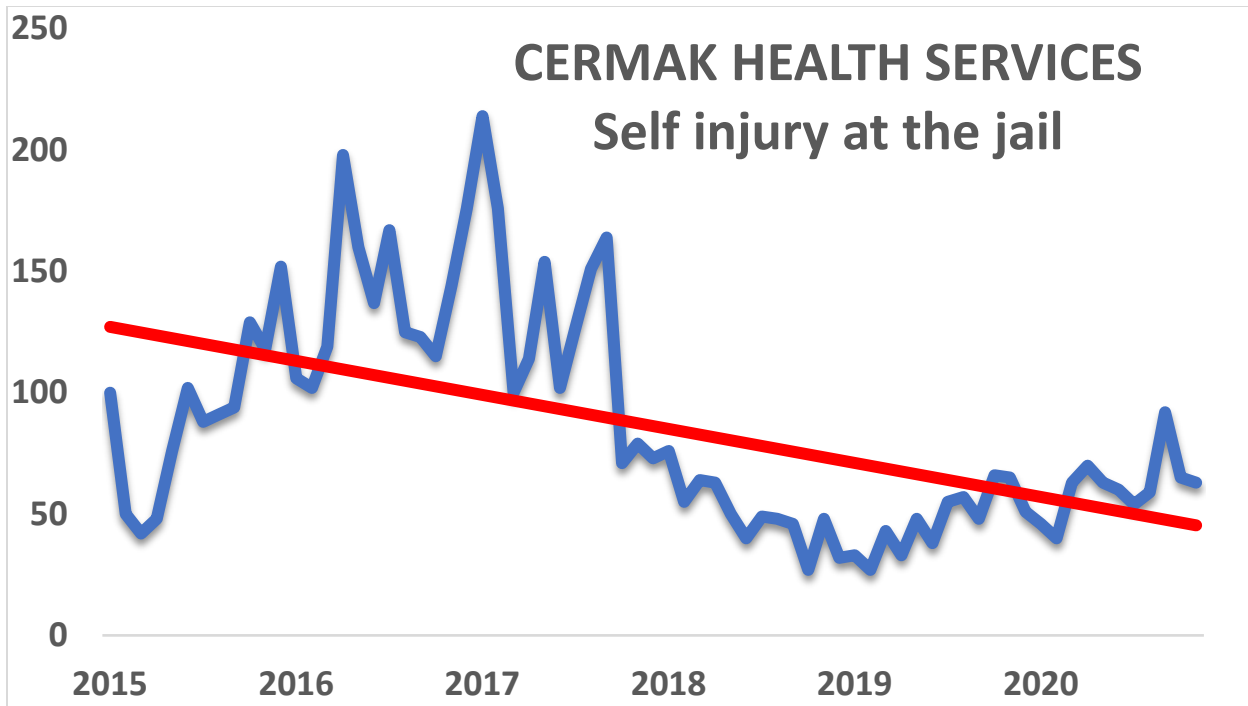
Average daily population 2021



3) *Provision of services that are acceptable to patients*- patients are provided services aligned with an individualized treatment plan based on individual needs/goals

4) *Ensuring continuity of services*- patients can move up or down in level of services based on their level of care needs. Cermak promotes access to care by providing 24/7/365 coverage for all mental health needs across the Jail compound including crisis services, special care units, medication monitoring, and residential treatment level of care.

5) *Provision of safe services*- patients are provided with a safety/suicide risk assessment at each point of contact with Mental Health providers. The total number of self-injuries across the jail compound is tracked and analyzed. The below graph suggests that there is a negative overall trend in self-injuries over the past 4-5 years. Recent analysis indicates that while trending down during the peak of the pandemic, now we can see trend stabilization:



One of the central aims of the Cermak MH program is decreasing detainee self-injury and suicide in the Jail. Admissions related to self-injury/suicidal ideation/behavior are housed in a heavily monitored and suicide resistant Psychiatric Special Care Unit (P4 level of care). Department is charged with assessing level of risk during all patient encounters and taking appropriate action when risk is identified.

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

Fiscal allocations for the Cermak Mental Health Program for 2021 totaled 15.5 million dollars. Funding for the program is provided through the Cook County Health Enterprise Fund.

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

Cermak’s focus is on meeting detainees’ serious and routine mental health needs while integrating the provision of services with the operational demands on the compound, safety and security of staff and detainees, and collaborating with partnering organizations in the community with the goal of linking detainees with post release services. One of the most essential tasks is removing barriers to care and improving access to services during the COVID-19 compound wide response. Several important activities of the program are reflected in the following:

- A. Cermak ensures access to services by timely conducting MH screenings and dispositions in Intake as well as tailoring individual treatment plans to changing clinical objectives and when detainees are unable to meet treatment plan goals.

- B. One of the central tasks is the maintenance of Cermak's robust Suicide Detection and Prevention program that provides detainees with timely detection of urgent MH needs (suicide risk screens and suicide risk assessments), supervision by qualified staff, access to suicide resistant settings, and schedules for follow up.
- C. Accessibility and frequency of contact with Providers have been modified during the pandemic and, presently, the ongoing compound wide normalization of scheduling operations and patient movement boosts treatment and supportive face-to-face interventions contributing to improvement in treatment outcomes.
- D. Readmission rates to Cermak intensive treatment settings (P3 and P4) have remained below national rates and suggest that despite of challenging adjustments due to COVID-19 response, Providers have been able to maintain positive treatment outcomes while adhering to national practice guidelines.

#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.

While the MH Department's mission has been centered around meeting detainees' mental health needs on the compound, the reentry services' allocations have been relatively less robust. Presently, the Department deploys 3 Social Workers (with four unfilled vacancies) to provide linkage services for nearly 2,700 detainees who are maintained on the MH caseload. Since the last report, one more Social Worker has resigned. Possible future expansion of linkage services and Social Workers' staffing levels at Cermak can enhance the program's efficiency by facilitating reentry and reducing recidivism based on unmet MH needs in the community. Partnership opportunities and already-developed collaboration venues need to be matched with manpower.

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

Detainees prescribed psychotropic medications while in detention at CCDOC are assessed to determine if they can receive a 30-day prescription for their medications at CCH's Stroger Outpatient Pharmacy or at the retail Pharmacy of their choice.

Cermak coordinates with CCH to e-prescribe detainees' psychotropic and other medications at a pharmacy agreed upon by the patient.

Medical Social Workers schedule appointments with the outpatient clinics (including the injection clinic for those who take long lasting psychotropic medications administered via intramuscular injections) for the patients who leave CCSO custody and are interested in ongoing follow up and medication management services/aftercare at CCH.