

Behavioral Health Quarterly Report



Q2-2022

Cook County Board Health & Hospitals Committee

Meeting Date: October, 2022

Item #: 22-5291

Report Period: March 1, 2022 – May 31, 2022

Cook County Health

- Departments of Behavioral Health & Psychiatry – Dr. Diane Washington, Executive Director Department of Behavioral Health
- Cermak Health Services – Manny Estrada, Chief Operating Officer
- Juvenile Temporary Detention Center Health Services – Dr. Brian Conant, Juvenile Justice Behavioral Health Director
- Cook County Department of Public Health – Dr. Kiran Joshi, Senior Medical Officer & Co-Lead CCDPH



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The Women's Reentry Program designed to address unique women needs

Cook County Health (CCH), Haymarket Center, Illinois Department of Correction (IDOC) and the Women's Justice Institute (WJI/Safer Foundation)- have joined together to provide women who need support addressing substance use and mental health issues and are returning to Cook County locations are provided with individualized, comprehensive reentry services.



Active Grant-Based Programs:

1. Women's Re-entry Program
2. COAP
3. Safety Justice Challenge
4. JMHC-Justice Mental Health Collaboration
5. Southside Early Diversion Program (SSDP)

Progress report CCH – ORP
05-03-22

Screener type	Screeners received		Released/ Available to participate		Enrollment status		Level of care			
					Enrolled		Recovery Home		OP/IOP	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
CCJ/Pre-trial	24	18	24	18	16	19	11	12	5	7
Parole	37	2	37	2	10	2	7	0	3	2
IDOC -										
Anticipated Release month										
6/20 thru 12/20	38	0	38		20		13		7	
01/21 thru 12/21	44	0	44		22		14		8	
Jan-22	2	0	2		0		0		0	
Feb-22	6	0	6		2		2		0	
Mar-22	3	0	3		0		0		0	
Apr-22	1	0	1		0		0		0	
May-22	3	0								
Jun-22	1	0								
Jul 2022 thru 2030	33	0	3		3		2		1	
Sub-total	192	20	158	20	73	21	49	12	24	9
TOTAL	212		178		94		61		33	

Department of Behavioral Health & Psychiatry

Cook County Health's *Universal Opioid Screening in Adult Probation*

COAP *to Reduce Usage and Overdose* program aims to engage activities around opioid addiction and facilitate training for probation officers and staff, inter-agency partnerships for screening, assessment, and coordination of care of opioid use of probationers, and program evaluation.

Month of May snapshot of how many CAT-MH texts reached clients?

- 41 texts sent out on May 10, 2022
- 618 texts were sent to viable numbers
- 83.4% of the May 10th cohort reached clients

How many CAT-MH tests were completed?

- 108 clients clicked the link to start the CAT-MH
- 99 clients completed at least one CAT-MH module
- 92% of clients who clicked on the link took the CAT-MH
- 16% of viable clients took CAT-MH (99/618)

What were the results of the CAT-MH tests?

- 92 clients completed the SUD module (93% of clients who took the CAT-MH completed this module)
 - 77 reported low risk
 - 13 reported intermediate risk
 - 2 reported high risk
- 99 clients completed the depression module
 - 5 reported moderate symptoms
 - 6 reported severe symptoms

JMHC- Justice Mental Health Collaborative Program

Cross-system collaboration to improve responses and outcomes for individuals with mental illnesses

Justice and Mental Health Collaboration Program (JMHC) is a cross-system collaboration to improve responses and outcomes for individuals with mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who encounter the justice system for non-violent crimes. In cases where MI or (CMISA) may be at play, Cook County Forensic Clinical services, a department under the Cook County Office of the Chief Judge (OJC), conducts a fitness evaluation or a behavioral clinical examination (BCX), which assesses the competency of a person to stand trial.

This program has now expanded into working with Judges, States Attorney's, and court appointed personnel, who are involved at the court systems involved in identifying and managing services based on the "Fitness Diversion" strategies developed to support with the Mental Health and Domestic Violence Courts. The Courts work synergistically with the JMHC team' to assess and connect services to support the Fitness Diversion strategies.

Cermak Health Services at the Cook County Jail



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Mental Health Department at Cermak Health Services

Provides care for detainees remanded to Cook County Sheriff's custody at Cook County Jail.

YTD 2022 weekly average jail population- **5,805**

The average length of stay for patients on the mental health caseload exceeds that of patients in general population.

Cermak is the largest single site provider of Mental Health Services in Illinois.

100% of detainees are screened in Intake to identify emergently needed mental health services and chronic MH needs that require treatments ("preloading on the front end").

Cermak provides emergent, urgent, and routine MH services across the continuum of care.

Cermak's EMR and services are integrated with CCH.

Cermak's primary focus is access to care and patient safety. Along the spectrum of MH care, from Intake to the point of release, detainees receive numerous suicide risk screenings and assessments.

Cermak Health OTP Program is accredited by the National Commission on Correctional Health Care (NCCHC)

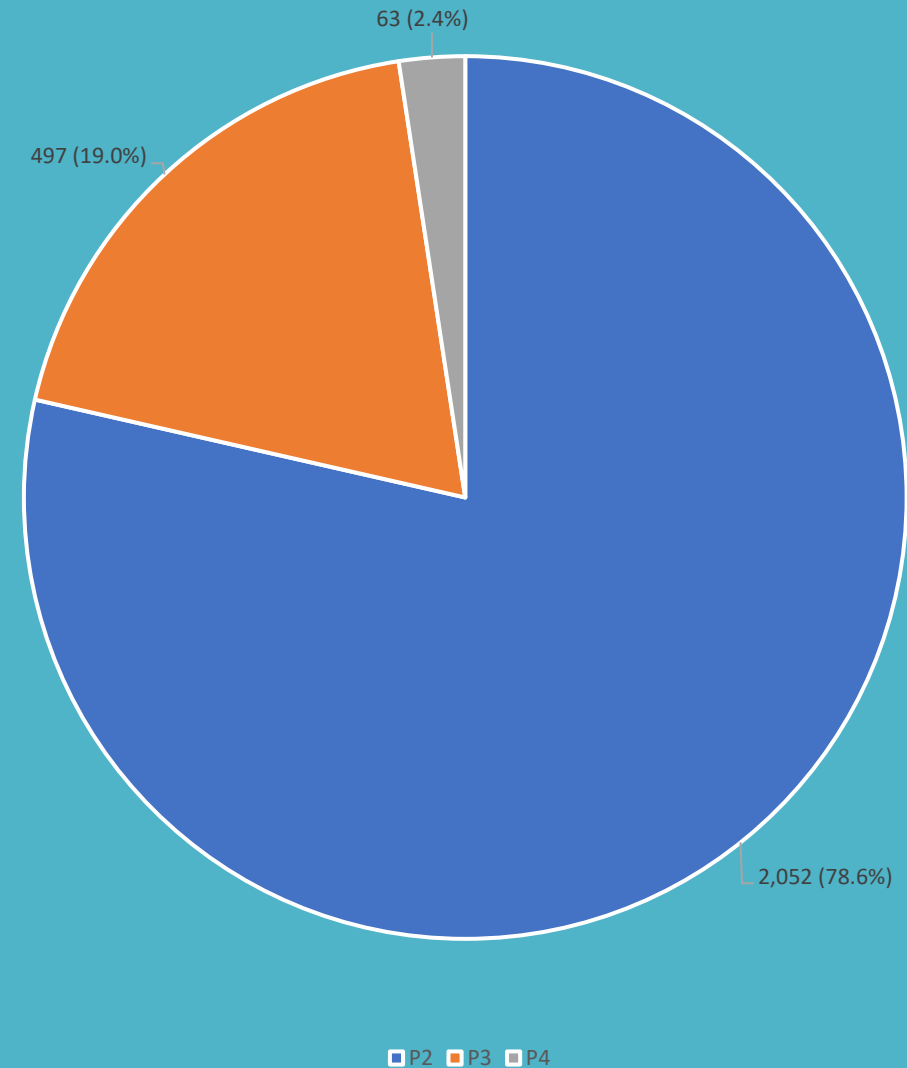
Cermak is in the preparatory phase of applying for the NCCHC accreditation.

Levels of Care

Patients' housing is determined by their Mental Health condition and treatment needs and is divided into Levels of Care:

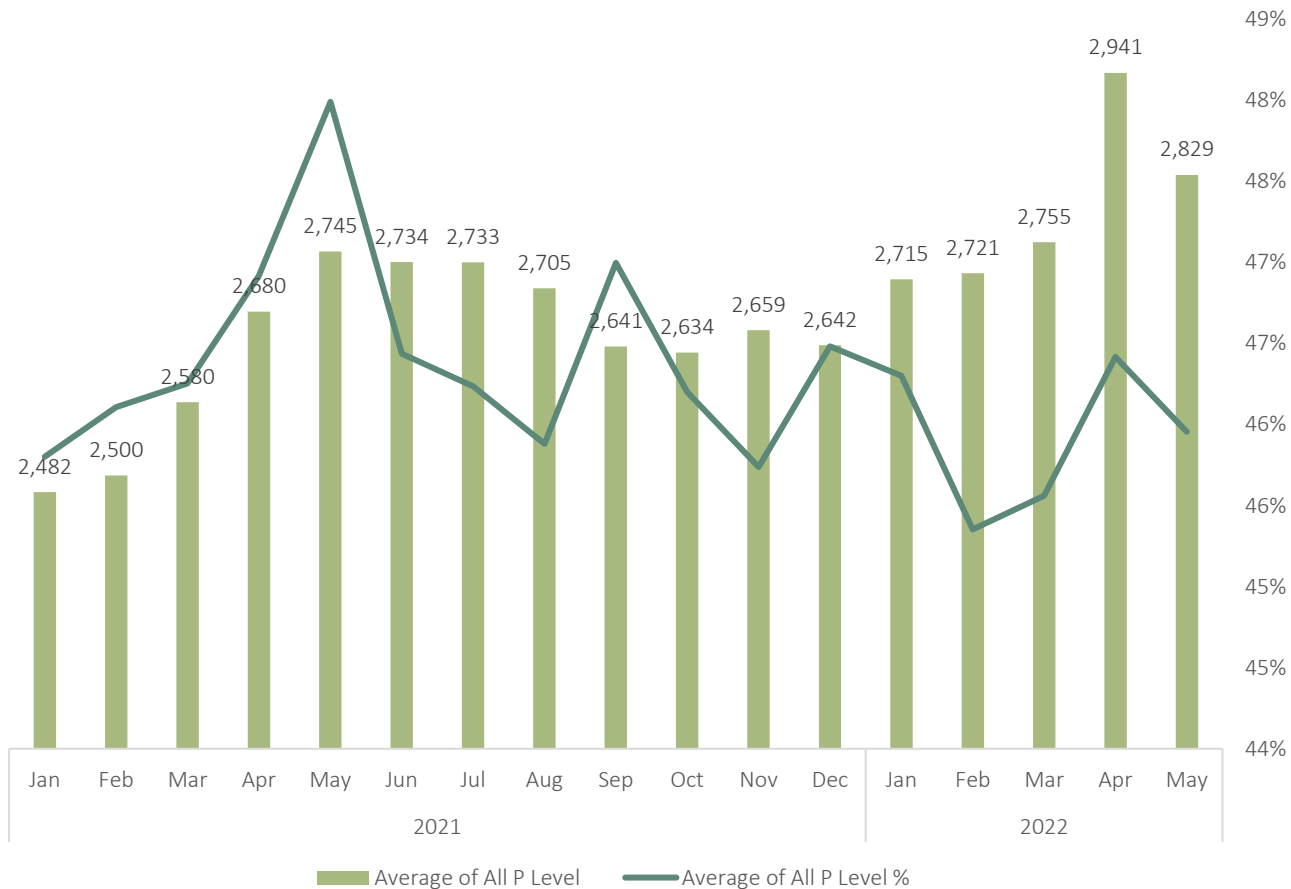
- P4- Psychiatric Special Care Units (comparable to inpatient psychiatric wards); these units house unstable and acutely ill patients
- P3- Residential Treatment Unit (houses patients with serious and enduring MH needs)
- P2- Outpatient Level of Care (houses detainees who can function adaptively and are compliant with treatments)

Mental Health Caseload 11/01/2021



Mental Health Caseload at Cermak

AVERAGE DAILY MENTAL HEALTH CASELOAD (All)



Over the past several years there has been a significant expansion of Mental Health caseload in relation to the overall Jail population. The uptrend has plateaued in 2022.

Over the past two years, MH population has grown in absolute numbers, and as a percentage of the total behind-the-walls population. In the second quarter it continues to be 46% of the Jail census.

Seriously Mentally Ill

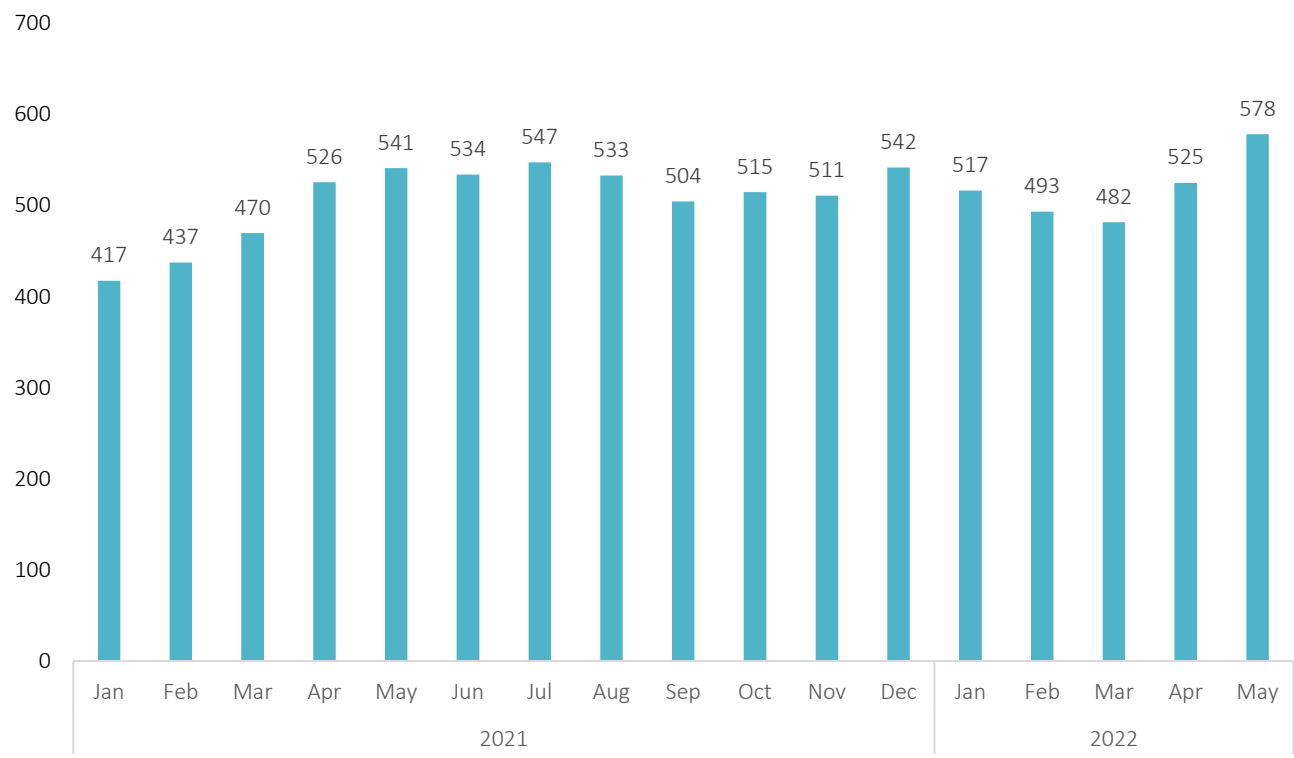
The number of patients who require intensive services and high utilization of resources (Cermak-P3) has grown over time as well, only to stabilize recently. Second quarter has seen an uptick in P3 population.

This group is linked to:

- Self injury
- Increased length of stay
- Difficulty with diversion
- Need for dormitory style housing and direct supervision

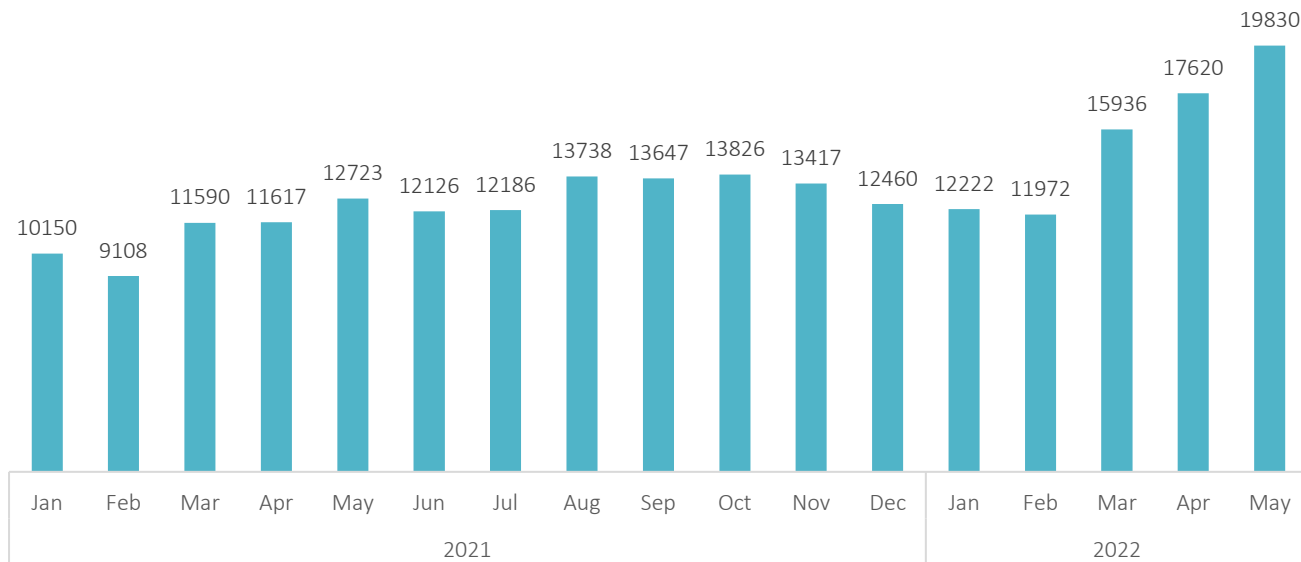
Opportunities exist for re-entry services (recidivism is inversely tied to access to community based mental health services)

CERMAK HEALTH SERVICES
Average daily P3's



Demand for services

Total MH Department patient encounters



As the normalization of operations continued into the second quarter, MH health encounters have surged, in part due to increased frequency of contacts with a cohort of detainee engaging in non suicidal self injury.

We are seeing a steady demand for MH services across the spectrum of care and in all clinical disciplines. Normalization of operations is addressed collaboratively with DOC leadership while Cermak MH remains clinically autonomous.

Successes, Challenges, Plan

Cermak Mental Health has continued to provide services to detainees throughout the Covid-19 pandemic. The department adapted to the pandemic and did not allow any major disruptions in terms of access to care for our patients.

Cermak MH presently experiences higher than average attrition of credentialed staff and Mental Health Specialists. We seek acceleration of reposting of PID to promptly fill existing vacancies. Attracting and retaining of the qualified candidates from diverse backgrounds can be facilitated by the introduction of the educational loan repayment for those who choose to work at our facility.

Cermak continues to work with CCDOC to meet housing challenges for the seriously mentally ill. The main Cermak building (housing the most acute seriously mentally ill) has capacity limitations and structural defects in terms of damage resistance. Further consolidation of divisions (punctuated by the closure of Division X) continued in the second quarter.

As vacancies are filled, we will continue to increase the scope and breadth of services provided at Cook County Jail. For example, many of our patients would benefit from Trauma-Informed Care and greater Discharge/Linkage Services geared toward reducing recidivism. The Department is allocating additional resources to Rehabilitative Units and working on the resumption of therapeutic tiers in P2 areas.

Behavioral Health Services at the Juvenile Temporary Detention Center



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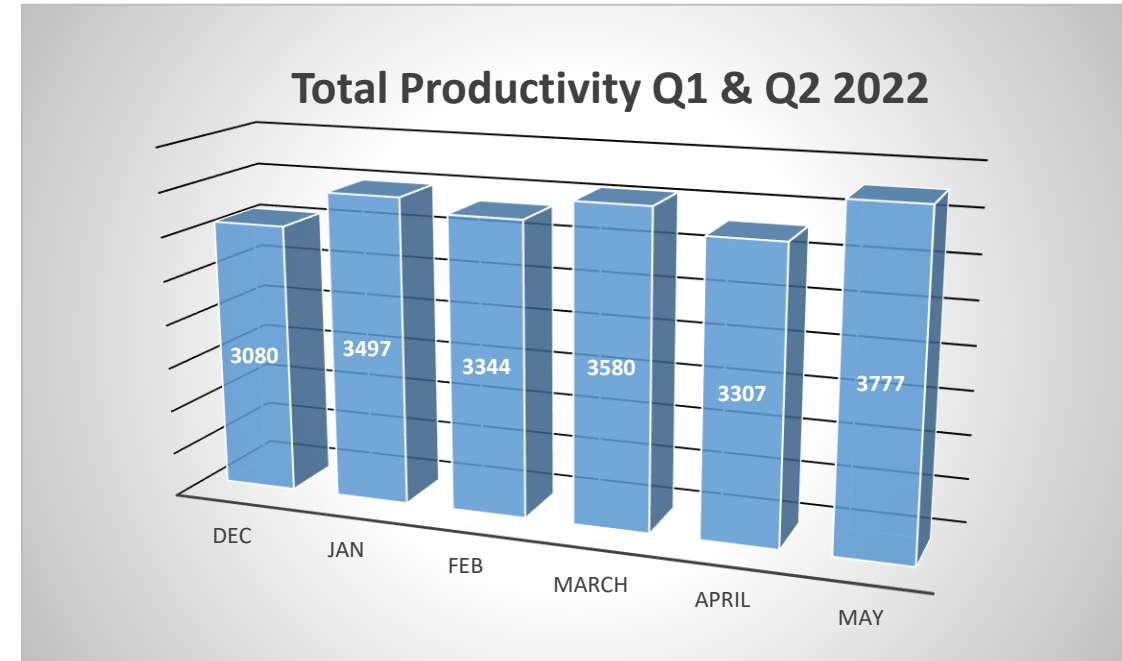
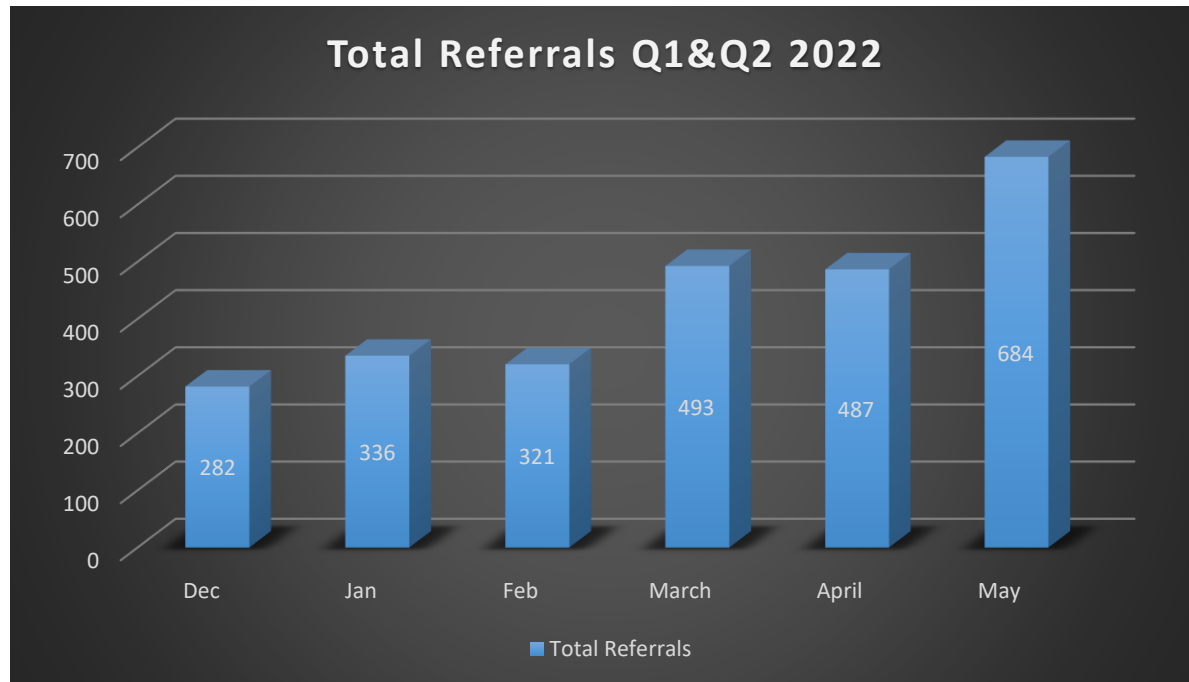
JTDC Mental Health Program Q2 2022 Updates

- Expansion of Juvenile Justice Mental Health Training Programs
 - Director of Juvenile Justice Behavioral Health Training Programs – JTDC
 - Re-posted. Please share with anyone you know.
- NCCHC Re-accreditation Survey for the JTDC on 4/14-4/15
 - **JTDC Health Services were found to be 100% in compliance!!!**
 - JTDC aspires to be nominated Facility of the Year.
- JTDC Mental Health Staffing Plan
 - Significant attrition of PM staff
 - MHS – III posting has closed. Waiting for list of candidates.
- Trauma-Informed Juvenile Court Self-Assessment (TI-JCSA)
 - **April 20th: Introduction of NEW element 9 Antiracism & Equity**
 - Self assessment of element 9 to be completed during Q3

Mental Health Program Statistics

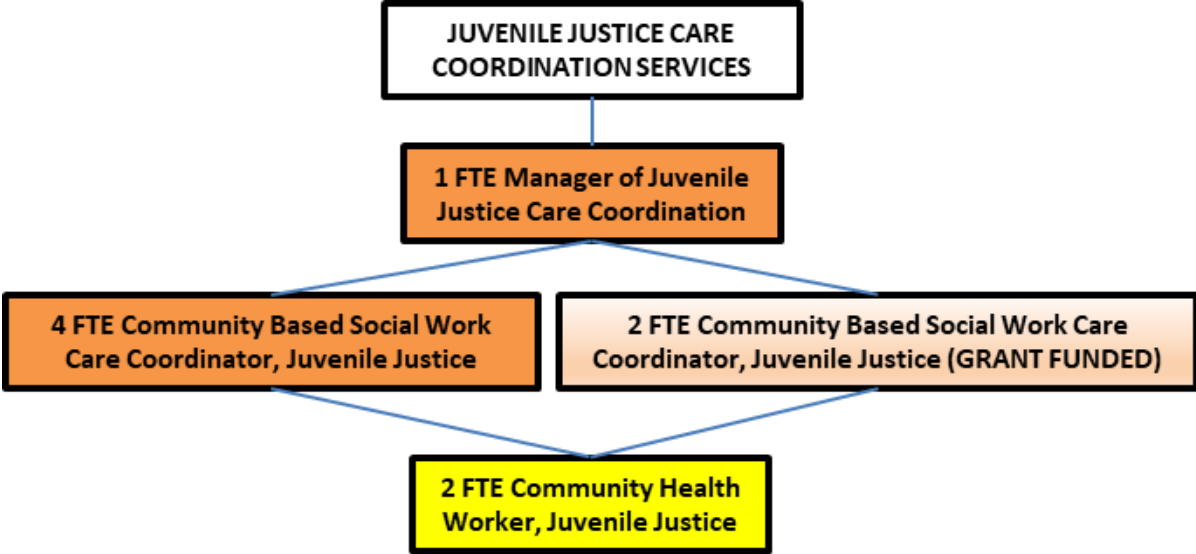
Program Evaluation includes:

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



Specific Mental Health Contacts	Q1 Sum	Q2 Sum
Intakes	222	289
Referrals	939	1664
Individual Therapy Sessions	694	858

Juvenile Justice Care Coordination Program Statistics



Guiding Principles

- Trauma Informed
- Strengths based, person centered
- Individualized, family voice and choice
- Team based collaboration
- Outcomes based and persistent
- Community based
- Reliance on natural supports

Q2 2022

Incoming Referral details:

Referral Type:	
General:	33
Deferred Prosecution:	16
Referral Source:	
Probation Officer	24
Public Defender/Defense Attorney	1
Education Attorney	0
State's Attorney	16
Cermak	2
Juvenile Court Clinic	3
IDJJ After Care	0
Chicago Police Department	3
Community Partner	0
Guardian	0
Self	0
Other	0

Cook County Department of Public Health



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CCDPH Behavioral Health

Our role



The Behavioral Health Unit works to increase awareness and drive efforts to reduce the community burden of mental health and substance use in suburban Cook County.

- Through collaborative partnerships with community partners, local agencies, and key stakeholders, we work to increase and enhance access to a full continuum of integrated and equitable behavioral health and substance use services, support, and treatment in suburban Cook County.
- We believe in transforming the health and well-being of the people of suburban Cook County through true community partnership, policy, and public health action.



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CCDPH Response

Behavioral Health Unit Programs



Behavioral Health Community Based Programing

Increases access to behavioral health treatment, care, and support with focus in five areas: suicide prevention, youth-focused programs, upstream approaches to behavioral health, community-based counseling and treatment, and behavioral workforce development.

Crisis Intervention Response Support

Engages with community, county, state, and national partners to identify need and provide support in building an equitable and complete continuum of crisis care in suburban Cook County.

Substance Use Prevention Initiative

Builds on existing opioid-involved overdose prevention activities to expand harm reduction services, improve community access to data on overdose deaths, provide education and support to the Prescription Monitoring Program (IL PMP), and provide education on prevention activities and resources, including naloxone and fentanyl test strips.

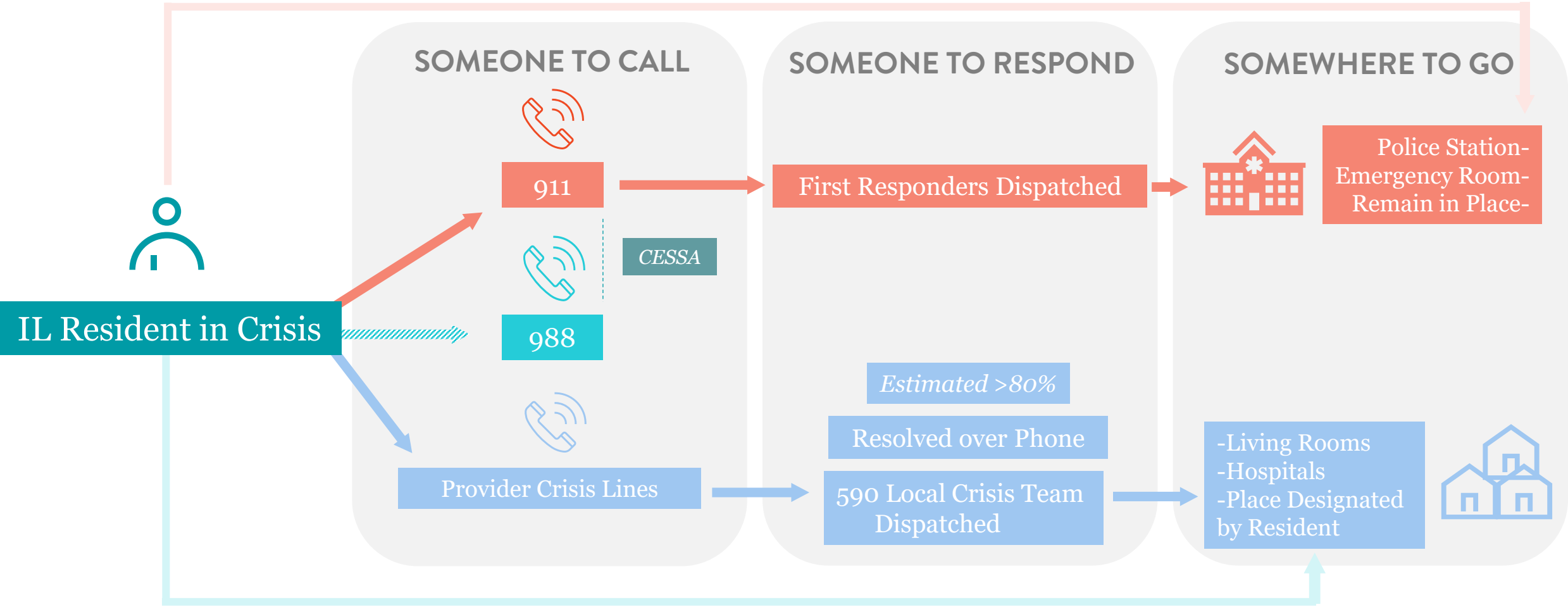
Trauma-Informed Care Task Force

Identifies and recommends policies, procedures, and trainings 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.



Crisis Intervention and Response in Illinois

Mental & Behavioral Health Crisis Calls Matrix



Alternative Health Intervention and Response

Suburban Cook County Crisis Response System Growth



~2000 - 2021: IL & Cook County Providers provide mobile crisis response to Medicaid covered adults & youth



July 2021: IL DMH Crisis Care System (590 Program) awards first grants to providers



August 2021: IL CESSA law passed – mental health crisis response coordination



July 2021 – present: Cook County 590 Providers scale operations to serve all residents, regardless of payor, 24/7



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Alternative Health Intervention and Response

What's Next for Continued Growth?



SOMEONE TO CALL

- ❑ CESSA state and regional committees to create 911/988 protocols (~01/2023)
- ❑ 988 to local crisis response dispatch system
- ❑ Providers continue crisis lines operations until 911/988 infrastructure is in place (NAMI Chicago)

SOMEONE TO RESPOND

- ❑ Expand Suburban Cook County 590 Providers operations (17): behavioral health staffing, professional development, hospital and law enforcement relationships, multiple entry point system, establish funding matrix (Pillars & Grand Prairie)

SOMEWHERE TO GO

- ❑ Recent IDHS RFP Announcement for hospital – based Crisis Stabilization Units

Full task force report to Cook County Board of Commissioners to follow in August 2022



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Opioid Overdose and Substance Use Prevention Initiative



Law enforcement officers in Harvey watching a naloxone training video

Naloxone Training & Distribution- Partnering with law enforcement agencies and community-based organizations to provide training and naloxone to prevent opioid-involved overdose deaths.

From March 1, 2022 – May 31, 2022

- 25 law enforcement agencies received the naloxone and fentanyl safety training video
- 145 officers completed training certification
- 158 naloxone kits were distributed to law enforcement agencies
- 6 community-based organizations also received naloxone
- 85 naloxone kits were distributed to community-based organizations

Since the program initiation, there have been 22 reported uses of naloxone to date, with 7 instances of multiple doses of naloxone administered

- 20 overdose reversals were reported by law enforcement agencies, and 2 by a community-based organization

Deflection Program- Working with a community-based organization to implement a harm reduction program that routes people with substance use disorders to treatment as an alternative to incarceration.

Since March 1st, 2022 deflection outreach specialists with TASC have worked with the Harvey, Justice, and Schiller Park police departments to:

- Conduct outreach and engagement to 31 eligible clients
- Enroll 5 new clients in case management services



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Questions



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