



COOK COUNTY BOARD OF COMMISSIONERS

April 01, 2021

Re: Item # 21-1189: Behavioral Health Services Quarterly Report

Dear Ms. Levin,

We are writing to provide further information on the report requirement introduced by #21-1189 Resolution to Assess Needs and Improve the Quality and Effectiveness of Behavioral Health Care Provided by Cook County Government, which was unanimously approved by the Cook County Board of Commissioner on February 25, 2021. This resolution requires the numerous entities of Cook County Government that provide behavioral health services to submit a quarterly report to the Board of Commissioners, and allows for public hearings on the matter.

Prior to this resolution, there were no reporting mechanism for the various county wide behavioral health services provided or any formal opportunity to highlight the impact of our programs and initiatives. The most recent budget hearing discussions on behavioral health reinforced the need for this resolution and provided the structure for it. The Behavioral Health Services Quarterly Report intends to highlight the programs' goals, population served, performance indicators, and costs associated with the services offered among other information. These reports will allow the County to identify additional support measures and evaluate the effectiveness of ongoing efforts and maximize the impact of County services.

The resolution requires County entities, departments, agencies, and offices that conduct behavioral health services to do the following:

- (1) Complete the attached Behavioral Health Services Quarterly Report for the programs, services, activities and initiatives each entity offers. The first report needs to reflect information from March, April and May 2021.
- (2) Submit the report directly to the Legistar system with a request to be referred to Health and Hospitals Committee by July 06, 2021 in order to be considered for the July 2021 Board of Commissioner's agenda. Once uploaded to Legistar, forward a copy of the report to Melva Brownlee, melva.brownlee@cookcountyil.gov.
- (3) Be ready to present and address any questions on the submitted report during a public hearing of the Health and Hospitals Committee in September 2021.
- (4) Submit the third quarter report by September 13, 2021 to Legistar in order to be considered for the October 2021 Board of Commissioner's agenda. Once uploaded to Legistar, forward a copy of the report to Melva Brownlee, melva.brownlee@cookcountyil.gov. The third quarter report needs to reflect information from June, July and August 2021.

We remain committed to supporting behavioral health programs and services by County Government to address this crucial need. We are grateful for the leadership and for the work, various County entities have done thus far. We look forward to learning further about the current programs and work together to provide effective care to address the behavioral health needs across the County.

Please contact Yesenia Lopez, yesenia.lopez@cookcountyil.gov, or Melva Brownlee, melva.brownlee@cookcountyil.gov, if you have any questions or wish to discuss the resolution requirements further.

Sincerely,

A handwritten signature in blue ink, appearing to read 'A. Anaya', with a stylized flourish at the end.

Commissioner Alma E. Anaya (7th District)

Dennis Deer

Commissioner Dennis Deer (2nd District)

A handwritten signature in black ink, appearing to read 'B. Johnson', with a long horizontal line extending to the right.

Commissioner Brandon Johnson (1st District)

Cook County Resolution #21-1189: Resolution to Assess Needs and Improve the Quality and Effectiveness of Behavioral Health Care Provided by Cook County Government

Cook County Sheriff's Office
Behavioral Health Services
Quarterly Report
June-August 2021



Point of Contact
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Executive Summary

This Behavioral Health Services Quarterly Report complies with the requirement put forth in Cook County Board Resolution #21-1189: Resolution to Assess Needs and Improve the Quality and Effectiveness of Behavioral Health care Provided By Cook County Government. The following report contains information on behavioral health programs operated by the Cook County Sheriff’s Office, including the Cook County Department of Corrections Department of Behavioral Health, the Community Resource Center and the Treatment Response Team. Information in this quarterly report reflects the June - August 2021 timeframe where relevant.

Cook County Department of Corrections (CCDOC) Department of Behavioral Health

(1) General Information

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

The table below provides general information on the various behavioral health programs offered at the Cook County Sheriff’s Office (CCSO) through the Cook County Department of Corrections (CCDOC), including population served by each program, how program participants are identified and the number of participants in each program for the last 24 months ending August 31, 2021. We have provided both the number of unique bookings that have participated in the program as well as the number of unique individuals.* We have also attached zip code data on CCDOC program participants to demonstrate where our patients reside when outside of the CCDOC.

Program	Population Served	How patients are identified	Unique bookings	Unique people
Sheriff’s Men’s Addiction Recovery Treatment (SMART)	Male detainees at the Cook County Jail with substance abuse and co-occurring disorders	This is a court-ordered program	708	673
The Therapeutic Healing Recovery Initiative for Vitality and Empowerment (THRIVE)	Female detainees at the Cook County Jail who suffer from addiction.	This is a court-ordered program	276	253
Mental Health Treatment Center (MHTC)	Male detainees at the Cook County Jail in need of mental health and substance use treatment, criminal risk reduction and intervention, vocational skills training, and education services.	MHTC is a voluntary program. Individuals may request to be in the program or CCSO data team identify candidates based on assessment at intake.	569	562
Sheriff’s Opioid Addiction Recovery Program (SOAR)	Cook County Jail detainees who are recovering from opioid addiction.	SOAR participants are either court-ordered to the program or volunteer to participate.	258	257
The Sheriffs’ Anti-Violence Effort (SAVE)	Male detainees at the Cook County Jail or those who have recently been at the jail and now receive services in the community. Participants are between the ages of 18 and 25 who are likely to be victims of violence or to perpetuate violence.	Participants volunteer for the program.	481	466

**A unique booking references a specific instance of an individual being booked at the Cook County Jail. An individual can have more than one booking so we are reporting both unique bookings and persons who have participated in CCDOC programs.*

(2) Overall Goals

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

Program	Description & Goals
SMART	The Cook County Department of Corrections (CCDOC) Sheriff’s Men’s Addiction Recovery Treatment program is a modified therapeutic community treatment program for substance abuse and co-occurring disorders. It is dedicated to helping detainees learn pro-social behaviors designed to reduce substance use and criminal activity. The program seeks to target those struggling with such issues and equip them with the support and tools they need to be successful in the community.
THRIVE	The Therapeutic Healing Recovery Initiative for Vitality and Empowerment program (T.H.R.I.V.E.) was created to support women who suffer from addiction while they are in CCDOC custody. Participation in the program consists of a 90-day curriculum designed to address the biopsychosocial factors related to addiction and incarceration. THRIVE is a court-ordered program but judges have the discretion to give sentences that are longer or shorter than the recommended 90 days. Programming is aimed towards detainees with non-violent drug-related charges who have a history of substance abuse, trauma and/or mental illness. THRIVE programming uses evidence-based treatment aimed at establishing thought patterns and habits that prevent future substance use.
MHTC	The Sheriff’s Office Mental Health Treatment Center (MHTC) opened in 2014 and offers a holistic array of services including substance abuse and mental health treatment, vocational skills training, educational services, fine arts programming, and comprehensive discharge planning. The goal of the program is to empower justice-involved individuals diagnosed with a substance abuse and/or clinical mental health disorder with the development of a support system to ease their transition back into the community and aid their long-term recovery.
SOAR	The Cook County Sheriff’s Opioid Addiction Recovery (S.O.A.R.) Program was created to address the particularly high opioid overdose death rate for people recently released from incarceration. SOAR participants have recently transitioned from the Cook County Jail to the electronic monitoring program. The SOAR program is dedicated to helping detainees recover from opioid addiction and transition into the community with supportive wraparound services. SOAR is a step-down program available to individuals who have completed a 90 day in-custody drug treatment program, either SMART or THRIVE. Participants are linked to community resources through an individualized case management re-entry plan. The case manager assists participants with addressing their needs and achieving identified goals. Services can include but are not limited to educational services, vocational training, employment, religious services, medical services, substance abuse services and mental health services. In the summer of 2020, SOAR merged with the SMART and THRIVE programs, so SOAR eligibility is now determined by SMART and THRIVE program staff. Participants either voluntarily participate in the program or are court ordered to participate in SOAR.
SAVE	<p>The Cook County Sheriff’s Anti-Violence Effort (SAVE) is a voluntary program that targets 18 to 25-year-old males who are likely to be victims of violence or to perpetuate violence. The cohort-based programming is grounded in an effective form of psychotherapy known as cognitive behavioral therapy, widely recognized as an evidence-based component to effective rehabilitation. SAVE is designed to install positive social norms and values in participants. Motivated participants are provided with the tools and support they need to reintegrate into some of the Chicago communities most impacted by violence.</p> <p>The SAVE program consists of two components. During the first component SAVE participants are housed together on a single tier. While in custody, participants are provided with daily individual therapy and programming based on and related to cognitive behavior therapy, anger management, and life skills. Upon discharge, participants are linked to intensive case management services and partner agencies in the community. Both SAVE staff and community partners offer support to participants as they transition to the community.</p>

(3) Information on Providers

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 Department of Behavioral Health is comprised of various mental health and substance abuse programs including SMART, THRIVE, MHTC, SAVE, and SOAR. Each of these programs is staffed with mental health professionals with clinical training. In total we have 14 Licensed Clinical Mental Health Professionals within the Department including Licensed Clinical Psychologists, Licensed Social Workers (LSW), Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), and Licensed Clinical Professional Counselors (LCPC). Additionally, we have 5 individuals who are Certified Alcohol Drug Counselors (CADC). The Department of Behavioral health staff work with clients from a variety of backgrounds and have experience working with the most vulnerable populations and providing a variety of services such as specialized mental health and substance abuse treatment, trauma informed care, anti-violence, case management, and re-entry care coordination.

With the exception of two SMART staff whose positions are funded by a grant from the Illinois Criminal Justice Information Authority (ICJIA), all CCDOC Department of Behavioral Health staff are funded through the general CCSO operating budget. There is no overlap in funding for CCDOC Department of Behavioral Health staff.

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

Computerized Adaptive Testing for Mental Health (CAT-MH)

The CCDOC has recently implemented the Computerized Adaptive Testing for Mental Health (CAT-MH) across four CCDOC programs – SMART, THRIVE, SAVE and MHTC. This will serve as another key performance indicator for the CCDOC behavioral health programs and information on the number of assessments conducted will be submitted in future quarterly reports.

Despite the extremely high rates of depression, anxiety, and other psychiatric symptoms in incarcerated individuals, mental health conditions often go undiagnosed and undertreated in this population. An often-cited reason for this disparity is that correctional institutions often lack the resources to conduct widespread mental health screening of detainees in their care. Technology-enabled mental health services have shown great promise in helping to bridge this gap by creating reliable, cost-efficient, and adaptable means of psychiatric assessment. The CAT-MH is one such technology, which uses principles of computer adaptive testing to efficiently and accurately measure symptoms across major diagnostic categories.

The CAT-MH implementation at CCDOC started in June 2021 and is designed to last 12 months with the goal of validating the CAT-MH tool in a sample of individuals detained at the Cook County Jail. Administering the CAT-MH to detainees will allow us to examine the associations between symptom severity and relevant post-incarceration outcomes.

Other Key Performance Indicators (Tracked Annually)

The CCDOC tracks performance indicators on a schedule that best reflects the population served which are most often detainees at the Cook County Jail. Thus, as detainees enter and leave the jail on a regular basis, the CCSO looks at a variety of metrics and population characteristics of the targeted population and tracks those indicators over time. Below is a table that describes the key performance indicators measured for each program and the most recent outcomes within the specified timeframe. This information is tracked on an annual basis which the schedule that best reflects the population served.

Program	Key Performance Indicators	Timeframe	Outcomes
SMART	Re-Booking Rates Active Participants	1/1/17- 12/31/20	The recidivism rate was lower in treatment group at 30, 60 and 180 days from discharge (p > 0.05)
THRIVE	Re-Booking Rates DASS 42 Pre/Post Assessment	4/1/17- 12/31/20	THRIVE participants had lower recidivism rates at 30, 60 and 90 day mark. (p < 0.05) Those who scored <i>Extremely Severe</i> for depression at intake (pre) decreased significantly at Discharge (post). The differences from pre to post were statistically significant in the categories of depression, anxiety and stress.
MHTC	Re-Booking Rates	4/1/17- 12/31/20	MHTC participants had lower recidivism rates 30, 60,90, 120, 150 and 180 day mark. (p>0.05) Participants who had at least 90 days of programming were less likely to be rebooked.
SOAR	Links to Community Treatment (Court Ordered Participants) Services Received (Volunteer Participants)	6/1/2018 - 1/22/21 6/1/2018 – 2/1/21	40 of 56 court ordered participants have been linked to community agencies. 62 of the 259 volunteer participants were provided with 339 services. (Services are provided based on need, so not everyone is provided each service)
SAVE	Re-Booking Rates Standing in Community	5/13/16 – 12/31/20	SAVE participants return to CCSO custody at a lower rate than the comparison group at 60, 150, and 180 days Of the 1,214 participants ever enrolled in the program, 663 were active in the community 68% of participants who have remained active SAVE participants post release in the community have not been re-booked on a violent offense.

(5) Expectations for Contracts

Quality measures or expectations for contracts involved in the program, where

Applicable

The CCDOC behavioral health programs do not have contracts with outside agencies, but our behavioral health programs do work with the community partners regarding referrals for service and providing continuity of care once a detainee is released. We often utilize a Memorandum of Understanding (MOU) to formalize our partnership with community agencies. See below for the MOUs that the CCDOC programs are currently working under.

MOUs	MOU Expectations
Roseland	Collaboration between CCSO and Roseland to provide reentry planning services for detainees scheduled to be released
Heartland Alliance/READI	Collaboration between CCDOC and Heartland Alliance to identify CCSO detainees who would benefit from READI Chicago services (Rapid Employment and Development Initiative).
Illinois Department of Employment Services (IDES), Chicago Cook Workforce Partnership, and Central States SER Jobs for Progress.	This MOU between IDES, the Partnership, SER and the CCSO SAVE program is a collaboration between stakeholders to provide post-release Workforce Innovation and Opportunity employment services to SAVE participants.
Westside Health Authority	Collaboration between the CCSO SAVE program and the Westside Health Authority to provide comprehensive post-release supportive services to SAVE participants.

(6) How Program Serves the Best Interest of Patients and Communities

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.

For each of the programs within the Department of Behavioral Health (SAVE, SMART, THRIVE, SOAR, and MHTC) each client is assessed on an individual basis by a clinician. Based on that clinical assessment or intake a treatment plan is developed to assist the client with working toward their treatment goals. Additionally, our case managers and re-entry care coordinators work to develop a client centered re-entry plan to assist the individual with successful reintegration into the community. The re-entry plan addresses the individuals clinical, medical, educational, employment/vocational, individual, community, and familial needs.

Our SMART and THRIVE programs typically rely on support from the judiciary and community, including local community organizations, and treatment facilities such as recovery homes for our participants once they are discharged from our custody. These entities provide community re-entry services and wrap around services which are essential to the recovery of our clients. Community support is encouraged to maintain ongoing recovery.

One of the biggest components of our SOAR and SAVE program is the community component. We identify appropriate community partners for individuals in these programs to work with upon discharge. We rely on community partners to work hand in hand with CCDOC staff to provide treatment, wrap

around services, and resources. Additionally, family and community support are encouraged to promote ongoing improvement and recovery.

In our SAVE program, we specifically match individuals in custody to community providers from the communities that they will reside in post release. We connect the providers with the men in custody through programming at CCDOC to foster relationships between the provider and the patient while in custody.

With all programs we try to keep community in mind when making recommendations so that individuals are paired with the most appropriate services geographically and culturally.

(7) Information on Continuum of Care

Information on how the continuum of care may be addressed through this program

The Department of Behavioral Health is comprised of various mental health and substance abuse programs including SMART, THRIVE, MHTC, SAVE, and SOAR. Each of these programs addresses the continuum of care by assessing client individual needs and wants and creating re-entry plans to assist the individual with successful transition to the community. Additionally, we make referrals to a variety of community agencies for community reentry services including, housing, substance abuse treatment, mental health, medical, educational, employment/vocational services, etc. Furthermore, all programs offer intensive case management and re-entry care coordination which allows individuals to meet with case managers either in person or via phone to provide as much support as possible. Moreover, we facilitate alumni groups for each of the Behavioral Health Programs where individuals who are alumni of our programs are invited to remain connected to our clinical staff and treatment team. Finally, we also utilize “in reaching” programming where we engage community agencies to come to the jail to begin providing their services to individuals while still incarcerated. This allows rapport to be built between the community provider and the program participants which will increase the likelihood of continued engagement in their program post release.

(8) Best Practices

Information on the best practices in this type of programming

The Department of Behavioral Health is comprised of various mental health and substance abuse programs including SMART, THRIVE, MHTC, SAVE, and SOAR. Each of these programs is based on best clinical practices. We use the latest research, trauma informed care and practices, and are informed on appropriate jail-based standards. Examples of evidenced based programming include the Thinking For Change Curriculum (used for MHTC) and Stephanie Covington’s Addiction Recovery Materials for justice involved women (used for THRIVE). In addition, many of our programs use a cognitive behavioral therapy approach to reframe faulty cognitions as a way to improve behavior. We comply with ethical standards such as utilizing informed consent and appropriate disclosures of information. Clinical staff are provided with daily clinical supervision, attend trainings, and seek peer consultation as needed.

(9) Meetings/Coordination with Partners

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 CCDOC has multiple partner agencies in the community that contribute to the success of individuals leaving our custody. We continue to work very closely with the City of Chicago, Circuit Court of Cook County, Cook County Public Defenders, Cook County State's Attorneys, and Cook County Health and Hospital System. The CCDOC also continues to work with many community stakeholders who assist us with wrap around services, continuum of care services and supervision and monitoring of our participants.

More recently, the CCDOC is working to develop the Sheriff's "Road to Recovery" Program at the Skokie Court House. This program works with those individuals who have gone through the Cook County Jail and have been involved in problem solving courts. These meetings are scheduled every Thursday and judges often have people who are scheduled for court appearances arrive early to attend these meetings.

Additional meetings with partners include:

- Illinois Criminal Justice Information Authority (ICJIA) as part of the Statewide Violence Prevention Committee (includes multiple meetings with committee members and ICJIA to network and collaborate on violence prevention projects and assist with the rollout of the Statewide Violence Prevention Plan report.)
- States Attorney's Office on Violence Prevention Programing
- Public Defender's Office on Specialty Court Referrals for people who come into CCDOC custody
- SAVE met with READI leadership from Heartland Alliance to discuss access and linkages to services and community referrals for individuals housed in the CCDOC.
- SMART met with the Cook County Drug Court Treatment Program and TASC at the request of the judiciary to begin assisting the courts with reentry placement for substance abuse clients who need to be released to a treatment program in the community.

(10) Program Evaluation and Overlap with Other City/County Agencies
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.

The CCDOC behavioral health programs are unique in that they are directed toward CCDOC jail detainees and individuals on electronic monitoring. Although there are other behavioral health services available to individuals in the community, CCDOC is the only agency uniquely positioned to offer behavioral health services directly to those who are detained in the jail or on electronic monitoring. As indicated in our answer to Question #4, various items are evaluated as performance indicators for each CCDOC program. Participants in all CCDOC programs trend toward outperforming a comparison group (if available) made up of individuals with similar characteristics. Individuals who are detained by the CCDOC either within the jail or on electronic monitoring are already classified as a vulnerable population. Additionally, the population served with CCDOC is overwhelming persons of color who experience behavior health disparities. The CCDOC Department of Behavioral Health aims to work with these individuals to help address health needs related to behavioral/mental health and substance use disorder and ultimately assist individuals find the care they needed for rehabilitation.

(11) Program Costs and Funding Sources

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

The major costs associated with the CCDOC Department of Behavioral Health programs are primarily staff time. The table below represents staff salaries and benefits for June – August 2021. Most CCDOC Department of Behavioral Health staff salaries are covered under the CCSO general operating budget, however currently there are 2 SMART staff whose salaries and benefits are covered by the ICJIA Residential Substance Abuse Treatment Act (RSAT) grant.

CCDOC Program	# of FT Staff	Funding Source: CCSO Operating Budget	Funding Source: Other specified	Total Funds for Staff salaries + benefits (6/1/21-8/31/21)
SMART	11	\$157,248.32	ICJIA RSAT grant: \$35,889.84	\$193,138.16
THRIVE	11	\$215,971.88	NA	\$215,971.88
MHTC	8	\$184,278.78	NA	\$184,278.78
SOAR	We no longer have staff that exclusive work with SOAR. In the summer of 2020, SOAR merged with the SMART and THRIVE programs The SOAR staff work within either the THRIVE or SMART program.			
SAVE	10	\$184,413.60	NA	\$184,413.60

(12) Additional Information to Facilitate Committee’s Understanding
Any additional information which may facilitate the Committee’s understanding of the program, initiative, or activity.

We have no additional information to add on CCDOC behavioral health programs at this time.

(13) Opportunities for Growth & Collaboration
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.

The CCDOC Department of Behavioral Health provides mental and behavioral health programming to detainees in coordination with Cermak Health Center of Cook County. Having this programming at the CCDOC is a practical and effective way to reach detainees of the Cook County Jail, as no other entity has such a direct connection to CCDOC-involved individuals. The CCDOC mental and behavioral health programs are rooted in evidence-based practice. Our clinicians are regularly assessing the department’s program methods and outcomes and are kept apprised of the latest research regarding justice-involved individuals, so that they may adjust or change their approach in order to provide the best care to all CCDOC program participants.

(14) Information on Follow-up at a Cook County Hospital
Any additional information if patients receive follow up care at a Cook County hospital including medication management as a part of aftercare.

Detainees of the Cook County Jail receive medical services from Cermak Health Services of Cook County.

Community Resource Center (CRC)

(1) General Information

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

The Community Resource Center (CRC) most often serves individuals with some connection to the Cook County Sheriff's Office (CCSO); however, all members of the public may reach out to the CRC, regardless of their involvement in the criminal justice system. Participants are typically referred from electronic monitoring, the Cook County Department of Corrections, the CCSO evictions social service team, Sheriff's police or identified through outreach calls made to returning citizens.

Since the CRC opened on September 20, 2020, CRC staff have assisted 2,796 individuals with services. Zip code data on where CRC clients reside is attached.

(2) Overall Goals

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

The Community Resource Center (CRC) is a virtual supportive services initiative created and launched in 2020 by Sheriff Tom Dart, in direct response to the increase in critical situations caused by the COVID-19 pandemic, to connect individuals to resources in their communities. The CRC aims to leverage new and existing community partnerships to provide linkages to members of the community to address an individual's unique mental health, substance abuse, housing, mortgage/rental assistance, trauma, domestic violence, and/or employment and financial needs, regardless of his/her/their involvement in the justice system. What makes the CRC unique is how the Center functions as a hub for anyone who is in need of assistance, no matter what assistance is needed. Together, the CRC staff have experience in many areas including case management, evictions, domestic violence/survivor support, counseling, substance use, and advocacy. The Center is only operating virtually at this time but plans to operate from a physical space in the near future.

(3) Information on Providers

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 CRC executive director has a Master of Arts (MA) and is a Licensed Clinical Professional Counselor (LCPC). The Deputy Director has a Doctorate in Psychology, substance abuse counseling certification, and co-occurring disorder counseling certification. The direct services staff include 2 Master of Social Work (MSW), 1 Master of Science in Criminal Justice, 2 MAs, 1 MA in Clinical Mental Health Counseling, 1 MS in Mental Health Counseling, 2 MA in Forensic Psychology. All clinical staff have some level of

certification or licensure which include a Certified Alcohol Drug Counselor (CADC), LCPC, Licensed Social Worker (LSW), and Licensed Professional Counselor (LPC). All positions are funded by the general CCSO budget or grant funded. There is no overlap in funding for CRC positions with other programs at the CCSO.

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

The CRC was launched recently in September of 2020 and is already tracking many variables each week on number of individuals called, those accepting services, and types of calls made. Listed below are the current key performance indicators that the CRC has been tracking and data collected during the specified timeframe.

Key Performance Indicators	Timeframe	Outcomes
Total Outreach Calls	6/1/2021-8/31/2021	6,559
New Individuals called weekly	6/1/2021-8/31/2021	4,353
# of individuals who accept services	6/1/2021-8/31/2021	902
# of referrals made	6/1/2021-8/31/2021	3,082

(5) Expectations for Contracts

Quality measures or expectations for contracts involved in the program, where Applicable

The CCSO behavioral health programs do not have contracts with outside agencies, but our behavioral health programs do work with the community partners regarding referrals for service and providing continuity of care once a detainee is released. We often utilize a Memorandum of Understanding (MOU) to formalize our partnership with community agencies. See below for the MOUs that the CRC has with community partners.

MOUs	MOU Expectations
MADO Health	MADO Health will work with CCSO to help provide residential mental health and substance abuse treatment services to individuals referred by the CRC.
Treatment Alternatives for Safe Communities (TASC)	TASC will work with the CCSO to provide specialized case management services to individuals referred by the CRC. This could include screening, clinical assessments, referrals, placement into community-based services, and client advocacy.
Illinois Health Practice Alliance (IHPA)	Data sharing between CCSO and IHPA for the purpose of identifying individuals with mental health and substance use disorder treatment needs and providing linkages to services for such individuals.
Roseland Community Hospital	Collaboration between CCSO and Roseland to provide reentry planning services for detainees scheduled to be released.

(6) How Program Serves the Best Interest of Patients and Communities

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.

As an agency that provides services to individuals who have had contact with the CCSO, the CRC is often the only social service provider perfectly placed within the CCSO to assist an individual who may be in a vulnerable state. For example, our clinical staff are uniquely positioned to assist electronic monitoring (EM) participants when a person is in urgent need of support, but movement approval is pending. In such a situation, the CRC can reach out to CCSO colleagues that manage the EM program to help come up with resolution. The collaboration between our CRC clinicians and CCSO sworn partners is an ideal model to assist CCSO-involved individuals including those impacted by evictions, domestic violence survivors and other victims of violence and crime. Having the CRC embedded in the CCSO has helped address the needs of survivors of violence and other crimes much sooner than an outside agency, allowing for support and healing to begin as soon as possible. Once the CRC began developing the capacity to address the wide range of needs of individuals who come into contact with the CCSO, it made sense to ensure that all Cook County residents could benefit from these services, and the program is now promoted widely to anyone who needs it.

(7) Information on Continuum of Care

Information on how the continuum of care may be addressed through this program

As an agency that provides care coordination and linkage services for individuals in need of a multitude of services related to housing insecurity and contact with the justice system, the CRC explicitly initiates the continuum of care chain for those we serve.

(8) Best Practices

Information on the best practices in this type of programming

CRC staff take a trauma-informed, strength-based approach to service delivery, working in collaboration with participants to identify risk and needs based on his/her desired outcome. The Risk-Needs-Responsivity framework is used to assess risk level, need, and target interventions/guide case management. This evidence-based approach aligns well with the CRC's mission to change the conversation related to justice involvement, victimization, and eviction from one of deficiencies and failures to one of empowerment, strength and solution focused.

(9) Meetings/Coordination with Partners

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 CRC has regular partner meetings with state, city and county government partners in addition to community partners. Listed below are the partners the CRC has met with during the time period from June-August 2021.

- Weekly meetings with Office of the Chief Judge and Safer Foundation to discuss service delivery and linkage for the Frequently Impacted (FI) population identified as part of the Safety and Justice Challenge (SJC) initiative.
- Monthly SJC FI work group meetings.
- Weekly meetings with Chestnut Institute to address Justice Community Opioid Innovations Network (JCOIN) Study pilot operations and logistics.
- Meetings with Smart Policy Works, IHPA, and Heartland Alliance Health (HAH) collectively or separately to discuss partnership and rapid cycle testing of partnership and data sharing.
- Outside agency meetings to build partnerships with provides, includes Kolbe House Ministries, Inner Voice, Catholic Charities, Chicago Prison Outreach, Pacific Garden Mission, Connections for the Homeless, MADDO Health, Cook County Health's Center for Health Equity and Innovation, CPD CIT team, City of Chicago – Mayor's Office of Violence Reduction, and A Little Bit of Heaven.
- Meetings related to evictions: Cook County Legal Aid for Housing & Debt, Chicago Mayor's Office and Department of Housing, Housing Action Illinois, Neighborhood Building Owners Association.
- Participation in Chicago Homelessness & Health Response Group for Equity (CHHRGE) All Stakeholder meetings

(10) Program Evaluation and Overlap with Other City/County Agencies
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.

The CRC is uniquely positioned to assist vulnerable populations who are facing struggles of any kind. Launched during the global COVID-19 pandemic, the CRC hit the ground running working with vulnerable individuals to address concerns relating to housing, employment, healthcare and much more. The CRC also works with victims of crime and domestic violence as well as recently released jail detainees and those individuals on CCDOC electronic monitoring. To our knowledge, there is no other entity in Cook County that is set up to be a comprehensive information hub to link vulnerable individuals in need to the correct services available. Regarding impact, the CRC started in September of 2020 and although it is still early to be assessing program outcomes, weekly call reports produced by the CRC reflect that hundreds of outreach calls are made each week to individuals, many of which are linked to services. In time, as the CRC grows, we hope to provide more compelling evidence of the need and effectiveness of the CRC when it comes to connecting vulnerable populations of Cook County to available services in their community.

(11) Program Costs and Funding Sources

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

The costs associated with the CRC are primarily related to staff time. There are 18 full-time CRC staff. The table below represents staff salaries and benefits for June – August 2021. Most CRC staff salaries are covered under the CCSO general budget, however currently there are 4 staff whose salaries and benefits are covered by the Coronavirus Supplemental grant.

Funding	# of CRC Staff	Salary + Benefits (6/1/21-8/31/21)
CCSO general operating budget	14	\$286,560.54
ICJIA Coronavirus Supplemental Grant	4	\$59,356.08
TOTAL	18	\$345,916.62

(12) Additional Information to Facilitate Committee’s Understanding
Any additional information which may facilitate the Committee’s understanding of the program, initiative, or activity.

In October 2020, the CRC was awarded a grant from the Illinois Criminal Justice Information Authority (ICJIA) to assist returning citizens with emergency housing. Four grant staff have been working in the CRC since February-March 2021 respectively to build partnerships with providers and assist individuals leaving CCDOC custody in need of resources, with emphasis on housing. Grant funds are to be used for staff, supplies, and housing provider fees.

(13) Opportunities for Growth & Collaboration
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.

Setting aside calls to the CRC from the general public, all of the linkages and referrals the CRC passes on are to individuals who have involvement with the Cook County Sheriff’s Office. The CRC, as an entity of the CCSO, is the logical party to provide these links to community organizations and has a responsibility to those involved with CCSO to guide them to the service/assistance they need. The CRC should be the natural first stop for information for the CCSO-involved population. No other organization can fulfil this role as efficiently and effectively. As the CRC becomes more established and builds more relationships with community partners, we hope to be able to support stronger, healthier communities throughout Cook County.

(14) Information on Follow-up at a Cook County Hospital
Any additional information if patients receive follow up care at a Cook County hospital including medication management as a part of aftercare.

The CRC does refer individuals to the Cook County Health and Hospital System (CCHHS), however there is no guarantee that they will seek services there.

Treatment Response Team (TRT)

(1) General Information

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

Participants who are served by the Cook County Sheriff's Treatment Response Team (TRT) are typically identified by a Cook County Sheriff's police officer as an individual in need of mental health services or via citizen calls to the 911 call center. In the past 24 months ending August 31, 2021, TRT has referred a total of 617 clients.

See below for a breakdown of where TRT clients reside.

# of TRT Participants	Area of Residence
336	Unincorporated Cook County
45	15 th District
110	Other, Chicago
69	Other, Suburban Cook
33	Ford Heights
11	Oaklawn
13	Other

(2) Overall Goals

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

The Cook County Sheriff's Office Treatment Response Team or TRT is a Co-Responder Virtual Assistance Program consisting of licensed social workers and clinicians who are developing innovative ways to deal with the underlying mental health issues that affect our citizens. The program offers our Sheriff's Police, and our county, with 24/7 access to on-staff, licensed social workers and clinicians to assist when mental-health related calls are made by citizens. This team is available via phone and tablet interaction, day or night, to assist the individual in need directly while also providing follow-up support when necessary. By utilizing a mental health clinician via tablet or phone, our Sheriff's Police are able to ease tensions on the scene and offer help, when needed. This immediate connection from the social worker deescalates the situation, gives the police on scene the necessary time to better understand the issue, and allows for the police to decide on the best course of action.

(3) Information on Providers

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.

TRT is comprised of master level social workers and mental health professionals who are available 24 hours per day, 7 days per week. All TRT staff hold credentials as either a Licensed Social Worker (LSW), Licensed Professional Counselor (LPC), Certified Alcohol Drug Counselor (CADC), Licensed Clinical Social Worker (LCSW) or Licensed Clinical Professional Counselor (LCPC). TRT staff have over 50 years of combined experience serving vulnerable populations in Cook County. TRT staff positions are covered by the CCSO general operating budget. There is no overlap in funding.

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

Key Performance Indicators	Timeframe	Outcomes
# of Referrals	6/1/2021-8/31/21	170
# of Referrals Engaged in Services	6/1/2021-8/31/21	96
# of Current Active Cases	6/1/2021-8/31/21	175

(5) Expectations for Contracts

Quality measures or expectations for contracts involved in the program, where Applicable

The CCSO behavioral health programs do not have contracts with outside agencies, but our behavioral health programs do work with the community partners regarding referrals for service and continuity of care. We often utilize a Memorandum of Understanding (MOU) to formalize our partnership with community agencies. See below for the MOUs that the TRT program has with community partners.

MOUs	MOU Expectations
Above and Beyond	CCSO and Above and Beyond to collaborate in order to provide substance abuse treatment service to TRT program participants.
Haymarket	CCSO and Haymarket to collaborate in order to provide substance abuse treatment service to TRT program participants.
Miles Square Health (U of I Health)	CCSO and Miles Square to collaborate in order to provide substance abuse treatment service to TRT program participants.

(6) How Program Serves the Best Interest of Patients and Communities

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.

TRT clients work with TRT clinicians in creating, implementing and completing treatment goals. Clients and their loved ones are included in the recovery process. Clients are provided with other tools and resources to avoid experiencing another crisis which might involve law enforcement. Clients are matched with community partners that provide the services identified between the client, TRT and existing medical providers. TRT provides community outreach to known overdose “Hot Spots”. Education includes Narcan/Naloxone training and harm reduction principles.

(7) Information on Continuum of Care

Information on how the continuum of care may be addressed through this program

TRT addresses the continuum of care by assessing with the client what service they are interested in receiving and what is the least restrictive level of care to achieve their treatment goals. Clients moved through different levels of care to address the different stages of recovery they are in. The TRT utilizes a bio-psycho-social model of intervention to provide the client with the most support possible.

(8) Best Practices

Information on the best practices in this type of programming

TRT follows the best practices and research from both the field of social work and law enforcement. The TRT is rooted in policy and procedure with diligent oversight and on-going training. The TRT is offered as a voluntary program for individuals and their loved ones who are experiencing mental duress, mental illness and/or substance abuse disorders. Clients sign a release of information and a consent to work with the TRT. The release and consent can be revoked at any time. TRT staff are provided with LCSW clinical supervision daily and monthly training on best practices.

(9) Meetings/Coordination with Partners

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

In the last quarter (6/1/2021-8/31/2021), TRT met with the following partners to address the overdose epidemic and ongoing mental health crisis in Cook County:

- Haymarket Center
- Alexian Brothers
- Grand Prairie Services
- Lutheran Social Services of Illinois
- The Westside Opiate Task Force
- University of Illinois Health at Miles Square
- Cook County Health and Hospital System (CCHHS)
- Oaklawn Police Department

(10) Program Evaluation and Overlap with Other City/County Agencies

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.

Although there are many social service agencies throughout Cook County who aim to address mental/behavioral health and substance use disorder, TRT is unique as it offers the Sheriff's police a direct internal resource to go to when they encounter individuals who may be of need of mental/behavioral health resources. This co-responder model has been successful at deescalating behavioral health related calls to police, providing support to individuals with mental/behavioral health needs, and referring individuals to appropriate community services when needed. TRT has even tracked that a large majority of their clients engage in services after referrals are given to them, which demonstrates that the follow up services that TRT is providing is linking individuals to the care that they need.

(11) Program Costs and Funding Sources

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

The major costs associated with TRT consist primarily of staff salaries. There are 10 full-time TRT staff. The table below represents staff salaries and benefits for June – August 2021. All TRT staff salaries are covered under the CCSO general operating budget.

# of TRT Staff	Salary + Benefits (6/1/21-8/31/21)
10	\$224,041.55

(12) Additional Information to Facilitate Committee’s Understanding

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

As of January 2021, the TRT has expanded scope to include assisting Sheriff’s Police Officers responding to both mental health and substance abuse calls. Starting June 2021, TRT is now partnering with Oaklawn Police Department to implement the tablet model and assist citizens in access to resources.

In addition, the work of the TRT has been highlighted in several media publications over the last quarter. See below for links to media hits.

- WGN 9 - *New initiative from Cook County Sheriff has mental health professionals part of first response team*
<https://wgntv.com/news/wgn-investigates/new-initiative-from-cook-county-sheriff-has-mental-health-professionals-part-of-first-response-team/>
- ABC 7 - *Cook Co. Sheriff's Office co-responder program helps Oak Lawn police respond to mental health calls*
<https://abc7chicago.com/oak-lawn-mental-health-cook-county-sheriffs-office-police/10974741/>
- Associated Press – *Dealing with mental health crisis once Zoom call at a time*
<https://apnews.com/article/health-coronavirus-pandemic-mental-health-d2f181c355e5f004c5b7c129bf173c67>

(13) Opportunities for Growth and Collaboration

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.

As our entire state moves to a more equitable approach to addressing mental and behavioral health emergencies, TRT is exploring ways to expand and grow their services. With the implementation of both the new national 9-8-8 suicide prevention and mental health crisis lifeline along with the passage of Community Engagement and Supportive Services Act (CESSA) in the state of Illinois, the CCSO and the TRT hopes to be at the forefront of guiding the state's response to mental health emergencies in Cook County. We envision that with both 9-8-8 and CESSA, opportunities will grow for mobile mental health crisis units and co-responder models like TRT as Illinois grows its capacity and expertise to respond to mental health emergencies. TRT hopes to not only expand their co-responder model but collaborate with other partners in the state on the 9-8-8 and CESSA implementation so that those in mental health crisis receive the appropriate care in the most efficient manner.

(14) Information on Follow-up at a Cook County Hospital

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

TRT clients are given transportation benefits via UBER health transportation/travel vouchers for all treatment related appointments and referred to relevant providers which includes providers at the Cook County Health and Hospital System (CCHHS).

Zip Code Data for Community Resource Center (CRC) Clients

ZIP	TOTAL	AREA
20003	1	D.C.
14094	1	NY
30294	1	GA
30320	1	GA
46312	1	IN
46320	2	IN
46323	2	IN
46324	1	IN
46342	1	IN
46402	1	IN
46403	1	IN
46404	2	IN
46408	1	IN
46409	1	IN
50514	1	IA
53206	1	WI
53214	1	WI
53221	1	WI
53402	1	WI
53406	1	WI
55109	1	MN
60002	3	IL
60004	1	IL
60008	3	IL

60007	1	IL
60009	1	IL
60016	3	IL
60018	1	IL
60025	1	IL
60031	1	IL
60053	1	IL
60056	1	IL
60064	1	IL
60074	1	IL
60076	2	IL
60077	2	IL
60083	1	IL
60085	1	IL
60087	1	IL
60096	1	IL
60101	4	IL
60104	12	IL
60105	1	IL
60106	1	IL
60115	1	IL
60120	4	IL
60123	2	IL
60130	1	IL
60131	5	IL
60133	3	IL
60139	1	IL

60153	13	IL
60154	2	IL
60155	1	IL
60160	4	IL
60164	1	IL
60165	1	IL
60169	1	IL
60171	2	IL
60176	1	IL
60181	1	IL
60201	1	IL
60207	1	IL
60302	2	IL
60304	1	IL
60402	8	IL
60403	2	IL
60406	10	IL
60408	1	IL
60409	7	IL
60411	17	IL
60417	2	IL
60419	11	IL
60425	1	IL
60426	13	IL
60428	4	IL
60429	4	IL
60430	2	IL

60432	2	IL
60438	3	IL
60440	1	IL
60441	1	IL
60443	8	IL
60445	2	IL
60446	3	IL
60449	2	IL
60452	3	IL
60453	8	IL
60455	1	IL
60456	1	IL
60458	2	IL
60459	1	IL
60462	1	IL
60465	4	IL
60466	6	IL
60471	6	IL
60473	6	IL
60475	2	IL
60477	4	IL
60478	6	IL
60482	3	IL
60484	1	IL
60487	2	IL
60490	1	IL
60501	3	IL

60505	2	IL
60506	2	IL
60513	2	IL
60517	1	IL
60526	1	IL
60534	3	IL
60544	1	IL
60545	1	IL
60601	1	IL
60602	3	IL
60604	1	IL
60605	2	IL
60607	9	IL
60608	16	IL
60609	28	IL
60610	8	IL
60611	1	IL
60612	35	IL
60613	4	IL
60614	4	IL
60615	10	IL
60616	7	IL
60617	40	IL
60618	7	IL
60619	67	IL
60620	70	IL
60621	29	IL

60622	9	IL
60623	69	IL
60624	64	IL
60625	6	IL
60626	8	IL
60627	1	IL
60628	62	IL
60629	31	IL
60630	3	IL
60632	19	IL
60633	2	IL
60634	10	IL
60636	44	IL
60637	37	IL
60638	4	IL
60639	26	IL
60640	3	IL
60641	5	IL
60642	3	IL
60643	16	IL
60644	76	IL
60645	11	IL
60646	2	IL
60647	10	IL
60649	38	IL
60651	56	IL
60652	8	IL

60653	15	IL
60655	1	IL
60656	5	IL
60660	2	IL
60678	1	IL
60685	1	IL
60707	9	IL
60803	2	IL
60804	13	IL
60805	2	IL
60824	1	IL
60827	15	IL
61104	2	IL
61455	1	IL
61704	1	IL
61820	1	IL
61832	1	IL
62702	1	IL
63136	1	IL
61101	1	IL
UNKN	894	IL
TOTAL	2,251*	

*We only have zips for returning citizens we assist which is why the total is not 2,796.

SMART zip code data

Zip	N
60644	32
60651	29
60624	28
60623	27
60612	21
60639	17
60619	16
60628	16
60620	12
60636	12
60621	11
60629	11
60608	10
60649	10
60653	10
60607	9
60617	9
60626	8
60641	7
60659	7
60201	6
60453	6
60455	6
60609	6
60638	6
60643	6
60647	6
60007	5
60016	5
60153	5
60164	5
60600	5
60618	5
60625	5
60637	5
60640	5
60053	4
60056	4
60120	4
60133	4
60202	4
60402	4
60428	4
60615	4
60630	4

60634	4
60827	4
60000	3
60004	3
60077	3
60090	3
60160	3
60169	3
60406	3
60409	3
60411	3
60458	3
60462	3
60482	3
60534	3
60610	3
60622	3
60631	3
60632	3
60652	3
60655	3
60657	3
60805	3
46311	2
46323	2
60060	2
60067	2
60068	2
60074	2
60076	2
60131	2
60162	2
60302	2
60415	2
60422	2
60438	2
60443	2
60446	2
60456	2
60457	2
60459	2
60465	2
60614	2
60642	2
60656	2
60664	2
60712	2

60714	2
60803	2
43668	1
46229	1
46402	1
46408	1
46409	1
53143	1
53201	1
54241	1
60010	1
60015	1
60022	1
60026	1
60050	1
60061	1
60062	1
60064	1
60089	1
60104	1
60107	1
60108	1
60123	1
60126	1
60130	1
60135	1
60139	1
60154	1
60155	1
60172	1
60176	1
60177	1
60181	1
60192	1
60193	1
60194	1
60305	1
60412	1
60419	1
60425	1
60429	1
60430	1
60435	1
60436	1
60466	1
60467	1
60473	1

60478	1
60487	1
60501	1
60505	1
60506	1
60515	1
60517	1
60527	1
60586	1
60605	1
60645	1
60658	1
60660	1
60706	1
60707	1
60804	1
61111	1
62521	1
62702	1
Missing	61

THRIVE zip code data

Zip	n
38119	1
45417	1
46327	1
46405	1
47904	1
47978	1
53206	1
53210	1
53216	1
53511	1
60000	2
60002	1
60008	1
60016	1
60018	1
60025	1
60044	1
60047	1
60056	1
60067	1
60069	1
60074	2
60076	1
60077	1
60090	2
60099	1
60104	2
60106	2
60107	1
60110	1
60120	1
60131	1
60133	2
60139	1
60140	1
60143	1
60153	2
60154	1
60164	1
60174	1
60193	2
60406	1
60412	1
60415	1
60426	1

60428	1
60430	1
60432	1
60439	1
60445	1
60448	1
60453	2
60455	2
60458	1
60462	1
60465	3
60475	1
60477	3
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60517	1
60525	1
60534	1
60600	2
60605	1
60607	1
60608	7
60609	6
60612	2
60613	1
60615	1
60616	2
60617	4
60618	3
60619	6
60620	4
60621	8
60622	5
60623	8
60624	14
60625	3
60626	2
60627	1
60628	5
60629	5
60632	1
60634	3
60635	1
60636	4
60637	3
60638	1
60639	4
60640	2

60644	5
60645	2
60647	6
60649	3
60651	9
60653	1
60656	1
60657	1
60659	3
60660	2
60707	1
60712	1
60801	1
60803	1
60805	3
60827	1
61108	1
62526	1
85037	1
	23

MHTC zip code data

Zip

60643

60639

60624

60411

60618

60641

60623

60419

60411

53111

60624

Unknown

60625

60628

60649

60634

60706

60803

60473

60643

60624

60638

60617

60120

Unknown

60651

60637

60636

60607

60644

60621

60305

60612

Unknown

60153

60600

Unknown

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60644
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60623

60649
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Unknown
Unknown
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60644
60153
60619
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60153
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60466
60172
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60181
60478
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60619
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60644
60637
60610
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60651
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60803
60653
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Unknown
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60624
60628
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60466
60623
60644
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60637
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60632
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60644
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46307
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60115
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60465
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60619
60649
60164
60624
Unknown
60649
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60623
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61104
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60453
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60653
60803
60607
Unknown
60651
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60645
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60623
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60644
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60651
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60472
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60130
60804
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60643
60561
60817
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60804
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60605
Unknown
60462

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85020
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60643
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60822
60430
60621
60623
60478
60649
60803
60804
60007
60608
60076
Unknown
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60062
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60620
60647

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60201
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60446
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60600
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60619
60104
60622
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46319
60636
60644
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60623
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60409
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60652
60651
60051
60469
60411
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46323
60639
60130
60473
60008
60803
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46307
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75050
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19134
60090
60618
60624
52206
60615
60409
60202
60426
60619
60637
60914
60085
60000
60607
60619
Unknown
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60623
60458
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60673
60652
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60304
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85705
85705
60428

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60373
72461
60620
60402
60087
60473
77090
60629
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60804
60624
60647
60428
60443
49022
46311
60648
60402
60099
60804
60654
60625
60085
60612
60628
60647
60628
60649
60628
60402
60608
60636
60220
60665
60653
60617
60620
60620
60804
60612
60644

SOAR zip code data

Zip	N	Percent
60651	16	6%
60624	14	5%
60628	10	4%
60644	10	4%
60619	9	4%
60620	8	3%
60623	7	3%
60636	7	3%
60804	7	3%
60649	6	2%
60653	6	2%
60608	5	2%
60609	5	2%
60000	4	2%
60621	4	2%
60626	4	2%
60629	4	2%
60411	3	1%
60453	3	1%
60455	3	1%
60607	3	1%
60076	2	1%
60085	2	1%
60139	2	1%
60153	2	1%
60160	2	1%
60164	2	1%
60402	2	1%
60419	2	1%
60457	2	1%
60610	2	1%
60612	2	1%
60615	2	1%
60616	2	1%
60617	2	1%
60639	2	1%
60640	2	1%
60641	2	1%
60647	2	1%
60652	2	1%
60659	2	1%
60660	2	1%
60712	2	1%
60827	2	1%
47421	1	<1%

60007	1	<1%
60008	1	<1%
60016	1	<1%
60018	1	<1%
60056	1	<1%
60071	1	<1%
60074	1	<1%
60090	1	<1%
60102	1	<1%
60104	1	<1%
60120	1	<1%
60141	1	<1%
60154	1	<1%
60169	1	<1%
60176	1	<1%
60409	1	<1%
60426	1	<1%
60438	1	<1%
60462	1	<1%
60463	1	<1%
60465	1	<1%
60472	1	<1%
60473	1	<1%
60477	1	<1%
60478	1	<1%
60501	1	<1%
60523	1	<1%
60544	1	<1%
60600	1	<1%
60601	1	<1%
60604	1	<1%
60605	1	<1%
60611	1	<1%
60618	1	<1%
60622	1	<1%
60625	1	<1%
60627	1	<1%
60630	1	<1%
60632	1	<1%
60634	1	<1%
60637	1	<1%
60638	1	<1%
60706	1	<1%
60803	1	<1%
60964	1	<1%
Missing	27	11%
Total	257	100%

SAVE zip code data

Zip Code	Count
60624	32
60628	30
60623	27
60651	27
60629	23
60619	22
60621	22
60644	22
60620	21
60617	19
60636	18
60637	15
Unknown	14
60612	13
60608	12
60639	11
60632	10
60649	10
60643	8
60618	7
60653	6
60609	5
60638	5
60652	5
60615	4
60616	4
60804	4
60625	3
60627	3
60634	3
60640	3
60426	2
60622	2
60626	2
60641	2
60642	2
60645	2
60647	2
60655	2
60659	2
60660	2
10456	1
46407	1
46526	1
49841	1

60025	1
60064	1
60068	1
60077	1
60085	1
60104	1
60120	1
60155	1
60202	1
60254	1
60402	1
60406	1
60409	1
60411	1
60415	1
60430	1
60438	1
60446	1
60456	1
60458	1
60466	1
60473	1
60484	1
60501	1
60514	1
60600	1
60603	1
60606	1
60607	1
60610	1
60613	1
60803	1
60827	1
61107	1
Total	466