



**COOK COUNTY GOVERNMENT
BEHAVIORAL HEALTH SERVICES QUARTERLY REPORT**

Name of Department	
Contact Person Name	
Contact Person E-Mail	
Contact Person Phone Number	

Please provide responses to the items below in as much detail as possible, if applicable to your entity, on behavioral health initiatives, programs, and activities. Relevant attachments may be submitted as part of your response.

#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

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

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#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.

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

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

#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.

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

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

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#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

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#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.

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

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

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#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.

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