

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
March 2022 – May 2022



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Table of Contents

Executive Summary	3
Cook County Department of Corrections (CCDOC) Department of Behavioral Health	4
(1) General Information	4
(2) Overall Goals	5
(3) Information on Providers	6
(4) Key Performance Indicators	6
(5) Expectations for Contracts	9
(6) How Program Serves the Best Interest of Patients and Communities	9
(7) Information on Continuum of Care	10
(8) Best Practices	10
(9) Meetings/Coordination with Partners	11
(10) Program Evaluation and Overlap with Other City/County Agencies	12
(11) Program Costs and Funding Sources	133
(12) Additional Information to Facilitate Committee’s Understanding	13
(13) Opportunities for Growth & Collaboration	144
(14) Information on Follow-up at a Cook County Hospital	144
Community Resource Center (CRC)	155
(1) General Information	155
(2) Overall Goals	155
(3) Information on Providers	155
(4) Key Performance Indicators	166
(5) Expectations for Contracts	166
(6) How Program Serves the Best Interest of Patients and Communities	177
(7) Information on Continuum of Care	177
(8) Best Practices	177
(9) Meetings/Coordination with Partners	188
(10) Program Evaluation and Overlap with Other City/County Agencies	188
(11) Program Costs and Funding Sources	188
(12) Additional Information to Facilitate Committee’s Understanding	199
(13) Opportunities for Growth & Collaboration	199
(14) Information on Follow-up at a Cook County Hospital	199
Treatment Response Team (TRT)	20
(1) General Information	20
(2) Overall Goals	20

(3) Information on Providers	20
(4) Key Performance Indicators.....	21
(5) Expectations for Contracts.....	21
(6) How Program Serves the Best Interest of Patients and Communities.....	211
(7) Information on Continuum of Care.....	211
(8) Best Practices	222
(9) Meetings/Coordination with Partners	222
(10) Program Evaluation and Overlap with Other City/County Agencies	222
(11) Program Costs and Funding Sources.....	233
(12) Additional Information to Facilitate Committee’s Understanding	233
(13) Opportunities for Growth and Collaboration	233
(14) Information on Follow-up at a Cook County Hospital	244

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 Cook County Sheriff’s Office provides behavioral health treatment and interventions at the community level intersecting with the Sheriff’s police, at the detention level within the Cook County Jail, and upon release via the Community Resource Center and for select pre-release programs that include a post-release component. The following report contains information on these programs broken down by 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 March 1, 2022 – May 31, 2022 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 multiple 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 May 31, 2022. We have provided both the number of unique bookings that have participated in the program as well as the number of unique individuals¹. We have also attached zip code data on CCDOC program participants to demonstrate where our patients reside when outside of the CCDOC.

Cook County Department of Corrections (CCDOC) Department of Behavioral Health				
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	527	504
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	193	181
Mental Health Transition 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.	476	476
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.	251	249
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.	487	478

¹ 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

Cook County Department of Corrections (CCDOC) Department of Behavioral Health	
Program	Description & Goals
SMART	The Sheriff’s Men’s Addiction Recovery Treatment (SMART) 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 Mental Health Transition 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 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 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</p>

	the community. Both SAVE staff and community partners offer support to participants as they transition to the community.
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(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 throughout SMART, THRIVE, MHTC, SAVE, and SOAR. Each of these programs is staffed with mental health professionals with clinical training 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 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.

In the last quarter, SAVE has hired one Behavioral Health Specialist, MHTC has hired one Behavioral Health Specialist, SMART has hired one Re-entry Care coordinator, and THRIVE has hired one Re-entry Care Coordinator who is a licensed clinical social work and a Certified Drug and Alcohol Counselor. All positions are funded through the CCSO general operating budget.

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 CCSO general operating budget. There is no overlap in funding for CCDOC Department of Behavioral Health staff.

The CCDOC Department of Behavioral Health also works with clinical interns who are unpaid. CCDOC works with local graduate schools to provide clinical training to students earning their Masters or Doctoral degrees. Students are on site between 16 and 20 hours per week and are with us between 9 and 12 months.

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

Computerized Adaptive Testing for Mental Health (CAT-MH)

The CCDOC 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.

CAT-MH Participant numbers (March 2022 – May 2022)

MHTC

- Total number of interviews: 1069
- Total number of individuals enrolled: 193
- Total number of people who have refused/dropped out: 35
- Number of active/current participants: 45
- Number of new participants/enrollments in last month: 1
- Number of assessments in last month: 25

SMART

- Total number of interviews: 2307
- Total number of individuals enrolled: 307
- Total number of people who have refused/dropped out: 18
- Number of active/current participants: 104
- Number of new participants/enrollments in last month: 32
- Number of assessments in last month: 326

SAVE

- Total number of interviews: 1115
- Total number of individuals enrolled: 183
- Total number of people who have refused/dropped out: 0
- Number of active/current participants: 40
- Number of new participants/enrollments in last month: 27
- Number of assessments in last month: 119

THRIVE

- Total number of interviews: 856
- Total number of individuals enrolled: 104
- Total number of people who have refused/dropped out: 11
- Number of active/current participants: 31
- Number of new participants/enrollments in last month: 8
- Number of assessments in last month: 55

Across all four programs:

- Total number of new participants enrolled in past month: 68
- Total number of individuals enrolled over previous 12 months: 787
- Total number of assessments in the past month: 525
- Total number of assessments over previous 12 months: 5,347

Other Key Performance Indicators (Tracked Annually)

The CCDOC tracks performance indicators on a schedule that best reflects the population served which are 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 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 is the schedule that best reflects the population served. Program evaluations are typically released in the Spring so we will update this information accordingly when new annual evaluations are released.

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.
Southwest Organizing Project (SWOP)	Collaboration between CCSO (SAVE) and SWOP to provide post release supportive services in the community.
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 behavioral health program, 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.

An additional best practice that the CCDOC employs is naloxone distribution to those at risk of an opioid overdose. Naloxone training alerts are added by our partners at Cermak Health Services for patients who

they have identified and agreed to be trained while in custody. This typically occurs when patients are admitted into the detox unit or speak with a provider about their addiction. Patients receive education from the provider and then issued an alert in CCOMs. At discharge, CCSO staff see the alert and distribute a kit with information and naloxone to the patient.

(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.

Partner meetings (March 2022 – May 2022):

- CCDOC Leadership met with violence prevention agencies READI (Rapid Employment and Development Initiative) Chicago, Metropolitan Family Services, Koble House, and Communities Partnering 4 Peace (CP4P) to discuss violence prevention in the community.
- CCDOC Leadership met with Illinois Action For Children (IAFC) to discuss and begin a partnership between IAFC and CCDOC supporting children, families, and visitation. Since this partnership began, CCDOC in collaboration with IAFC has hosted a Mother's Day and Father's Day Family CARES specialized visitation event.
- CCDOC Leadership met with WestCare and Second Opportunity to discuss the development of a recent grant for a re-entry services and a fatherhood program.
- Additionally, CCDOC has partnered with City Key and the Cook County Board of Commissioners to offer state identification cards to those housed at CCDOC.

THRIVE

- 04/01/22: Members of the world chess tour committee came and met with the women's chess team.
- 05/10/22: Met with Kelly Enck, program manager for Shining Light, to coordinate the distribution of the newsletter Shining Light: The Loop. This newsletter is distributed to different jails/prisons and is made up different information, activities, and artwork from detainees/prisoners.
- On 05/02 and 05/05: Women's Justice Institute recorded women reading Mariame Kaba's best seller *See you Soon*. The digital recording was then sent to their families for Mother's Day.
- On 05/20/22: THRIVE/Women's Programming met with The Bridge. The meeting focused on developing a partnership for The Bridge to begin providing in person Re-entry services to women in THRIVE.

SAVE

- On 03/22/22, Southwest Organizing Project (SWOP) met to discuss partnership and community engagement job readiness.
- On 05/09/22, Legal Aid Chicago discussed partnership and community engagement regarding legal assistance.
- On 05/26/22, SAFER Foundation met to discuss partnership and community engagement regarding job readiness.

MHTC

- March - May 2022: MHTC staff has engaged various community partners including Team Englewood, Community Support Advisory Council, Clean Turn, The Link and Option Center, and Transforming Re-entry Services on linkages to community support including housing, job training programs, and other re-entry services. Various community partners have also come into CCDOC to provide services as a result of community meetings.
- 04/05/22: MHTC met with Olive Harvey College to discuss a new initiative focusing on forklift training. Olive Harvey proposed a way to implement the written portion of the forklift certification program. This would be done by identifying detainees with shorter sentences, who are nearing release, and the practical portion of the program made available upon release.
- 05/18/22: A Day With Safer Foundation consisted of a vendor style set up which provided mental health, educational information, and other components offered by The Safer Foundation for MHTC participants and staff. This served as an educational tool to learn about resources offered to participants when they are released from custody.
- 05/20/22: The Institute for Love and Time (TILT) met with MHTC to discuss extending the initiative by continuing to focus on addressing trauma by using technology through an application allowing individuals to process and address trauma.

SMART

- 05/25/22: “Transforming Lives” program through Catholic Charities presented to all SMART participants. This program connects pregnant women and families with young children to Doula and Home Visitor services in the community. Men in the SMART program were connected with substance abuse treatment and navigating pregnancy assistance for a significant other or family members.

(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 March 2022 – May 2022. 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 (3/1/2022 – 5/31/2022)
SMART	11	\$169,556	ICJIA RSAT grant: \$20,830	\$190,386
THRIVE	10	\$190,538	NA	\$190,538
MHTC	9	\$192,343	NA	\$192,343
SOAR	We no longer have staff that exclusive work with SOAR. In the summer of 2020, SOAR merged with the SMART and THRIVE programs. SMART and THRIVE staff operate the SOAR program.			
SAVE	9	\$168,673	NA	\$168,673

(12) Additional Information to Facilitate Committee’s Understanding

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

The CCDOC recently established a new women’s program tier. This tier is for women who are interested in participating in positive activities and programs while at CCDOC. Programming on the new tier cover topics such as substance abuse issues, mental health awareness, health education, domestic violence, self-esteem, relationship dynamics, anger management, and conflict resolution. Some of the programs offered may include correspondence courses, peace circles, character strengths, meditation and peer led groups.

In addition, the CCDOC recently relaunched their Rehabilitation Unit (RU) programing. The CCDOC provides services to individuals housed at the RU. Group topics include anger management, life skills, health relationships, mental health, antiviolence, etc.

(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. Further, individuals who are taking medications while detained at the Cook County Jail can receive a prescription for a refill at Stroger or select Cook County Health clinics post-release.

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 10,265 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 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 currently operates virtually but is in the process of transitioning some services to physical spaces.

(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 Assistant Executive Director has a Doctorate in Psychology and has substance abuse counseling and co-occurring disorder counseling certifications. The Clinical Program Manager started in October of 2021, possesses a Master of Science in Administration and is a Licensed Clinical Professional Counselor. 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	03/01/222 – 05/31/22	7,938
New Individuals called weekly	03/01/222 – 05/31/22	4,175
# of individuals who accept services	03/01/222 – 05/31/22	529
# of referrals made	03/01/222 – 05/31/22	10,529

(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. Additionally, during this quarter, CCSO has been awarded a BJA 2 nd Chance grant, for which TASC will serve as the treatment partner. CCSO and TASC are currently in the year one planning phase of this grant.
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.
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(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. CRC clinical staff embedded in CCDOC’s Discharge Unit, have provided urgent assistance and immediate needs support, including shelter, SUD/mental health/medical hospitalization, transportation, and clothing to individuals prior to release from custody while additionally placing people in temporary stabilization housing. 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, individuals in need of immediate substance use treatment or mental health services, persons displaced by eviction, and returning citizens 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 address justice involvement, victimization, and eviction deficiencies and failures and foster empowerment, strength and solutions.

(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

CRC leadership is committed to building a broad network of partners through networking and relationship building while working to strengthen existing partnerships. During this quarter (March 2022 - May 2022), CRC forged new relationships with Chicago Department of Public Health for Overdose Prevention, AgeOptions Homelessness Prevention, the Bail Project/LCLC Community Release with Supports Pilot, and St. Anthony's Hospital Behavioral Health Programs. Also, CRC met with Access Living to discuss the rights of and supports for people who have disabilities. Additionally, CRC began working with Transitional Care Management in placing individuals on EM in needed residential mental health housing and nursing home care. Further, CRC created employment pipelines through partnerships with the CTA Second Chance Program and the Hinsdale Humane Society. MOUs are being pursued with the Safer Foundation for their Supportive Reentry Network pilot and SmartPolicy Works/Heartland Alliance Health for the Road Map Initiative's Flexible Services Pilot with the hope of having them fully executed in the next quarter.

(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 recently released jail detainees, those individuals on CCDOC electronic monitoring and persons at risk of eviction. 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 thousands of outreach efforts 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 17 full-time CRC staff. The table below represents staff salaries and benefits for March 2022 - May 2022. Most CRC staff salaries are covered under the CCSO general budget, however currently there are 4 staff members whose salaries and benefits are covered by the Coronavirus Supplemental grant.

Funding	# of CRC Staff	Salary + Benefits (03/01/22 – 05/31/22)
CCSO general operating budget	10	\$208,822
ICJIA Coronavirus Supplemental Grant	4	\$62,770
TOTAL	14	\$271,592

(12) Additional Information to Facilitate Committee’s Understanding

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

During the quarter, development began to open the first community-based CRC drop-in center. The center will be staffed with clinicians and case managers and able to provide in-person services. The launch of this location is expected to occur in the next quarter. Also, CRC participated in Congressman Danny Davis’s townhall on evictions in May. Additionally, CRC started participating in the Pre-trial Fairness Act Supports and Services Committee.

(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 fulfill this role as efficiently and effectively. As the CRC becomes more established and builds more relationships with community partners, CRC will 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. Further, individuals who are taking medications while detained at the Cook County Jail are able to receive a prescription for a refill at Stroger or select Cook County Health clinics post-release.

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.

Cook County Sheriff's Treatment Response Team (TRT) participants 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 May 31, 2022, TRT has referred a total of 836 clients.

See below for a breakdown of where TRT clients reside.

# of TRT Participants	Area of Residence
599	Unincorporated Cook County
5	15 th District
62	Other, Chicago
98	Other, Suburban Cook
55	Ford Heights
17	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 Cook 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), Licensed Clinical Professional Counselor (LCPC) or Co-Occurring Substance use and

Mental Health Disorder Professional (CODP I/CODP II). 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	3/1/22-5/31/22	173
# of Referrals Engaged in Services	3/1/22-5/31/22	108
# of Current Active Cases	3/1/22-5/31/22	210

(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 and targets overdose “Hot Spots” identified by ODMAP, a real-time suspected overdose data mapping program. 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 which can be revoked at any time. TRT staff are provided with LCSW clinical supervision daily and monthly training on best practices. TRT staff routinely receive clinical training on: crisis intervention, co-regulation and compassion fatigue.

(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

TRT has on-going communication and data sharing with many Cook County partners. In the past quarter (03/01/22 – 05/31/22), TRT added Northbrook Police Department as a partner. TRT's Co-responder Virtual Assistance Program (CVAP) provides immediate on-scene mental health co-response overnight and on weekends to the Village of Northbrook. TRT is also assisting the Chicago Police Department crisis intervention team in the 18th District.

(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 utilize 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. The success of the TRT

program is also reflected in the fact that TRT has assisted other jurisdictions, including the Oak Lawn and Blue Island Police Departments, in creating similar tablet programs.

(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. The table below represents staff salaries and benefits for March 2022 – May 2022. All TRT staff salaries are covered under the CCSO general operating budget. No new costs have incurred since the last quarterly report submission.

# of TRT Staff	Salary + Benefits (03/01/22 – 05/31/22)
10	\$229,614

(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 January 2021, the Treatment Response Team expanded its scope to include assisting Sheriff’s Police Officers’ response to both mental health and substance abuse calls. In June 2021, TRT partnered with Oak Lawn Police Department to implement the TRT model and assist citizens access to resources. In addition, in November 2021, TRT added the Blue Island Police Department to the TRT network. In March of this quarter, TRT initiated the virtual co-responder model with Northbrook Police Department. Finally, TRT is assisting CPD and Chicago citizens in the River North area via outreach.

The Sheriff’s Treatment Response Team was awarded: **2022 NACo Achievement Award**

Category: Criminal Justice and Public Safety

(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, CCSO and TRT envision being at the forefront of guiding the state’s response to mental health emergencies in Cook County. We foresee 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. The CCSO is participating in the 9-8-8 implementation working group convened by the Illinois Department of Mental Health (DMH) and is also expected to be included in DMH’s

Regional Advisory Committees that will be tasked with implementing CESSA. Congress has mandated that the 9-8-8 hotline be available nationwide by July 16, 2022; however, all aspects of CESSA (including mobile crisis units) are not expected to be operational across the state until January 2023.

(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). These individuals are not engaged at the jail level, but rather in the community, thus they may not have received care from Cermak/Cook County Health as is more so the case with individuals detained.