

Cook County State's Attorney's Office
Quarterly Behavioral Health Services Report
June 2022 – August 2022



Authored by Adam Newman

Point of Contact
Adam Newman
Adam.Newman2@cookcountyil.gov

September 26, 2022



Table of Contents

EXECUTIVE SUMMARY6

SENIORS AND PERSONS WITH DISABILITIES UNIT.....7

 (1) General Information 7

 (2) Overall Program Goals..... 7

 (3) Providers, Managers, and/or Operators of the Behavioral Health Care Program 8

 (4) Key Performance Indicators..... 8

 (5) Quality Measures or Expectations for Contracts 9

 (6) How This Program Serves the Best Interests of The Patient and Community 9

 (7) Continuum of Care 9

 (8) Best Practices in Programming 9

 (9) Meetings and Coordination on Patient Identification 9

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

 (11) Program Costs and Funding Sources 10

 (12) Additional Information for Committee’s Understanding..... 10

 (13) Additional Information for Assessment of Behavioral Health Care Needs & Opportunities 10

 (14) Follow-up Care at a Cook County Hospital..... 11

JUVENILE JUSTICE BUREAU.....11

 (1) General Information 12

 (2) Overall Program Goals..... 12

 (3) Providers, Managers, and/or Operators of the Behavioral Health Care Program 12

 (4) Key Performance Indicators..... 12

 (5) Quality Measures or Expectations for Contracts 12

 (6) How This Program Serves the Best Interests of The Patient and Community 12

 (7) Continuum of Care 13

 (8) Best Practices in Programming 13

 (9) Meetings and Coordination on Patient Identification 13

 (10) Program Evaluation and Overlap with Other County & City Agencies 13

 (11) Program Costs and Funding Sources 13

 (12) Additional Information for Committee’s Understanding..... 14

 (13) Additional Information for Assessment of Behavioral Health Care Needs & Opportunities 14

 (14) Follow-up Care at a Cook County Hospital..... 14

VICTIM WITNESS UNIT15

 (1) General Information 15



(2) Overall Program Goals.....	15
(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program.....	19
(4) Key Performance Indicators.....	19
(5) Quality Measures or Expectations for Contracts	19
(6) How This Program Serves the Best Interests of The Patient and Community	20
(7) Continuum of Care.....	20
(8) Best Practices in Programming	20
(9) Meetings and Coordination on Patient Identification	21
(10) Program Evaluation and Overlap with Other County & City Agencies	22
(11) Program Costs and Funding Sources	22
(12) Additional Information for Committee’s Understanding.....	23
(13) Additional Information for Assessment of Behavioral Health Care Needs & Opportunities	23
(14) Follow-up Care at a Cook County Hospital.....	23

SEXUAL ASSAULT AND DOMESTIC VIOLENCE DIVISION.....24

(1) General Information	24
(2) Overall Program Goals.....	24
(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program.....	24
(4) Key Performance Indicators.....	25
(5) Quality Measures or Expectations for Contracts	25
(6) How This Program Serves The Best Interests of The Patient and Community	25
(7) Continuum of Care.....	26
(8) Best Practices in Programming	26
(9) Meetings and Coordination on Patient Identification	26
(10) Program Evaluation and Overlap with Other County & City Agencies	26
(11) Program Costs and Funding Sources	26
(12) Additional Information for Committee’s Understanding.....	27
(13) Additional Information for Assessment of Behavioral Health Care Needs & Opportunities	27
(14) Follow-up Care at a Cook County Hospital.....	27

ALTERNATIVE PROSECUTION AND SENTENCING UNIT: Diversion27

(5) Quality Measures or Expectations for Contracts	27
(6) How This Program Serves The Best Interests of The Patient and Community	28
(7) Continuum of Care.....	28
(8) Best Practices in Programming	28
(10) Program Evaluation and Overlap with Other County & City Agencies	28



(11) Program Costs and Funding Sources	29
(13) Additional Information for Assessment of Behavioral Health Care Needs & Opportunities	29
(14) Follow-up Care at a Cook County Hospital.....	29
MISDEMEANOR DEFERRED PROSECUTION PROGRAM (MDPP)	30
(1) General Information	30
(2) Overall Program Goals.....	30
(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program	30
(4) Key Performance Indicators.....	30
(9) Meetings and Coordination on Patient Identification	31
(12) Additional Information for Committee’s Understanding.....	31
DRUG DEFERRED PROSECUTION PROGRAM (DDPP)	31
(1) General Information	31
(2) Overall Program Goals.....	32
(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program	32
(4) Key Performance Indicators.....	32
(9) Meetings and Coordination on Patient Identification	32
(12) Additional Information for Committee’s Understanding.....	33
CHICAGO PROSTITUTION AND TRAFFICKING INTERVENTION COURT (CPTIC)	33
(1) General Information	33
(2) Overall Program Goals.....	33
(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program	33
(4) Key Performance Indicators.....	34
(9) Meetings and Coordination on Patient Identification	34
(11) Program Costs and Funding Sources	34
(12) Additional Information for Committee’s Understanding.....	34
RESTORATIVE JUSTICE COMMUNITY COURT (RJCC)	34
(1) General Information	34
(2) Overall Program Goals.....	35
(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program	35
(4) Key Performance Indicators.....	36
(6) How This Program Serves The Best Interests of The Patient and Community	36
(7) Continuum of Care.....	36
(9) Meetings and Coordination on Patient Identification	37
(11) Program Costs and Funding Sources	37



(12) Additional Information for Committee’s Understanding.....	37
SUPPORTING EDUCATION AND EMPLOYMENT DEVELOPMENT (SEED).....	37
(1) General Information	37
(2) Overall Program Goals.....	37
(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program	38
(4) Key Performance Indicators.....	38
(5) Quality Measures or Expectations for Contracts	38
(6) How This Program Serves The Best Interests of The Patient and Community	38
(9) Meetings and Coordination on Patient Identification	39
(10) Program Evaluation and Overlap with Other County & City Agencies	39
(11) Program Costs and Funding Sources	39
(12) Additional Information for Committee’s Understanding.....	39
(13) Additional Information for Assessment of Behavioral Health Care Needs & Opportunities	40
MISDEMEANOR TRIAGE PROGRAM.....	40
(1) General Information	40
(2) Overall Program Goals.....	41
(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program	41
(4) Key Performance Indicators.....	41
(5) Quality Measures or Expectations for Contracts	41
(9) Meetings and Coordination on Patient Identification	41
(10) Program Evaluation and Overlap with Other County & City Agencies	42
(11) Program Costs and Funding Sources	42



EXECUTIVE SUMMARY

In response to Cook County Resolution #21-1189, the Cook County State's Attorney's Office (CCSAO) created the following quarterly behavioral health services report for the period from June 1, 2022 to August 31, 2022. This report outlines how the CCSAO refers individuals to behavioral and mental health services.

Each section of this report addresses the questions outlined in the Behavioral Health Services Quarterly Report template. It should be noted that the CCSAO is not a direct provider of behavioral or mental health services.



SENIORS AND PERSONS WITH DISABILITIES UNIT

(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

Mental Health Writs

The CCSAO's Seniors and Persons with Disabilities Unit manages the Mental Health Writ process, which intersects with orders for Civil Commitments and Involuntary Treatment. Through the Mental Health Writ process, also known as "A Petition and Order for Detention and Examination", Cook County residents can request a court-ordered psychological examination for an individual ("respondent") who poses an immediate risk of harming themselves or others, due to a mental health crisis, serious mental illness, and when the respondent is not voluntarily seeking treatment or medical assistance.

The individuals requesting a Petition and Order for Detention and Examination ("complainants") are commonly friends or family members concerned for the respondent and familiar with the respondent's needs and medical history. Complainants initiate the Mental Health Writ process by calling the CCSAO, or by visiting the Daley Center or Markham Courthouse. When a complainant is seeking to file a Mental Health Writ, the CCSAO conducts an intake that includes: party names, mental health history, and past medical treatment of the respondent. Following the intake, an Assistant State's Attorney (ASA) meets with the complainant to discuss the case and evaluates the appropriateness of filing for a Mental Health Writ.

While Mental Health Writs are available to all Cook County residents, the writ process can only be initiated at the Daley Center and Markham Courthouse. Currently, a majority of cases concern respondents who reside in the City of Chicago. The CCSAO has trained staff in all district courthouses to handle Mental Health Writs and to work in partnership with the Judiciary to expand access to Mental Health Writs countywide.

The CCSAO does not currently maintain a comprehensive tracking system for the number of requests for writs or the number of writs issued. Between June 1, 2022, and August 31, 2022, 75 individuals visited the Daley Center for a Mental Health Writ. This number does not include phone calls received inquiring about the process or seeking to initiate a writ via phone.

Civil Commitment and Involuntary Treatment

"Civil commitment" is an involuntary commitment to a mental health facility or hospital. "Involuntary treatment" is a court-ordered mental health treatment, such as medication or electroconvulsive therapy.

If a physician determines a respondent qualifies for involuntary treatment or commitment following the evaluation, they must petition the court for a separate order. The Mental Health Writ process applies only to law enforcement involuntarily bringing respondents to a hospital for evaluation.

Orders for involuntary treatment can also be requested without a writ when an individual may have voluntarily sought medical care but then is unwilling to pursue treatment. Physicians must also petition the court for an order for involuntary treatment in these cases.

Between June 1, 2022 and August 31, 2022, 1237 Mental Health Writs, Civil Commitment petitions and Involuntary Treatment petitions were filed at the Daley Center.

(2) Overall Program Goals

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



The goal of Mental Health Writs is to provide a person who is aware of someone suffering from a mental illness, and in need of an immediate evaluation by a doctor, a mechanism to protect that person, themselves, or others from physical harm. The Mental Health Writs allow complainants to get an emergency court order requiring respondents to be involuntarily examined by a mental health professional. Threatening behavior that has occurred within the last two weeks usually meets the criteria for an “emergency”.

The evaluation, resulting from the Mental Health Writ and subsequent order for psychological evaluation, should address an immediate mental health crisis and connect individuals with treatment or care to continue managing their mental illness or in some cases begin managing their mental illness for the first time.

(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program

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

Any hospital in Cook County can serve as a service provider, but the CCSAO recommends individuals utilize hospitals with a dedicated mental health unit in the event a respondent requires inpatient treatment. Complainants can identify a preferred hospital for the respondent if this is typically the case when the respondent has an established relationship with a physician or primary care provider. The CCSAO has a point of contact for every hospital in Cook County and information about whether or not that hospital has inpatient psychiatric treatment facilities.

When a specific hospital is not identified by the complainant, the CCSAO works with the complainant to determine their preference for the respondent based on the respondent’s needs, location, proximity to family, friends, or other support networks, insurance coverage, etc.

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

The CCSAO measures success based on whether the judge approves the Mental Health Writ and issues a subsequent order for involuntary psychiatric evaluation. Success is measured by whether the order is successfully executed within the 72-hour time frame. Successful execution of the order includes the complainant coordinating with law enforcement to ensure the respondent is transported to a hospital and connected with mental health care to address an immediate mental health crisis. The CCSAO does not maintain formal data collection on this process since it does not execute the order for involuntary psychiatric evaluation or provide psychiatric care.

To ensure Cook County residents are aware of and able to access this resource, the CCSAO coordinates with a crisis coordinator at National Alliance on Mental Illness (NAMI) Chicago, the Chicago Police Department (CPD), and CPD’s Crisis Intervention Team (CIT) on community outreach and education. The CCSAO also conducts community outreach on the Mental Health Writ process through its Community Justice Centers and Community Engagement team.

The CCSAO does not currently track the number of community outreach or training events hosted on this topic. However, the Seniors and Persons with Disabilities Unit averages one to two training or community outreach events per month.

ASA training is also a key performance indicator of the CCSAO’s ability to effectively support individuals seeking Mental Health Writs.



(5) Quality Measures or Expectations for Contracts

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

The Mental Health Writ process is a same-day service that connects individuals with treatment providers who accept private or public medical insurance. The CCSAO has no direct contracts and charges no fees for service.

(6) How This Program Serves the Best Interests of The Patient and Community

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

The Mental Health Writ service works to prevent individuals experiencing a mental health crisis, due to a serious mental illness, from causing harm to themselves or others. A concerted effort is made to connect respondents with mental health care and continued access to treatment within their community, or treatment accessible to them and their support networks.

(7) Continuum of Care

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

The CCSAO is committed to creating a safer, stronger Cook County and committed to doing justice in the pursuit of thriving, healthy, and safe communities. The criminal justice system is often the last stop in a series of missed opportunities for connection to services. A Mental Health Writ provides a last-resort option for complainants to involuntarily connect respondents to the necessary services. Because Mental Health Writs are involuntary for the respondent, they are only used when appropriate and necessary to prevent the respondent from harming themselves or others.

(8) Best Practices in Programming

Information on the best practices in this type of programming

Mental Health Writs are drafted and executed per Illinois law, specifically the Mental Health and Disabilities Code (405 ILCS 5/3-) that establishes the standards and requirements for involuntary evaluation and admission to inpatient psychiatric care.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has established the “National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit”. This toolkit includes guidelines to use involuntary emergency interventions only as a last resort, except to initiate life-saving services for attempts in progress or to initiate active rescue to secure the immediate safety of the individual at risk. The CCSAO’s use of Mental Health Writs aligns with these best practices.

(9) Meetings and Coordination on Patient Identification

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 CCSAO’s Seniors and Persons with Disability Unit meets weekly with a crisis coordinator at NAMI Chicago, CPD, and CPD’s Crisis Intervention Team to discuss successes and potential improvements within the Mental Health Writ process.



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

Mental Health Writ effectiveness is demonstrated by successfully securing and executing a court order for psychiatric examination.

Services provided to participants as a result of CCSAO referrals may be available to Cook County residents at different stages in the continuum of care, or through referrals made by other agencies to the same providers. But the Mental Health Writ program is the only court-based initiation of involuntary commitment to a psychiatric evaluation in Cook County.

(11) Program Costs and Funding Sources

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

The CCSAO operating budget funds five full-time ASAs in the Seniors and Persons with Disabilities Unit and one part-time ASA. Beyond the Mental Health Writ process, these ASAs handle all civil commitment and treatment cases filed in Cook County, of which there were more than 5,500 in 2021.

One ASA also handles Agreed Outpatient Treatment cases. Three ASAs handle criminal cases involving seniors and persons with disabilities and are on-call 24/7 to answer questions about cases involving seniors or persons with disabilities from the CCSAO Felony Review Unit.

Any medical services the respondent receives are subject to the cost of care established by the provider and may be covered by private or state insurance. When possible, the CCSAO works with complainants to designate that the respondents' care take place at a hospital that meets their needs for care, accessibility, and insurance coverage.

(12) Additional Information for Committee's Understanding

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

None.

(13) Additional Information for Assessment of Behavioral Health Care Needs & Opportunities

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 Daley Center and Markham Courthouse are currently the only two sites in Cook County where residents can file Mental Health Writs. The CCSAO has trained ASAs in every district to process these writs and facilitate the Mental Health Writ process for complainants. The volume of requests the CCSAO has received is at a record high, and the office is actively working to expand the program within current staffing levels. The office did recently expand its services and has assisted petitioners with the filing of Firearms Restraining Orders under the mental illness prong. All 3 were granted on an emergency basis.



The CCSAO needs assistance from the County to ensure Cook County residents understand the mental health resources and processes available to them, their friends, or family members.

(14) Follow-up Care 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

Additional treatment or services beyond the involuntary psychiatric evaluation and any court-ordered involuntary commitments are determined by a physician and the participant. Cook County Hospital is one option for services.

JUVENILE JUSTICE BUREAU

The CCSAO Juvenile Justice Bureau (JJB) ASAs do not directly engage with court-involved youth or provide direct mental or behavioral health services. However, many justice-involved juveniles, receive service interventions through, one of the pathways below, at some point during their contact with Juvenile Court.

Child Protection Division

Children involved in Child Protection proceedings receive service intervention via the Illinois Department of Children and Family Services (DCFS), and its designated agencies. Children who come into the Child Protection Court system often suffer from severe lifelong trauma histories. The services required are determined based on the child's evaluation and personal needs, which includes addressing why the child's family encountered the Child Protection Court. Some of these services include psychiatric treatment, individual and family counseling, educational services, victim/offender sex offender counseling, educational intervention, and independent living skills. Additionally, for youth in care who have significant mental health needs, either outpatient or residential mental health treatment is needed.

Although Child Protection Division ASAs have no direct contact with the court-involved youth, they are responsible for holding DCFS and its assigned agencies accountable for meeting the needs that the agencies have identified on behalf of the youth.

Diversion

Youth who are first-time misdemeanants or first-time, low-risk, felony offenders (determination based on the nature of the alleged offense), have their cases diverted by the CCSAO. These cases are not filed in Juvenile Court but, instead, are sent by the CCSAO to the Juvenile Probation Department. The Juvenile Probation Department then assesses the youth and refers the youth to a service or program based on this evaluation. These referrals can include community service, a sports, theater, or arts program, or anger management. Juvenile Probation is the appropriate agency to report on referrals to services individuals may receive when their case is diverted.

Juvenile Probation

Youth adjudicated as "delinquent" by the court may also receive service intervention through the Juvenile Probation Department. These services are recommended after interviews with the youth and family, following adjudication, and before sentencing by the court. Services can include substance abuse counseling, sexual offender treatment, employment, therapy, or other services.

Deferred Prosecution

The JJB maintains a deferred prosecution program as described below. This program best reflects the JJB's mental health initiatives.



(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

Youth not previously adjudicated and who are charged with a non-violent Class 4, Class 3, Class 2 or Class 1 felony are eligible for juvenile deferred prosecution. The JJB refers youth to one of three programs that utilize a care coordination model of service delivery.

Each of these three programs maintains a network of service providers and refer the youth to these pre-vetted agencies that provide a range of youth-specific services.

(2) Overall Program Goals

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

The goal of juvenile deferred prosecution is to provide an alternative to criminal prosecution and connect youth to services that address the root causes and unmet needs driving delinquent behavior. These services include alleviating food insecurity, parenting support, anger and trauma management, substance use disorder treatment, family counseling, and/or educational assistance.

(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program

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

Juvenile Deferred Prosecution utilizes the following care coordinators: Lurie Children's, Strengthening Chicago's Youth, Treatment Alternatives for Safe Communities (TASC), Cook County Health, and Lawndale Christian Legal Services. In turn, these care coordinators make referrals for services.

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

The CCSAO measures success by the number of eligible cases referred to providers and the successful completion of the program. A participant is considered successful if they complete goals established by the service provider.

(5) Quality Measures or Expectations for Contracts

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

The CCSAO has no direct contracts and charges no fees for service. Instead, the CCSAO refers to agencies that charge no fee for service or accept private or public medical insurance.

(6) How This Program Serves the Best Interests of The Patient and Community

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

The juvenile CCSAO deferred prosecution programs make referrals to care coordinators that can connect individuals with services that meet their needs and provide direct care to participants within the communities. The health of both individuals and communities is strengthened when systems address root causes and unmet needs. The JJB facilitates connections to services that support defendants through deferred prosecution.



Deferred prosecution provides an alternative to criminal charges to address root causes and, in turn, prevent future involvement with the criminal justice system.

(7) Continuum of Care

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

The criminal justice system is often the last stop in a series of missed opportunities for connection to services or social, economic, and educational supports. However, the CCSAO is committed to creating a safer, stronger Cook County and to do justice in the pursuit of thriving, healthy, and safe communities. This includes fighting for the best, fairest outcomes, that address historic inequities. When appropriate, this takes the form of connecting individuals to the services to address root causes of behavior that may lead to engagement with the criminal justice system.

(8) Best Practices in Programming

Information on the best practices in this type of programming

The CCSAO promotes best practices in these programs by partnering with qualified service providers that maintain the appropriate licensures and certifications in their field, right-sizing court involvement for the participant and program, and staying abreast of developments in the field with training and research partnerships.

(9) Meetings and Coordination on Patient Identification

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

All juvenile deferred prosecution stakeholders meet once a week to discuss program capacity, research progress, and other issues that may arise throughout this pilot program.

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

Chapin Hall Center for Children is currently evaluating the juvenile deferred prosecution program. The services provided, as a result of CCSAO referrals, may be available to Cook County juveniles at different stages throughout the continuum of care, or through referrals made by other agencies to the same providers. However, juvenile deferred prosecution is unique in its ability to facilitate connections in place of filing and prosecuting a criminal case and is the only prosecutor-led behavioral health referral service for juveniles in Cook County.

(11) Program Costs and Funding Sources

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

ASAs in the JJB are funded as part of the CCSAO operating budget.

Any services the participant may be referred to through care coordinator partners are subject to the cost of care established by the provider and may be covered by private or state insurance.



(12) Additional Information for Committee's Understanding

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

None.

(13) Additional Information for Assessment of Behavioral Health Care Needs & Opportunities

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

Funding of all service interventions within the JJB is a challenge; however, the CCSAO is working with the Circuit Court of Cook County, and many of the court partners, to pursue high-caliber transformative services (including behavioral health, trauma care, and counseling) for court-involved youth.

The CCSAO is pursuing several funding opportunities with its partners. The CCSAO is serving as the lead agency, with the Circuit Court of Cook County, to pursue grant funding through Redeploy Illinois. This grant provides up to \$1 million in funding to court systems to reduce its commitments to the Illinois Department of Juvenile Justice (IDJJ) by 25% annually. Instead of incarceration, post-adjudicated, high-risk youth will be referred to high-quality service providers in the youth's community. The committee is comprised of representation from every juvenile court partner, such as the CCSAO, Juvenile Probation, the Law Office of the Cook County Public Defender, and the Juvenile Temporary Detention Center. The CCSAO is represented by a JJB Supervisor on the committee.

Sadly, many at-risk kids that commit offenses are also victims of abuse and neglect. The CCSAO starting in 2022 created procedures to flag children who commit crimes and whose family is alleged to have committed abuse and/or neglect. The ASAs that prosecute a child's offense and the ASAs that file civil actions against abusive parents and guardians are now better coordinating in and out of court on these complex, high-risk cases and as a result can offer a greater range of services to address the underlying causes of the juvenile's behavior. The office is also piloting exciting and innovative initiatives to provide most effective solutions than incarceration.

However, behavioral health, trauma care, and counseling services are expensive. The CCSAO's juvenile deferred prosecution program uses a wrap-around model, meaning the court-involved youth and their family are eligible to receive services. To fund these efforts, the CCSAO worked with the Illinois Justice Project, CPD, Lurie Children's Strengthening Chicago's Youth, and the Circuit Court of Cook County to receive funding for Cook County government to provide restorative and transformative service initiatives for its diversion and deferred prosecution programs.

(14) Follow-up Care 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

No follow-up care is mandated through deferred prosecution programs. Additional treatment or services are determined between the service provider and the participant. Depending on the participant, that care may or may not be through Cook County Hospital.



VICTIM WITNESS UNIT

(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 boasts residents of diverse racial, ethnic, religious, and socioeconomic backgrounds. In addition to serving these diverse populations, the CCSAO Victim Witness Unit (VWU) serves victims from historically marginalized populations including the LGBTQ+ community, people living with disabilities, non-English speakers, undocumented individuals, and people experiencing homelessness. Included within the program’s scope are victims of a wide range of violent crime including, but not limited to child physical and sexual abuse, shootings, homicide, sexual assault, domestic violence, kidnapping, attempted murder, home invasion, aggravated battery, armed robbery, reckless homicide, and arson. The unit operates with a “no decline” policy and works with any victim or witness on adult and juvenile felony and misdemeanor domestic violence cases. The VWU identifies named victims, complaining witnesses, and named witnesses on adult and juvenile felony and misdemeanor domestic violence cases.

Participants served by the VWU largely reside in Cook County. However, victims of a crime that occurred in Cook County may also live in adjacent counties, states, or different countries. While the CCSAO and VWU serve all of Cook County, the greatest number of individuals served live and/or work in communities with high concentrations of violence. Victim Witness participants are not traditionally “referred” to the CCSAO for services. Rather, participants will present themselves as victims or witnesses of crimes on charged cases.

The VWU Mental Health team consists of four specialists. From June 1, 2022, to August 31, 2022, they serviced a total number of 18 new victims and 206 ongoing victims. The bulk of these cases are in appellate or post-conviction status and do not receive extensive case management services from the unit. All charged adult and juvenile felony and misdemeanor domestic violence cases receive at least one service referral. Many receive multiple referrals for services including financial assistance, job support, medical care, and mental health referrals.

(2) Overall Program Goals

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

Comprised of 55 FTEs, the VWU provides court-related services and limited case management to crime victims, witnesses, and their families. The unit maintains the Victim Intervention for Clinical and Community Treatment of Multiple-victimized persons (VICCTM) Program, comprised of four licensed mental health specialists. Referrals come from existing charged cases. Each specialist in this program carries between 35 and 50 cases. The goals and key performance measures of the VICCTM Program include:

Objective	Performance Measure
INFORMATION & REFERRAL	
# of clients will receive referrals to other victim service providers.	# of clients provided with referrals to other victim service providers.



# of clients will receive referrals to other services, supports, and resources.	# of clients provided with referrals to other services, supports, and resources.
PERSONAL ADVOCACY/ACCOMPANIMENT	
# of clients will receive advocacy/accompaniment to emergency medical care.	# of clients provided with advocacy/accompaniment to emergency medical care.
# of clients will receive individual advocacy (e.g., assistance applying for public benefits).	# of clients provided individual advocacy (e.g., assistance applying for public benefits). # of times staff provided individual advocacy (e.g., assistance applying for public benefits).
# of clients will receive assistance intervening with an employer, creditor, landlord, or academic institution.	# of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution.
# of clients will receive child or dependent care assistance.	# of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance.
# of clients will receive transportation assistance.	# of clients provided with transportation assistance. # of times staff provided transportation assistance.
# of clients will receive interpreter services.	# of clients provided with interpreter services. # of times staff provided interpreter services.



<p># of clients will receive employment assistance (e.g., help creating a resume or completing a job application).</p>	<p># of clients provided with employment assistance (e.g., help creating a resume or completing a job application).</p> <p># of times staff provided employment assistance (e.g., help creating a resume or completing a job application).</p>
<p># of clients will receive education assistance (e.g., help completing a GED or college application).</p>	<p># clients provided with education assistance (e.g., help completing a GED or college application).</p> <p># of times staff provided education assistance (e.g., help completing a GED or college application).</p>
<p># of clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education).</p>	<p># of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education).</p> <p># of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education).</p>
<p>EMOTIONAL SUPPORT OR SAFETY SERVICES</p>	
<p># of clients will receive crisis intervention.</p>	<p># of clients provided with crisis intervention.</p> <p># of crisis intervention sessions provided by staff.</p>
<p># of clients will receive individual counseling.</p>	<p># of clients provided with individual counseling.</p> <p># of individual counseling sessions provided by staff.</p>



# of clients will receive emergency financial assistance.	# of clients provided with emergency financial assistance.
SHELTER/HOUSING SERVICES	
# of clients will receive relocation assistance.	# of clients provided with relocation assistance.
# of clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing)	# of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing)
CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE	
# of clients will receive criminal advocacy/accompaniment.	# of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment.
Objectives for BOTH the primary and any partner organizations are required activity.	
TRAININGS	
# of staff will receive training on trauma and/or vicarious trauma	# of staff trained # of trainings held
# of staff will receive other training that increases staff knowledge (e.g., underserved victim populations) (<i>optional</i>)	# of staff trained # of trainings held

In addition to the VICCTM Program, the unit offers homicide support groups, open to all survivors of homicide throughout Cook County. These support groups strive to create safe, supportive environments for



victims of homicide to share their stories, facilitate connections to tools or services, and be in a community with others who understand what they have experienced.

(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program

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 VWU relies on four full-time, licensed mental health specialists employed by the CCSAO and referrals to hundreds of agencies and programs throughout Cook County.

The following is a summary, but not an exhaustive list as the VWU is always seeking ways to expand and improve partnerships with service providers to whom they can refer victims of crime:

- Thresholds (Crime Victims' Compensation)
- Metropolitan Family Services
- Trilogy
- Resilience
- Family Rescue
- Howard Brown Center
- Center on Halstead
- Catholic Charities
- Aunt Martha's
- Kenneth Young Center
- Advocate Trauma Recovery Center
- Stroger Hospital
- Lurie's Children's Hospital
- YWCA of South Cook County
- Chicago Survivors
- BUILD Chicago
- The Illinois Attorney General's Office
- NAMI Chicago
- NAMI of Southwest Cook County
- C4
- Pillars
- Haven
- Lutheran Social Services
- Chicago Children's Advocacy Center
- Children's Advocacy Center of North and Northwest Cook County
- La Rabida Children's Advocacy Center
- Proviso Children's Advocacy Center
- All Our Children's Advocacy Center
- Jackson Park Hospital
- Roseland Hospital
- Swedish Covenant Hospital
- Advocate/Aurora Network Hospitals
- St. Mary's Hospital
- St. Joseph's Hospital
- St. Anthony's Hospital
- Esperanza Community Health
- Friend's Community Health
- University of Chicago Hospitals
- Mujeres Latinas en Acción
- Northwest CASA

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

See the chart in Question #2 for key performance indicators of the VICCTM Program run by the CCSAO. Other performance indicators for the population served may be identified by the service provider directly.

(5) Quality Measures or Expectations for Contracts

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



The CCSAO has no direct contracts and charges no fees for service. The CCSAO refers to agencies that charge no fee for service or accept private or public medical insurance.

(6) How This Program Serves the Best Interests of The Patient and Community

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

The VICCTM Program, as well as the Family and Friends Support Network (homicide support groups), work to develop a service plan tailored to the unique needs of the individual and inclusive of the participant's input. Mental Health Specialists provide direct care to participants within the communities and seek to make all referrals to community-based agencies. Family and Friends Support Network Groups, albeit virtual throughout the pandemic, are located within community-based agencies or courthouses throughout the county.

(7) Continuum of Care

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

The CCSAO is committed to creating a safer, stronger Cook County and to do justice in the pursuit of thriving, healthy, and safe communities. This includes fighting for the best, fairest outcomes, that address historic inequities. When appropriate, this commitment takes the form of connecting individuals to the services they need, within their communities, to address mental health trauma responses and mental health challenges developed resulting from crime victimization.

(8) Best Practices in Programming

Information on the best practices in this type of programming

Best practices in victim services require a trauma-informed approach. According to the SAMHSA concept of a trauma-informed approach, "A program, organization or system that is trauma-informed realizes the widespread impact of trauma and understands the potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to resist re-traumatization."

The mission of the VWU is to deliver the highest quality of advocacy and court support services to victims and witnesses. The VWU's outreach efforts are immediate, and the response is respectful, professional, thorough, and consistent. As soon as a case is brought into the system, a Victim Specialist reaches out to victims and their families. Specialists provide information and assistance to help victims of crime better understand the criminal justice system and their rights as victims. The services and referrals provided by the Victim Specialists help ease the trauma of crime victimization. Intense, wraparound attention is critical for victims who have experienced multiple victimizations and suffer intense traumatization.

The experience of victimization leaves psychological scars both small and large. Crime is an "out of the ordinary," disorienting, and confusing experience that challenges the psychological and physical integrity of victims. The challenge to one's physical and psychological integrity leads to



trauma and symptoms associated with trauma. Multiple incidents of victimization compound victim suffering and diminish their capacity to heal without intervention. In addition to the personal, individual impact of trauma, many victims live in highly vulnerable areas of the county with high levels of community violence and systemic disinvestment. These conditions impede opportunities for healing and further exacerbate trauma's impact, increasing individual and community risk and reducing individual and community recovery. Experience and training have made Victim Specialists keenly aware of the deleterious impact of trauma on individuals, families, and communities.

This paradigm of complex trauma, and the deep understanding of what helps and hinders those living with trauma, form the foundation for all VWU services and programs. Safety, structure, transparency, collaboration, empowerment, and calm serve as undergirding principles for service delivery. To this end, Victim Specialists work with partners in the Sheriff's Office and local law enforcement agencies to develop overall and individual strategies to ensure victim safety. The VWU gives thought to how victims move throughout the buildings, to and from court, and provide safe and comfortable places for victims to wait during breaks in formal proceedings. To every degree possible, VWU staff seek input and buy-in from victims and their families around these plans.

(9) Meetings and Coordination on Patient Identification

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 VWU identifies named victims, complaining witnesses, and named witnesses on adult and juvenile felony and misdemeanor domestic violence cases. These individuals have been named in the police report and/or enter the system as victims in cases charged by the CCSAO. Victim Specialists encounter victims at varying points of the criminal justice system, depending on the type and severity of the charge. The first point of contact with homicide victims' surviving family members and adult sexual assault cases is at the Grand Jury/Branch 66 stage. Victim Specialists assigned to the Branch 66 caseload also staff bond court. Sometimes the first contact with the victim is after a case is indicted in Branch 66 and sometimes after a defendant is arrested and is brought into bond court for a bond hearing. When received by the Victim Specialist assigned to Branch 66, the Specialist reaches out to the victim to advise about the next steps in the criminal justice process.

Victim Specialists who staff bond court provide victims with a copy of their rights as victims, an Assertion of Rights form, a Crime Victim Compensation application, and other information regarding the criminal justice system. In addition, Specialists staffing bond court ensure that victims receive notice of bond hearings and set bonds, and prepare protective orders, as appropriate. Bond court is also a point of entry for misdemeanor domestic battery cases and Specialists assigned to bond court at the Domestic Violence Courthouse also provide survivors with the aforementioned services. Victim Specialists assigned to bond court will make the first inquiry



of victims regarding possible poly-victimization. Police reports and case fact sheets can provide insight into the possibility of multiple victimizations.

The VWU receives all other felony cases, misdemeanor batteries, and juvenile cases after a screening or preliminary hearing process.

(10) Program Evaluation and Overlap with Other County & City 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 VICCTM Program and Family and Friends Support Network program demonstrate success by meeting the goals established in the service plans developed in concert with participants.

Services provided to participants as a result of CCSAO referrals may be available to Cook County residents at different stages in the continuum of care, or through referrals made by other agencies to the same providers. The VICCTM program is the first and only prosecutor-led mental health service in Cook County.

(11) Program Costs and Funding Sources

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

The VWU receives funding from multiple sources: Cook County (through corporate budget) and through grants.

Grant funders include:

- The Illinois Criminal Justice Information Authority (ICJIA)
- The Illinois Attorney General's Office
- The Illinois Department of Children and Family Services
- A Multi-Disciplinary Teams (MDT) grant from the Illinois Criminal Justice Information Authority through the Violence Against Women Act (VAWA) and some direct federal funding

Grant funding provides for the following staff within the VWU:

- 21 Victim Specialists
 - Victims of Crime Act (VOCA) funding through ICJIA: \$1,375,000 with a \$406,453 match from the CCSAO
- 3 Mental Health Specialists (focusing on multi-victimization)
 - VOCA funding through ICJIA: \$282,416
- 1 Human Trafficking Coordinator (Victim Specialist)
 - Office for Victims of Crime (OVC): \$181,745
- 1 Internet Crimes Against Children Coordinator (Victim Specialist)



- Office of Juvenile Justice and Delinquency Prevention (OJJDP) funding: \$422,004
 - This funding fully funds the ICAC Coordinator, one full-time ASA, and one part-time ASA
- 1 Sexual Assault Specialist (SA Multidisciplinary Team)
 - VAWA funding through ICJIA: \$306,537 with a \$167,943 match from the CCSAO
 - This funding and match fully funds a Victim Specialist, an Assistant State’s Attorney, and an Investigator position
- 1 Sexual Assault/DV Victim Specialist
 - IL Attorney General’s Office: \$21,670 with a \$74,876 match from the CCSAO
- 1 Child Sexual Abuse Specialist
 - IL Attorney General’s Office: \$18,600
 - IL Department of Children and Family Services: \$38,69
 - CCSAO: \$61,433

(12) Additional Information for Committee’s Understanding

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

None.

(13) Additional Information for Assessment of Behavioral Health Care Needs & Opportunities

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

Meaningful criminal justice reform requires fully-resourced communities. In addition to having traditional community institutions such as schools, libraries, health providers, and accessible government services, long-term successful criminal justice reform requires a reimagining and reform of comprehensive mental health services including community mental health centers. Broad access to state-of-the-art medication, brain-based interventions, substance abuse treatment, dual diagnosis programs, traditional psychotherapy, psychoeducational programs, and trauma-informed services are essential to both heal the damage done by institutional racism, ravaged families, and access to illicit and illegal substances. Failure to fully support and enrich traditional community-based institutions and reform the mental health service system will undermine criminal justice reform.

(14) Follow-up Care 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

None.



SEXUAL ASSAULT AND DOMESTIC VIOLENCE DIVISION

(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 Sexual Assault and Domestic Violence (SADV) Division of the CCSAO serves survivors of sexual assault and domestic violence throughout Cook County. The SADV Division may refer victims or complaining witnesses on a pending criminal case who may need additional support throughout the criminal justice process or have expressed an interest in counseling or advocacy services, to the Chicago Rape Crisis Hotline or the Illinois Domestic Violence Hotline.

Individuals referred for services come from across Cook County. The CCSAO SADV Division does not record whether an individual reaches out to the hotline and/or is subsequently connected with services.

(2) Overall Program Goals

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

The SADV Division prosecutes sexual assault and domestic violence cases in Cook County. ASAs often refer victims to rape crisis centers or domestic violence organizations that provide support, trauma recovery, and coping mechanisms. Services provided by rape crisis centers or domestic violence organizations may also include legal advocacy and case management. Additionally, the hotlines provide crisis intervention for survivors needing immediate help dealing with trauma or other crises.

(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program

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 SADV Division refers to dozens of agencies and programs throughout Cook County. The following is a summary, but not an exhaustive list, as the division is always seeking ways to expand and improve partnerships with service providers to whom we can refer survivors:

Domestic Violence Service Providers:

- The Hotline
- Apna Ghar
- A New Direction
- Arab American Family Services
- Between Friends
- The Center for Advancing Domestic Peace
- Casa Central
- Catholic Charities of Chicago
- CAWC Connections for Abused Women and their Children
- Center on Halsted
- Centro Romero
- Chicago Children's Advocacy Center
- Family Rescue
- Healthcare Alternative Systems
- Howard Area Community Center



- Howard Brown Health
- Kan-Win
- Life Span
- Metropolitan Family Services
- Mujeres Latinas en Accion
- Neapolitan Lighthouse
- Sarah's Inn
- Shalva
- South Suburban Family Shelter
- Un Nuevo Despertar
- Wings
- Proviso Children's Advocacy Center
- La Rabida Children's Advocacy Center
- Children's Advocacy Center of North and Northwest Cook County
- Pillars Community Health
- YWCA Evanston/North Shore

Sexual Assault Service Providers:

- Proviso Children's Advocacy Center
- La Rabida Children's Advocacy Center
- The Chicago Alliance Against Sexual Exploitation (CAASE)
- Legal Aid Chicago
- Children's Advocacy Center of North and Northwest Cook County
- Chicago Children's Advocacy Center
- Resilience
- YWCA of South Chicago
- Pillars Community Health
- Mujeres Latinas en Accion
- Northwest CASA
- Life Span

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

The SADV Division's measure of success is whether or not a victim of sexual assault or domestic violence can continue engaging in criminal proceedings to seek justice on their case. Referrals to services are made to support the individuals in this process, but service providers may determine metrics for mental and behavioral health successes directly with the participant.

(5) Quality Measures or Expectations for Contracts

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

The CCSAO has no direct contracts and charges no fees for service. The CCSAO refers to agencies that charge no fee for service or accept private or public medical insurance.

(6) How This Program Serves The Best Interests of The Patient and Community

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

Healthy communities and individuals are created through healing and/or addressing of trauma, as well as the engagement of victims in the criminal process to hold offenders accountable. The SADV Division facilitates connections to services that support victims in their healing and



empower them to participate in an arduous criminal process so that they can continue to seek justice for the harm done to them.

(7) Continuum of Care

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

The CCSAO is committed to creating a safer, stronger Cook County and to do justice in the pursuit of thriving, healthy, and safe communities. This includes fighting for the best, fairest outcomes for survivors of sexual assault and domestic violence. When appropriate, this takes the form of connecting individuals to the services they need, within their communities, to address mental health trauma-responses and mental health challenges resulting from victimization.

(See also Questions 6 and 8.)

(8) Best Practices in Programming

Information on the best practices in this type of programming

Trauma-informed care is the most significant portion of the programming and the focus of all services provided by sexual assault and domestic violence service providers.

Please refer to Question 8 of the Victim Witness Unit section for additional information on best practices in trauma-informed care and victim services.

(9) Meetings and Coordination on Patient Identification

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 CCSAO refers victims to appropriate hotline numbers or directly to a service provider, depending on the location and needs of the survivor. "Warm handoffs" directly to the service provider may occur when the provider is partially housed within one of the courthouses. At the domestic violence courthouse located at 555 W. Harrison, this occurs by walking a survivor down to the advocates when needed.

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

More information about how SADV cases move through the criminal justice system and case outcomes in Cook County can be found via dashboards on the Cook County State's Attorney's Office website. <https://www.cookcountystatesattorney.org/resources/sexual-assault-and-domestic-violence>

(11) Program Costs and Funding Sources

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



Services are free for the survivors. Most service providers for rape crisis centers and domestic violence programs receive their funding via ICJIA grants, VAWA, and VOCA.

(12) Additional Information for Committee's Understanding

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

None.

(13) Additional Information for Assessment of Behavioral Health Care Needs & Opportunities

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

Many victims decide to forgo prosecution because they do not want their partner to have a conviction, lose their job, or be incarcerated. Offender services, such as Partner Abuse Intervention Programs (PAIP), only exist for low-income offenders post-conviction through the County's Social Services Department. More funding for PAIP programming or other offender services is needed to keep survivors safer.

(14) Follow-up Care 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

None.

ALTERNATIVE PROSECUTION AND SENTENCING UNIT: Diversion

The CCSAO facilitates ten types of diversion programs that refer individuals pre-plea or post-plea to mental and behavioral health services. The pre-plea programs include (1) Misdemeanor Deferred Prosecution Program, (2) Drug Deferred Prosecution Program, (3) Chicago Prostitution and Trafficking Intervention Court, (4) Restorative Justice Community Court, (5) Branch 9—First Time Felony Offender Deferred Prosecution, (6) SEED—Felony Drug Distribution Diversion, (7) Misdemeanor Triage Program for Persons with Serious Mental Illness. The post-plea diversion programs include the Problem-Solving Courts (8) Mental Health Treatment Court, (9) Drug Treatment Court, and (10) Veterans Treatment Court.

The Office of the Chief Judge (OCJ) has indicated it will be reporting on the Problem-Solving Courts and, as such, they have been omitted from this report (#7, 8, and 9). Branch 9 (#5) is omitted from this report since it does not refer to behavioral health services unless a participant explicitly requests a referral from pre-trial services operated by OCJ.

The following answers apply to all diversion programs covered in this report where not otherwise answered:

(5) Quality Measures or Expectations for Contracts

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



The CCSAO has no direct contracts and charges no fees for service. Instead, the CCSAO refers to qualified agencies with the appropriate licensures and certifications in their field and charge no fee for service or accept private or public medical insurance.

(6) How This Program Serves The Best Interests of The Patient and Community

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

The CCSAO deferred prosecution programs make referrals to service providers that can connect individuals with services that meet their needs and seek to provide direct care to participants within the communities. Deferred prosecution provides an alternative to a criminal conviction that seeks to address root causes and, in turn, prevent future involvement with the criminal justice system.

(7) Continuum of Care

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

The CCSAO is committed to creating a safer, stronger Cook County and committed to doing justice in the pursuit of thriving, healthy, and safe communities. The criminal justice system is often the last stop in a series of missed opportunities for connection to services and deferred prosecution (diversion) programs provide a necessary alternative to traditional prosecution and incarceration that works to avoid needlessly bringing people into the justice system.

Services provided to participants as a result of CCSAO referrals may be available to Cook County residents at different stages in the continuum of care, or through referrals made by other agencies to the same providers. But the deferred prosecution programs are unique to the CCSAO and are a function of our prosecutorial discretion.

(8) Best Practices in Programming

Information on the best practices in this type of programming

Prosecutor-led diversion programs are discretionary ways of providing an alternative to conviction and incarceration. Programs are designed to connect individuals with direct service providers who can best assess their needs and provide connections to appropriate services while providing accountability and seeking justice through the criminal court system. The CCSAO promotes best practices in these programs by partnering with qualified service providers that maintain the appropriate licensures and certifications in their field, right-sizing court involvement for the participant and program, and staying abreast of developments in the field with training and research partnerships.

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

Program effectiveness is demonstrated by meeting court requirements and goals established in service plans, that may be developed in concert with participants.

Services provided to participants as a result of CCSAO referrals may be available to Cook County residents at different stages in the continuum of care, or through referrals made by other agencies to the same providers. However, deferred prosecution programs are unique in their ability to facilitate connections in place of prosecution.

The University of Chicago is currently conducting evaluations of MDPP, DDPP and Branch 9 deferred prosecution programs. Adler University has completed an evaluation of the RJCC model. Heartland Alliance and the Illinois Criminal Justice Information Authority are evaluating the SEED program. MDPP is the only prosecutor-led mental health service in Cook County.

(11) Program Costs and Funding Sources

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

Of the 15 ASAs in the Alternative Prosecution and Sentencing Unit, the CCSAO budget funds 11, the MacArthur Safety and Justice Challenge funds two, an Adult Redeploy Illinois (ARI) grant funds one, and a Bureau of Justice Assistance Adult Discretionary Drug Court Program grant funds one.

Any services the participant may be referred to beyond the assessment are subject to the cost of care established by the provider and may be covered by private or state insurance.

(13) Additional Information for Assessment of Behavioral Health Care Needs & Opportunities

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

Housing supports are consistently the greatest need among participants in diversion programs, particularly for emerging adults.

(14) Follow-up Care 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

No follow-up care is mandated through deferred prosecution programs. Additional treatment or services are determined between the service provider and the participant, directly. Depending on the participant, that care may or may not be through Cook County Hospital.



MISDEMEANOR DEFERRED PROSECUTION PROGRAM (MDPP)

(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 Misdemeanor Deferred Prosecution Program works to connect individuals charged with a non-violent misdemeanor offense, with no history of violence, and who have not previously participated in MDPP with behavioral health, housing, and/or veteran services.

Prosecutors identify individuals eligible for MDPP based on the charge and criminal history. If a participant accepts the offer to participate in the program, they are referred to a licensed service provider. MDPP is offered in each court district in Cook County, with the largest number of participants residing in the City of Chicago.

No individuals participated or completed MDPP from June 1, 2022, to August 31, 2022, as referrals to the program halted as a result of the continued interruptions to court operations due to COVID-19. In the meantime, ASAs who work in misdemeanor courts are offering other diversion opportunities, such as the Misdemeanor Triage Program.

(2) Overall Program Goals

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

The goal of MDPP is to provide an intervention as an alternative to a criminal conviction. MDPP requires only that participants meet with a service provider and complete a substance use and/or behavioral health disorder assessment. Veterans are referred to Veteran Affairs for assessment and services. Charges are dismissed upon successful completion of the assessment where providers will offer services to defendants based on their needs.

(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program

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 CCSAO relies on a range of partners for referrals for MDPP participants, dependent on their capacity. The following are the agencies CCSAO most frequently refers to:

- Presence Behavioral Health (Behavioral Health & Substance Use Disorder)
- Heartland Alliance Health (Housing)
- Jessie Brown Veteran Affairs Medical Center (Veterans)

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

The CCSAO measures success in the number of eligible cases referred to MDPP and successful completion of the program. A participant is considered successful in MDPP if they meet with a



service provider, completed an assessment, and returned to court to have their charges dismissed. A broader measure of success is whether the individual is convicted on a future charge.

The University of Chicago is currently evaluating several pre-plea, prosecutor-led diversion programs of the CCSAO, including MDPP.

(9) Meetings and Coordination on Patient Identification

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

None.

(12) Additional Information for Committee's Understanding

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

None.

DRUG DEFERRED PROSECUTION PROGRAM (DDPP)

(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

DDPP is available in all Cook County Court districts and serves individuals charged with low-level drug offenses who may be struggling with a substance use disorder. The largest volume of cases and participants in DDPP comes from the City of Chicago.

Participants are identified by Alternative Prosecution and Sentencing Unit ASAs before a defendant's Preliminary Hearing. The program is offered to individuals who meet the following eligibility criteria:

1. Defendants **MUST** be currently charged with class 4 possession of a controlled substance (PCS) (five grams or less) OR class 4 possession of cannabis PCANN or class 4 PCANN with intent
2. Defendants **MUST** have no convictions for crimes of violence within the past 10 years, excluding incarceration time.
 - a. Crime of violence as defined in Drug Court statute 730 ILCS 166/15:
 - i. First and second-degree murder, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, armed robbery, aggravated arson, arson, aggravated kidnapping, kidnapping, aggravated battery resulting in great bodily harm or permanent disability, stalking, aggravated stalking, or any offense involving the discharging of a firearm
3. Defendants can **NOT** be the target of a search warrant
4. May **NOT** be offered where the current case is a basis for a violation of bail bond (**VOBB**) or violation of probation (**VOP**)



5. May be offered despite a previous adjudication from another Diversion/Treatment program (regardless of whether a Defendant completed that program)
6. DDPP may be offered **ONE** time only.

145 individuals were referred to DDPP from June 1, 2022 to August 31, 2022. 242 individuals participated in the program. There were 152 successful completions of the DDPP program during that time, The graduation rate was 82%. Of those who graduated during this period, only 2% were rearrested.

(2) Overall Program Goals

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

The goal of DDPP is to provide a light-touch intervention as an alternative to a criminal conviction. DDPP requires only that participants meet with a service provider and complete a substance use disorder assessment. Charges are dismissed upon successful completion of the assessment where providers will offer services to defendants based on their needs.

(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program

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 CCSAO relies on a range of partners for referrals for DDPP participants, referrals are dependent on service provider capacity. We refer individuals to the following providers for Substance Use Disorder Assessments:

- TASC
- Westcare
- South Suburban Council
- Healthcare Alternative Systems (HAS)
- HRDI

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

The CCSAO measures success in the number of eligible cases referred to DDPP and successful completion of the program. A participant is considered successful in DDPP if they meet with a service provider, complete an assessment, and return to court to have their charges dismissed. A broader measure of success is whether the individual is convicted on a future charge.

(9) Meetings and Coordination on Patient Identification

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

Not Applicable.



(12) Additional Information for Committee's Understanding

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

None.

CHICAGO PROSTITUTION AND TRAFFICKING INTERVENTION COURT (CPTIC)

(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

CPTIC is available in Chicago only and serves individuals charged with prostitution who may be struggling with substance use disorders, housing, employment, and trauma.

Participants are identified by their charge by the Chicago Police Department, as prostitution charges are filed directly with the CPTIC courtroom. Defendants can then decline to participate in the program at their first court date. The only exclusionary criteria for the program is a criminal history that includes violence.

From June 1, 2022, to August 31, 2022, there were no graduates from CPTIC, no referrals, and no pending cases. The low participation rate is reflected in sex workers that are now offered services and or are ticketed rather than arrested.

The CCSAO is in the process of reviewing the need for this program which likely can be phased out in the near future.

(2) Overall Program Goals

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

The goal of CPTIC is to address the needs of individuals charged with prostitution, connect them with services, and hopefully eliminate reliance on sex work as a primary source of income. The CCSAO understands that most individuals engaging in sex work have experienced trauma, both within and outside of sex work. Connecting these individuals to appropriate services is an important part of CPTIC.

(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program

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 CCSAO currently relies on TASC as the service provider and system navigator for CPTIC. In the past, the CCSAO has worked with the following service providers:

- Salvation Army STOP-IT Initiative
- Haymarket
- Against Trafficking
- Christian Community Health Center:
- Salt and Light
- Unhooked



(4) Key Performance Indicators

Key performance indicators measuring the results of the program

The CCSAO measures success in the number of eligible cases referred to CPTIC and successful completion of the program. A participant is considered successful in CPTIC if they complete all four goals. A broader measure of success is determined by the service provider.

CPTIC participants work with the service providers to establish four goals they hope to achieve throughout the program. With the understanding that individuals engaging in sex work may be struggling with a variety of unmet needs, the goals work to promote general stability to reduce (and ultimately eliminate) reliance on sex work as a primary source of income.

Goals are unique to the participant, but commonly include securing a valid state ID, finding stable housing, seeking medical, mental health treatment, and/or substance use disorder treatment.

(9) Meetings and Coordination on Patient Identification

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

Similar to the Treatment or Problem-Solving Courts, CPTIC prosecutors, defense attorneys, and service providers all meet ahead of the court call to discuss participant progress and troubleshoot any issues that have arisen. These meetings, called “staffings”, also serve as a check-in with service providers on capacity, patient coordination, and potential collaborations.

(11) Program Costs and Funding Sources

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

Courtroom staff positions for CPTIC are funded through their agency’s budget. The CCSAO dedicates a quarter of one full-time ASA’s time services to CPTIC. Services are made available through service providers’ resources or billed to insurance when possible.

(12) Additional Information for Committee’s Understanding

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

None

RESTORATIVE JUSTICE COMMUNITY COURT (RJCC)

(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 Restorative Justice Community Court (RJCC) originated in North Lawndale and is a community-based, location-specific program available to emerging adults (aged 18-26) with a non-violent criminal history that uses a restorative approach to repairing the harm caused by the defendant directly and within the community more broadly. The RJCCs expanded in August 2020



to Avondale and Englewood. The largest volume of cases and participants are individuals who live in North Lawndale.

Participants are identified by Alternative Prosecution and Sentencing Unit ASAs before a defendant's Preliminary Hearing. The program is offered to individuals who meet the following eligibility criteria:

7. Defendants **MUST** be charged with a nonviolent misdemeanor or felony
8. Defendants **MUST** be between 18 and 26 years of age on the date of the alleged offense
9. Defendants **MUST** have no convictions for crimes of violence within the past 10 years, excluding incarceration time.
 - a. Crime of violence as defined in Drug Court statute 730 ILCS 166/15:
 - i. First and second-degree murder, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, armed robbery, aggravated arson, arson, aggravated kidnapping, kidnapping, aggravated battery resulting in great bodily harm or permanent disability, stalking, aggravated stalking, or any offense involving the discharging of a firearm
10. Defendants can **NOT** be the target of a search warrant
11. May **NOT** be offered where the current case is a basis for a violation of bail bond (**VOBB**) **or** violation of probation (**VOP**)
12. May be offered despite a previous adjudication from another Diversion/Treatment program (regardless of whether a Defendant completed that program)
13. Defendant **MUST** accept responsibility for the harm caused
14. Defendant and the person(s) harmed (victims) agree to participate in the RJCC, including the Peace Circle process

40 individuals were referred to RJCC from June 1, 2022 to August 31, 2022, with 36 participants and 3 successful completions during that time. No one who graduated from the program during this time has been re-arrested.

(2) Overall Program Goals

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

The goal of restorative justice programs is to resolve conflict, repair harm, and seek justice through restorative conferences and peace circles involving family members, friends, others affected by the crime, and the community. Victims have the opportunity to directly address the defendant, express how they were hurt and what they need to heal. Conversely, defendants and the community have the opportunity to explore how the community failed to support individuals or contributed to conditions that may have led to criminogenic behaviors in the first place.

(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program

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 CCSAO relies on a primary partner agency at each RJCC location. That partner agency has ties to that community, is responsible for case management, and may make additional referrals for services. The CCSAO currently partners with:

- North Lawndale Hub
 - Lawndale Christian Legal Center
 - UCAN
 - Heartland Alliance, READI
 - Pilsen Wellness Center and Association House
- Salvation Army (Englewood)
- RINCON Family Services
- Lakeview Food Pantry
- Avondale Community Dinners

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

The CCSAO measures success in the number of eligible cases referred to RJCC, successful engagement with the Peace Circle process, and successful completion of the program. A participant is considered successful in RJCC if they complete the Peace Circle process in addition to goals created together with the service provider.

Additional success and performance indicators are established by the partner agency, in concert with the participant.

(6) How This Program Serves The Best Interests of The Patient and Community

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

Unique program goals are developed for each participant based on their needs, goals for education, and personal and professional development. A fundamental pillar of restorative justice programs is that they are location-specific and community-driven. Each RJCC brings together community-based service providers, the defendant, and community members in their specific neighborhood area.

(7) Continuum of Care

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

The CCSAO is committed to creating a safer, stronger Cook County and committed to doing justice in the pursuit of thriving, healthy, and safe communities. The criminal justice system is often the last stop in a series of missed opportunities for connection to services and deferred prosecution (diversion) programs provide a necessary alternative to traditional prosecution and incarceration that works to avoid needlessly bringing people into the justice system.

Services provided to participants as a result of CCSAO referrals may be available to Cook County residents at different stages in the continuum of care, or through referrals made by other agencies to the same providers. But, the deferred prosecution programs are unique to the CCSAO and its ability to determine how to proceed with prosecution.



(9) Meetings and Coordination on Patient Identification

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

RJCC stakeholders meet weekly to discuss participant progress and troubleshoot any issues that have arisen. These meetings, called “staffings” also serve as a check-in with service providers on capacity, patient coordination, and potential collaborations.

(11) Program Costs and Funding Sources

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

The RJCC was originally established through grant funding. Court staff positions have since been absorbed into agencies’ budgets. The CCSAO dedicates a .75 FTE equivalent to RJCC programs. Services are made available through service providers’ resources or billed to insurance, when possible.

(12) Additional Information for Committee’s Understanding

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

None.

SUPPORTING EDUCATION AND EMPLOYMENT DEVELOPMENT (SEED)

(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

SEED is a 13-month pre-plea deferred prosecution program developed through Cook County’s participation in the MacArthur Safety and Justice Challenge (SJC) for individuals charged with Class 2 or 3 Delivery of a Controlled Substance, Possession of a Controlled Substance with Intent to Deliver, or Class 3 or 4 Delivery of Cannabis or Possession of Cannabis with Intent to Deliver. The target population is individuals aged 18-26, though other individuals may be considered on a case-by-case basis.

After a year of development through the SJC partnership, SEED began operations in December 2020.

From June 1, 2022, to August 31, 2022, SEED received 20 referrals to the program. 25 individuals participated and 5 completed the program.

(2) Overall Program Goals

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



Understanding that individuals engaging in the delivery of a controlled substance may be doing so as a means of income, SEED works to provide pathways to legal, meaningful employment through case management, educational services, trauma-informed and cognitive behavioral interventions, job development, and placement. SEED provides an alternative to traditional prosecution with the opportunity for criminal charges to be dismissed upon successful completion of program requirements.

SEED's goal is to provide a meaningful intervention that supports young adults and helps prevent future involvement with the criminal justice system.

(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program

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

Heartland Alliance's Heartland Human Care Services is the designated service provider for SEED programming, providing wrap-around services and case management. Funding for Heartland was made possible through the SJC.

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

The CCSAO measures success in the number of eligible cases referred to SEED, successful engagement in programming with Heartland, and successful completion of the program. A participant is considered successful in SEED if they complete their designated program track, in addition to goals created together by the participant and the service provider.

Additional success and performance indicators are established by the partner agency, in concert with the participant.

(5) Quality Measures or Expectations for Contracts

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

The CCSAO does not maintain direct contracts with service providers. However, the Cook County Justice Advisory Council holds a contract with Heartland Human Care Services for the delivery of services. The contract is supported both by MacArthur SJC funds and Cook County. While the contract does require Heartland to track the outcomes of identified goals, process and outcomes measures are being tracked by all involved partners (OCJ, CCSAO, Public Defender, Heartland). In addition, Heartland is conducting an internal assessment of the program and ICJIA is conducting an external evaluation of the program.

(6) How This Program Serves The Best Interests of The Patient and Community

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

CCSAO deferred prosecution programs make referrals to service providers that can connect individuals with services that meet their needs and seek to provide direct care to participants within



the communities. Deferred prosecution provides an alternative to a criminal conviction that seeks to address root causes and, in turn, prevent future involvement with the criminal justice system.

SEED, specifically, provides tailored case management and employment services to serve the best interests and identified needs of the client. Having access to these services not only supports the needs of the client but also increases human capital in the communities where the client resides.

(9) Meetings and Coordination on Patient Identification

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 SEED court meets weekly with the judge, designated prosecutor, designated defense attorney, social services, and Heartland Alliance. A participant's appearance can be waived if they are making satisfactory progress. Before court calls, the stakeholders meet to discuss participant progress and troubleshoot any issues. A larger SEED working group, led by the Cook County Justice Advisory Council, is comprised of policy and data representatives from the stakeholder offices, Heartland Alliance service providers, Heartland Alliance and Cook County stakeholder project managers, and Heartland Alliance and ICJIA research partners, also meet weekly to discuss program development, progress, evaluation and sustainability planning.

(10) Program Evaluation and Overlap with Other County & City 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 Heartland Alliance established a program evaluation plan and began quantitative and qualitative data collection in July 2021. The Illinois Criminal Justice Information Advisory Council will also conduct an evaluation and is working in partnership with the SEED working group and Heartland Alliance to avoid duplication of efforts and contribute to a robust long-term evaluation of the program.

(11) Program Costs and Funding Sources

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

The CCSAO has one part-time ASA designated for the SEED program. This position is funded by the MacArthur Foundation SJC and Cook County. Currently, MacArthur contributes \$550,000 to the contract and Cook County contributes \$450,000.

The contract ends on December 31, 2022.

(12) Additional Information for Committee's Understanding

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



SEED is not a restorative justice program under the RJCC umbrella.

(13) **Additional Information for Assessment of Behavioral Health Care Needs & Opportunities**
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 SEED working group has developed several manuals and documents regarding project development and evaluation that can be made available upon request.

MISDEMEANOR TRIAGE PROGRAM

(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 Misdemeanor Triage Program provides an alternative to prosecution while restoring individuals to fitness and connecting them with treatment providers to develop a long-term treatment plan for continued success and management of their serious mental illness. Some individuals arrested and charged with misdemeanor offenses suffer from significant mental and behavioral health issues. In many cases, the underlying mental or behavioral health issue may have led to the arrest.

The program has expanded from its pilot stage and is now offered in four misdemeanor courtrooms in Chicago and one courtroom in Maywood with hopes for continued expansion countywide.

Due to how data is collected it is not possible to get the numbers from June 1, 2022 to August 31, 2022. Between April 1, 2022 and September 12, 2022 there were 42 referrals, with 35 participants and 1 successful completion.

Participants can be identified by a state's attorney, public defender, or judge, and a request made for a mental health evaluation. A Mobile Crisis Response (MCR) team then responds to the court request within 20 minutes, a licensed clinician requests consent for an evaluation and, if granted, the clinician conducts a mental health screening and evaluation on-site and reports their findings to the court. If the participant does not consent to an evaluation, prosecution proceeds.

The CCSAO also encounters defendants unfit to stand trial for whom Misdemeanor Triage is not yet available (due to the limited number of courtrooms it currently operates within), and within the Felony Trial Division, where an unfit diversion program does not exist. In situations where an individual may have a serious mental illness, defense attorneys typically request a court-ordered Behavioral Clinical Examination (BCX). If a physician finds the defendant to be unfit and orders them to treatment, the CCSAO will ask for another BCX once the treatment provider reports the defendant has been restored, to confirm fitness and those criminal proceedings can resume.

If a defendant seeks an opinion, outside of the Cook County Forensic Clinical Services, that the defendant is unfit to stand trial, insane at the time of the incident, or unable to understand Miranda



warnings because of mental capacity/illness, the CCSAO may ask Forensic Clinical Services to conduct a BCX on that particular issue of unfitness, sanity, or ability to understand Miranda warnings.

(2) Overall Program Goals

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

The goal of the Misdemeanor Triage Program is to provide an immediate intervention, alternative to prosecution, and diversion to treatment for individuals with symptoms of serious mental illness in misdemeanor court. The service partners in the program work to restore an individual to fitness and develop long-term treatment plans. When the participant has successfully met that goal, charges are dismissed and a criminal conviction is avoided.

(3) Providers, Managers, and/or Operators of the Behavioral Health Care Program

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 provider partners in this initiative are the Westside Community Triage and Wellness Center (WCTWC), which serves as the MCR team, and Madden Mental Health Center, which serves as an inpatient provider partner.

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

The CCSAO measures success in the number of individuals referred for triage and successful completion of programming, which includes restoration to fitness. A broader measure of health and success is determined by a clinician and the service provider with the patient. Charges are dismissed when the clinician advises the court that they feel the participant has made adequate progress.

(5) Quality Measures or Expectations for Contracts

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

The CCSAO has no direct contracts and charges no fees for service. The CCSAO refers to qualified agencies that maintain the appropriate licensures and certifications in their field and charge no fee for service or accept private or public medical insurance.

(9) Meetings and Coordination on Patient Identification

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 CCSAO conducted training among justice system agencies and met with representatives from the Chicago Mayor's Office and the Chicago Department of Public Health to share updates and work to expand the Misdemeanor Triage Program.



Once a referral is made at a participant's first court appearance, the community behavioral health provider (WCTWC) coordinates care and provides updates to the court team on the participant's progress at status hearings.

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

Given the program's recent implementation, an evaluation has not been conducted yet. While crisis response interventions may be offered at other points throughout the continuum of care, this is the first opportunity for a warm handoff to be made in the courtroom.

(11) Program Costs and Funding Sources

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

The Misdemeanor Triage Program was developed with grant funding through the Department of Justice's Bureau of Justice Assistance. Any services the participant may be referred to are subject to the cost of care established by the provider and may be covered by private or state insurance.