COOK COUNTY HEALTH

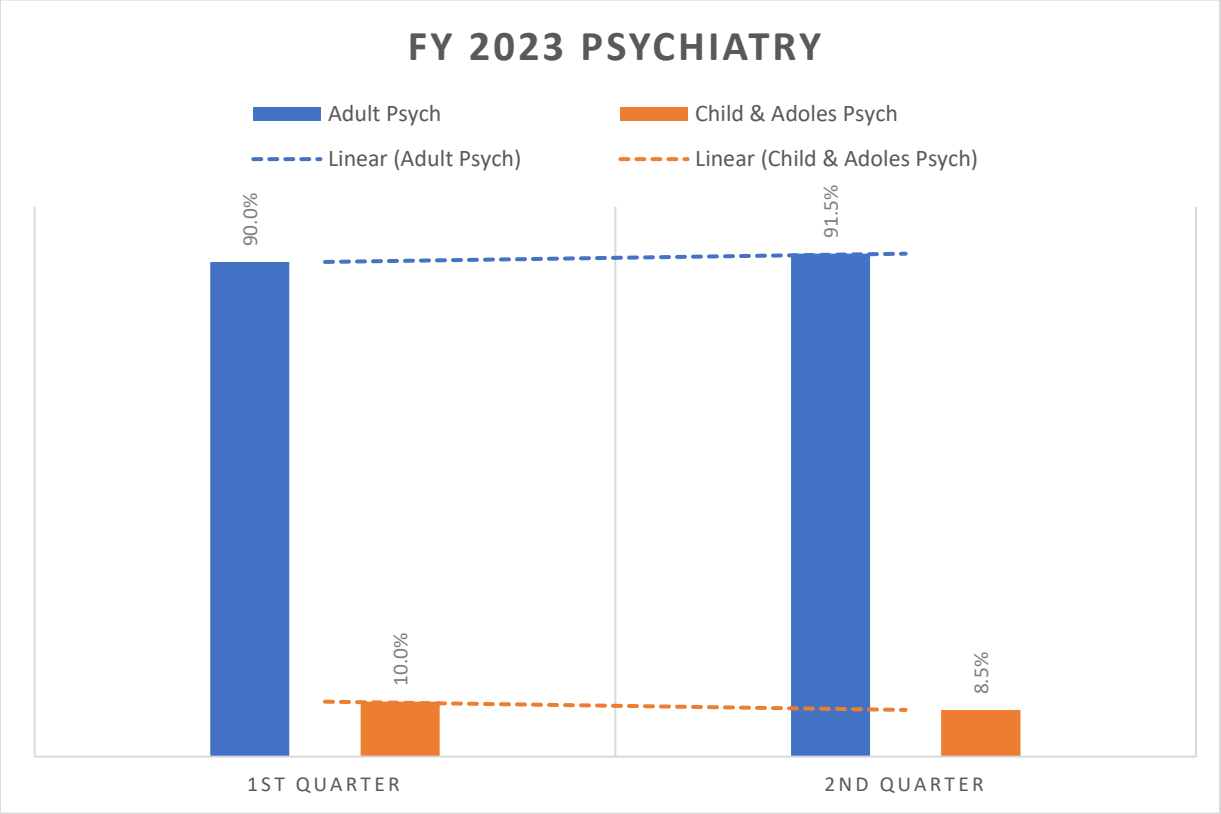
Behavioral Health Semiannual Report
December 2022 – May 2023

- **Department of Psychiatry**
- **Cermak Health Services**
- **Juvenile Temporary Detention Center Health Services**
- **Cook County Department of Public Health**

Department of Psychiatry

1. Project overview

a. Project activities: The department of Psychiatry is comprised of (4) interlinked divisions. The divisions provided an array BH/ Psychiatric services to 15,126 patients in the CCH system during the 1st and 2nd quarters of FY 2023. Out of the 15,126 patients serviced 1,391 of them were for children, adolescents, and young adults (continued care after 18 years of age with same provider service). BH/ Psychiatric services are funded through the CCH. The following table lists the divisions and programs/ clinics:



	1st Quarter	2nd Quarter	Total
Adults	6,403	7,332	13,735
Child & Adolescent	710	681	1,391
N=	7,113	8,013	15,126

Division	Program/ Clinic	Worksite
Adult Psych	Bariatric Clinic	JSH
	Endocrinology	JSH
	HIV-BH	Core Ctr.
	Injection	Austin BH/ Provident BH
	MAT	Austin BH
	Medication Management	Austin BH/ Provident BH/Blue
	Neuropsychiatry	Island
	Oncology	Provident BH
	Pain Clinic	JSH
	Psychotherapy (Individual/ Group)	Blue Island/ JSH
	Telepsychiatry	Blue Island/ JSH/Prieto/Provident
		Provident BH/ JSH
Child & Adolescent Psych	AYAC	JSH
	Endocrinology (Peds)	JSH
	Inpatient Consultation	JSH
	Medication Management	JSH
	Psychotherapy (Individual/ Group)	JSH
	Positive Parenting Program (Triple P)	JSH
Consult Liaison	Inpatient Consultation	JSH
	Inter-discipline BH Training	JSH
	Medical Student Teaching/ Training	JSH
ER Psych	ER Consultation	JSH/ Provident BH
	Inter-discipline BH Training	JSH/ Provident BH
	Medical Student Teaching/ Training	JSH

b. The department of BH/ Psychiatry currently collaborate with Threshold Inc. in the JSH ER. Threshold assist in complex referral placement of patients requiring psychiatric hospitalization to private and public facilities.

c. Financial summary-quarterly investments: The department of Psychiatry expended $2.6 million first half of FY 2023 (Annual budget $6.07 million) for Adult, Child & Adolescent, Emergency Room and Consult Liaison Psychiatric services within the CCH system. Current upward trends projects nearly 9% volume increase of patient services for the past 4 years. With continued increases it will require a significant staff investment to keep (safe) pace with the current MH patient service needs.

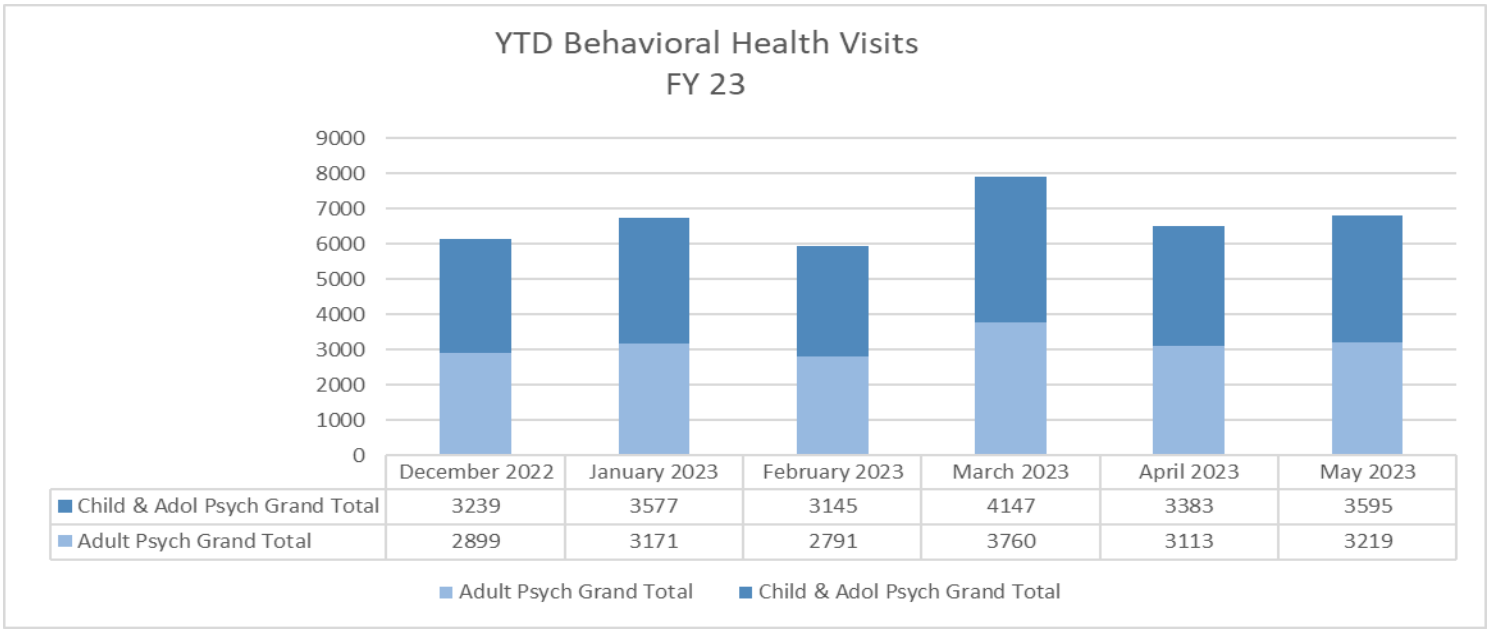
2. As a result of introducing the telepsychiatry platform to our service menu the BH/ Psychiatry patient show rate has systemically improved from pre-Covid period 2019. In 2019 the BH/

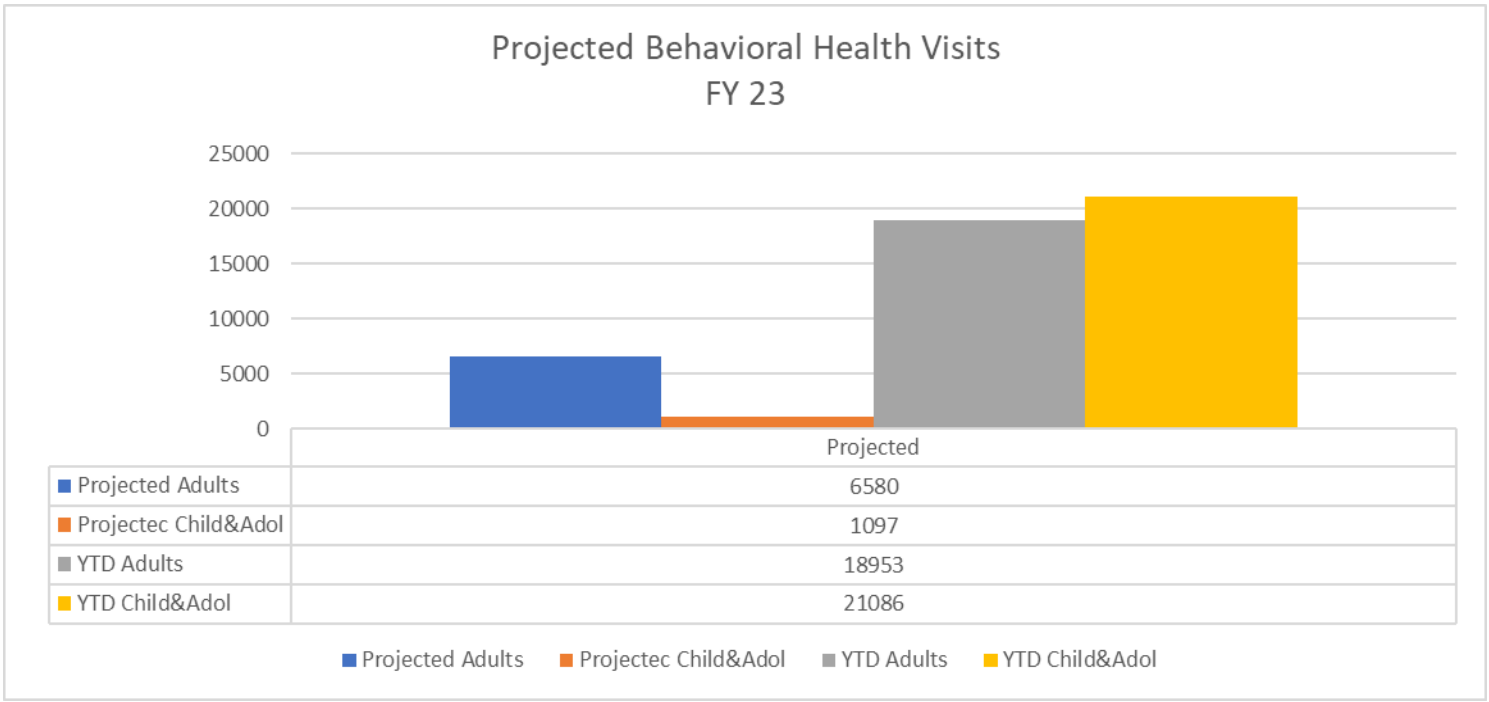
Psychiatry show rate was at 69.4% during 2nd quarter compared with 78% show rate for the 2nd quarter of 2023.

3. During the Covid pandemic we learned several lessons: A) Develop a staff succession plan to maintain adequate skilled staff B) Diversify service delivery methods (telepsychiatry and develop pop up BH clinics) C) Increase and enhance future collaborative community partnerships.

4. Future Plans & Sustainability:

A) Increase the number of Prescribers
B) Integrate best practice clinic model through department "Case Conference Series"
C) Develop "Pop Up" BH Clinics
D) Develop Telepsychiatry services within ACHN sites





Dec. 2022 to May 2023 Behavioral Health and Wellness service line:
Substance Use Disorder (SUD).

1. Population served:

The substance use disorder/medications for addiction treatment (SUD/MAT) program at Cook County Health serves patients with opioid use disorder (OUD) and other SUDs in all areas of our health system, including ACHN health centers, Stroger emergency department & inpatient, and Cermak Health Services at Cook County Jail, plus partnerships at community-based sites. Table 1 below provides program-specific information.

Table 1: SUD Programs by population served and unique patients served (Dec 2022-May 2023*)

Program	Population Served	Year to date total
ACHN	Throughout Chicago and suburban Cook County	474
Bridge Clinic	Throughout Chicago and suburban Cook County	272
Stroger Emergency Department	Patients at Stroger ED	224*
Stroger Inpatient	Patients at Stroger Inpatient	175*
Cermak SUD Post-Release Care Coordination	Cook County Jail detainees with SUD	1,226*
Cook County Offender Re-entry Program	Detainees with SUD leaving 3 IL Dept. of Corrections women's sites and/or Cook County Jail	51*
Drug court partnership	Clients of Maywood and 26th/California ACT drug courts	26
Recovery homes partnership	Throughout Chicago and suburban Cook County	23
Electronic monitoring (EM) partnership	Clients of the Cook County Sheriff's EM program	151
Adult probation partnership	Clients of Cook County adult probation	86
*Data reports for these programs only available through April 2023 at the time of report submission.		

2. Overall goals of the behavioral Health program:

Overarching goal: Improve the physical, mental, and social well-being, including reducing the risk of overdose and other harms associated with ongoing substance use, among participating patients. Program-specific goals and best practices in Table 2 below:

Table 2: SUD programs, Description and goals, and Information on best practices

Program	Description and goals	Information on best practices
ACHN and Bridge Clinic	Access to medications for addiction treatment (MAT), recovery support services, and overdose prevention tools at all health centers, with rapid	• American Society of Addiction Medicine

	access at Bridge clinic. Recovery support provided by recovery coaches who are certified alcohol and drug counselors (CADCs).	National Practice Guidelines 2020 • SAMHSA Treatment Improvement Protocol 63 • Peer-based recovery support services • Warm Hand-off to treatment services upon discharge
Stroger ED & Inpatient	The recovery coach team in the Emergency Department and social workers on the inpatient floors identify patients with opioid and other substance use disorders (SUD), collaborate with providers to initiate medications for addiction treatment when appropriate, and connect patients directly to internal and external treatment and wraparound services upon discharge from these acute care settings.	• Screening, Brief Intervention and Referral to Treatment (SBIRT) • Peer-based recovery support services • Warm Hand-off to treatment services upon discharge
Cermak SUD Post-Release Care Coordination	Supports detainees returning to the community after incarceration to engage in community substance use treatment and recovery services including access to MAT. This team provides wrap-around care to minimize and reduce barriers to community care including addressing transportation, insurance, and housing.	• Peer based recovery support services • Re-entry needs assessment developed by the Substance Abuse and Mental Health Administration (SAMHSA) GAINS center
Cook County Offender Re-entry Program	Identify individuals leaving IDOC or CCDOC and returning to Cook County. Connect individuals warmly to SUD treatment services and provide gender-responsive, wrap around care coordination.	Peer-based recovery support services
Drug court partnership	Embed a recovery coach (peer in recovery) as an optional support to clients in the Maywood and ACT drug courts. Services provided include linkage to treatment including MAT, 12-step and other peer support meetings, primary care, housing, employment, and overdose prevention tools.	Access to MAT and recovery support services in community corrections Peer-based recovery support services
Recovery homes partnership	A regional recovery housing information system and navigator intervention to enable real-time identification of vacancies and linkage to recovery	Recovery residences as an evidence-based practice

	homes for individuals with SUD who seek recovery-oriented housing.	
Electronic monitoring (EM) partnership	A community health worker receives referrals for individuals with SUD and housing insecurity, and provides linkage to treatment including MAT, 12-step and other peer support meetings, primary care, housing, employment, and overdose prevention tools.	Access to MAT and recovery support services in community corrections
Adult probation partnership	Screening for SUD and mental health needs with an automated, text-based service to adult probation clients. All individuals who screen positive are outreached by a recovery coach who provides linkages to SUD treatment.	Access to MAT and recovery support services in community corrections

3. Information on providers, contractual personnel of the program, and information on external partners that are utilized to assist you in providing care.

Oversight is provided by a steering committee of leaders from across CCH including the Senior Behavioral Health Officer; Dept. Chairs from Family Medicine and Psychiatry; leadership from Complex Care Coordination and Center for Health Equity and Innovation; and members from multiple departments including CountyCare and Correctional Health. The program is administered by the Manager for Behavioral Health Integration, Attending Physician VII-Behavioral Health, and Division Chief, Psychiatry.

Table 3: SUD programs, Internal patient-facing team members, and external partners

Program	Internal team members	External partners
ACHN	Recovery coaches, medical provider, LCSW, and care coordination team	n/a
Bridge clinic	CADC, community health worker, and medical provider	WestCare Foundation of Illinois, Lighthouse Institute of Chestnut Health Systems
Stroger ED	Recovery coach coordinator, medical provider, and peer specialist	Haymarket Center
Stroger Inpatient	LCSWs and medical provider	n/a
Cermak SUD Post-Release Care Coordination	Recovery coach coordinator and community health workers	Family Guidance Centers, Inc.
Cook County Offender Re-entry Program	n/a	Safer Foundation-Women's Justice Institute, Lighthouse Institute of Chestnut Health Systems, Haymarket Center
Drug court partnership	Recovery coach	Office of the Chief Judge, Cook County Problem Solving Courts
Recovery homes partnership	n/a	Illinois Department of Human Services/Division of Substance Use Prevention and Recovery, Family Guidance Centers, Inc., Illinois Helpline for Opioids and Other Substances, Lighthouse Institute of

		Chestnut Health Systems, Brighter Behavior Choices Inc., Healthcare Alternative Systems (H.A.S.), Henry's Sober Living, Life House, Lutheran Social Services of IL, Phoenix Recovery Services, Rosecrance, and Heartland Alliance
Electronic monitoring (EM) partnership	Community health worker	Sheriff's Programming Department
Adult probation partnership	n/a	Office of the Chief Judge, Adult Probation Department, Family Guidance Centers, Inc., University of Chicago, WestCare Foundation of Illinois.

4. Key performance indicators:

Table 4: SUD program key performance indicators and outcomes (Dec 2022-May 2023)*

Program	**Key Performance Indicator**	**Outcome**
ACHN	Number of unique patients served	474
ACHN	Number of engagement episodes with recovery coach	1,218*
ACHN	Number of outreach attempts by recovery coach	2,630*
ACHN	Number of medical providers prescribing medications for opioid use disorder (OUD) and alcohol use disorder (AUD)	41 (OUD), 52 (AUD)*
ACHN	Number of ACHN health centers dispensing naloxone for overdose prevention	7
Bridge	Number of unique patients served	254*
Bridge	Number of outreach attempts by recovery coach/CHW	602*
ED	Number of referrals to ED recovery coaches for patients with high-risk substance use	302*
ED	Number of patients provided with brief intervention by recovery coach	224*
ED	Number of patients who accepted referral post discharge	106*
Inpatient	Number of referrals for patients with high-risk substance use	735*
Inpatient	Number of patients provided with brief intervention	175*
Inpatient	Number of patients accept referral post discharge	117*
Cermak SUD Post-Release Care Coordination	Number of patients who completed a needs assessment	943*
Cermak SUD Post-Release Care Coordination	Number of outreach attempts by recovery coach coordinator and CHWs	2,305*
Cook County Offender Re-entry	Number of clients enrolled in Recovery Home Housing, IOP or residential treatment services	51*
Drug court partnership	Number of patients served	26
Recovery homes partnership	Numbers of referrals to the recovery home navigator	23
Recovery homes partnership	% of referred individuals successfully linked to a recovery home or an accepted alternative care setting.	35%

Electronic monitoring (EM) partnership	Number of patients referred for SUD/MAT care linkage	151
Electronic monitoring (EM) partnership	% of referred patients who are successfully linked to SUD/MAT care	51%
Adult probation partnership	Number of patients referred for SUD/MAT care linkage	86
Adult probation partnership	% of referred patients who are successfully linked to SUD/MAT care	9%
*Data reports for these programs only available through April 2023 at the time of the report.		

5. Quality measures:

There are no contracts involved in the ACHN, inpatient, drug court partnership, or electronic monitoring partnership. We are exploring no-cost contracts with external partners to provide recovery coaches at the Provident and Stroger emergency departments.

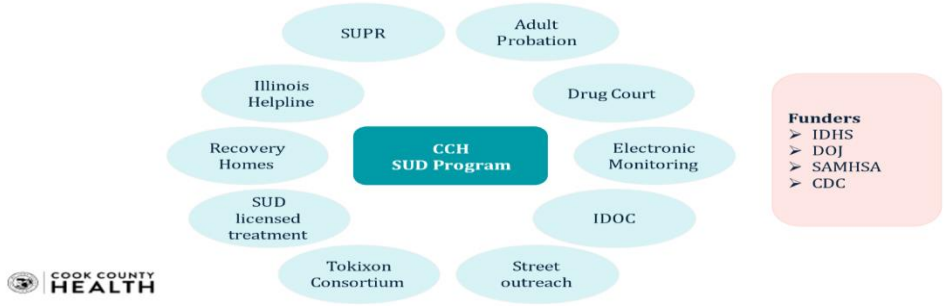
Table 5: Quality measures and expectations for contracts for SUD Program

Program	Vendor	Expectations
Bridge	WestCare Foundation of Illinois	Community outreach and SUD treatment services
Bridge	Lighthouse Institute of Chestnut Health Systems	Program Evaluator
Stroger ED	Haymarket Centers, Inc. (through Dec 2022)	Recovery coach
Cermak SUD Post-Release Care Coordination	Family Guidance Center, Inc.	Peer outreach specialist
Cook County Offender Re-entry	Safer Foundation-Women's Justice Institute	Project Director, Care Coordination
Cook County Offender Re-entry	Lighthouse Institute of Chestnut Health Systems	Program Evaluator
Cook County Offender Re-entry	Haymarket Center	Recovery Home beds, SUD treatment services
Recovery homes partnership	Family Guidance Centers, Inc. (providing service in kind since Feb. 2022; contract anticipated to be executed June 2023)	Recovery home navigator
Recovery homes partnership	Lighthouse Institute of Chestnut Health Systems	Qualitative and quantitative analyses of recovery home coordinated capacity project
Adult probation partnership	Epperson Consulting	Quantitative evaluation of automated text-based screening program
Adult probation partnership	Family Guidance Centers, Inc.	SUD counselors for screening, assessment, and linkage of referred individuals.
Adult probation partnership	WestCare Foundation of Illinois	Cognitive behavioral therapy program for adult probation clients.

6. How does the program serve the best interest of the patient/recipient of care?
Recovery coaches in all of our settings have direct or indirect lived experience with recovery and the systems our patient's interface with. Patients work with recovery coaches, community health workers, and medical providers to identify needs, strengths, and develop their own individual goals. Team members provide patients with a menu of evidence-based service options and support them in accessing and engaging in these services.

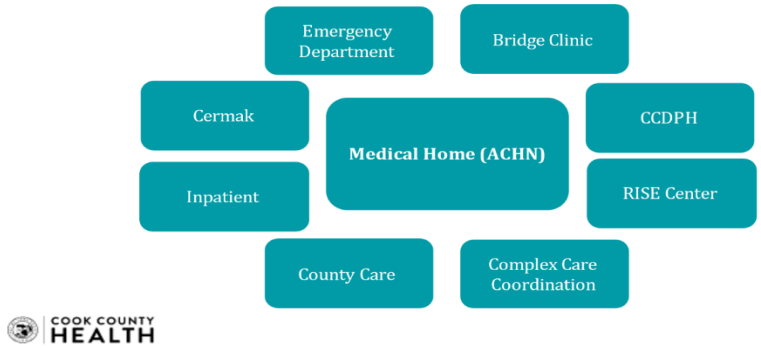
To fully address the drug overdose crisis, we also look outside the walls of our own health system and work collaboratively as a substance use disorder (SUD) regional Learning Health System (LHS). With partners, our shared goal is to collaboratively break down barriers to SUD care, with a focus on individuals involved in the criminal legal system. Please see Figure 1 below.

Figure 1. CCH Substance Use Disorder Program
Regional Learning Health System Approach

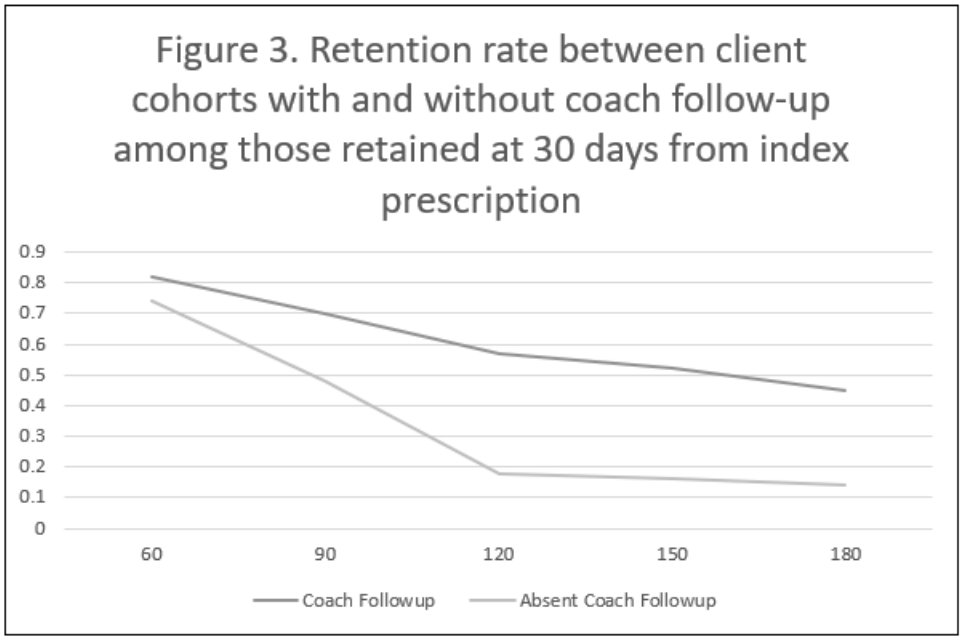


7. Any follow-up care to Cook County Health hospitals or clinics, any medications / aftercare:
SUD program recovery coaches and community health workers are tasked with identifying patients in acute care areas (ie- Stroger ED, Cermak Health Services) and linking them to long-term services for SUD care in ACHN and/or with external partners. As depicted in Figure 2 below, team members in crisis care settings and partnering service lines refer to our ACHN medical homes for medications for addiction treatment, recovery coach services, primary and specialty care services.

Figure 2. CCH Substance Use Disorder Program
System-Level: No Wrong Door



8. Overview of effectiveness / impact of the program:
Based on an internal evaluation completed by the Center for Health Equity and Innovation (2022), patients engaged with the ACHN recovery coaches are significantly more likely to be retained in care in ACHN at 90-180 days as compared to patients receiving MAT but not engaged with a recovery coach (70% v. 48% at 90 days, 45% v. 14% at 180 days).



Among CCH SUD program patients seen in 2021, 15-20% were involved in the criminal-legal system, 58% identified as African American, 74% wanted to receive primary care with CCH, and 27% had coverage through CountyCare.

The Flexible Housing Pool program of Chicago and Cook County (FHP) takes a multi-system approach to offer permanent supportive housing (PSH) units to high-risk individuals and families experiencing homelessness in the City of Chicago and suburban Cook County. Among adults housed through the program, 70% were diagnosed with substance use disorder. When substance-related mortality spiked among the region's people experiencing homelessness during years of the pandemic, clients housed through FHP exhibited an estimated 30% lower mortality compared to matched controls.

9. Funding Source and cost associated with providing the care:
At present, CCH's SUD program personnel are nearly completely grant funded. Details below in Table 6.

Table 6. Funding sources for CCH SUD program

Funder/Grant	Award Amount	Program/Setting	Notes
Illinois Department of Human Services/Division of Substance Use Prevention and Recovery	FY23 $1,137,430 Annually renewed	ACHN, ED, and Inpatient staff	Returned $641,148.91 FY22 and funding was

(IDHS-SUPR), Statewide Opioid Response			subsequently cut for FY23.
IDHS-SUPR, Comprehensive MAT	FY23 $978,443 Annually renewed	Cermak SUD Post-Release	FY24 award cut to $350,000
Substance Abuse and Mental Health Services Administration (SAMHSA)-Cook County Offender Re-Entry	$425,000 annually for 5 years	IDOC & Cermak Post-release	Ends January 2025
SAMHSA MAT-PDOA	$525,000 annually for 5 years	Bridge	Ends September 2026
Department of Justice (DOJ), FY20 Comprehensive Opioid, Stimulant, and Substance Use Site-based Program (COSSUP)	$1,200,000 over 3 years	Drug court partnership, Recovery home partnership	Ends Sept 2023, anticipate no cost extension
DOJ FY22 COSSUP	$1,600,000 over 3 years	Drug court, Recovery home, and EM partnerships	Ends September 2025
DOJ FY18 Comprehensive Opioid Abuse Program	$900,000 in total	Adult Probation	Ends September 2023

10. Any additional information which may foster a more accurate assessments of behavioral health care needs and opportunities for the collaboration or growth within the Cook County Governments efforts around behavioral health care programs.
Illinois Department of Healthcare and Family Services (HFS) has publicly stated their intent to make peer recovery support specialists a Medicaid covered service via a State Plan Amendment, and CCH will advocate to include our staff as billable providers.

For the past 5 years, over 90% of the staff supporting the CCH SUD programs have been grant funded. The planned Medicaid state plan amendment, plus opioid settlement funding, provides a unique opportunity to develop a sustainability plan.

Cermak Health Services

Cermak Health Services Department of Mental Health is responsible for the provision of mental health services to incarcerated individuals remanded to Cook County Department of Corrections-Cook County Jail. Information in this semiannual report pertains to the period between December 2022-April 2023.

1 - General information on the population served, including how patients were identified or applied for services, a breakdown of where patients of the program(s) reside in Cook County and the number of patients served over the last 24-month cycle
Cermak Health Services ("Cermak") provides care for detainees remanded to CCSO's custody in Cook County Department of Corrections' Cook County Jail ("Jail"). Cermak provides care only for

population housed inside jail, and not for community corrections (Electronic Monitoring, diversion programs, etc.).

Detainees have a constitutionally protected right to have access to health care services for their serious medical and mental health conditions when detained.

Upon entering the compound, detainees are booked and then 100% of them are screened in Intake to identify emergently needed mental health services and the populations that will require mental health follow up and care during their incarceration for their chronic mental health conditions.

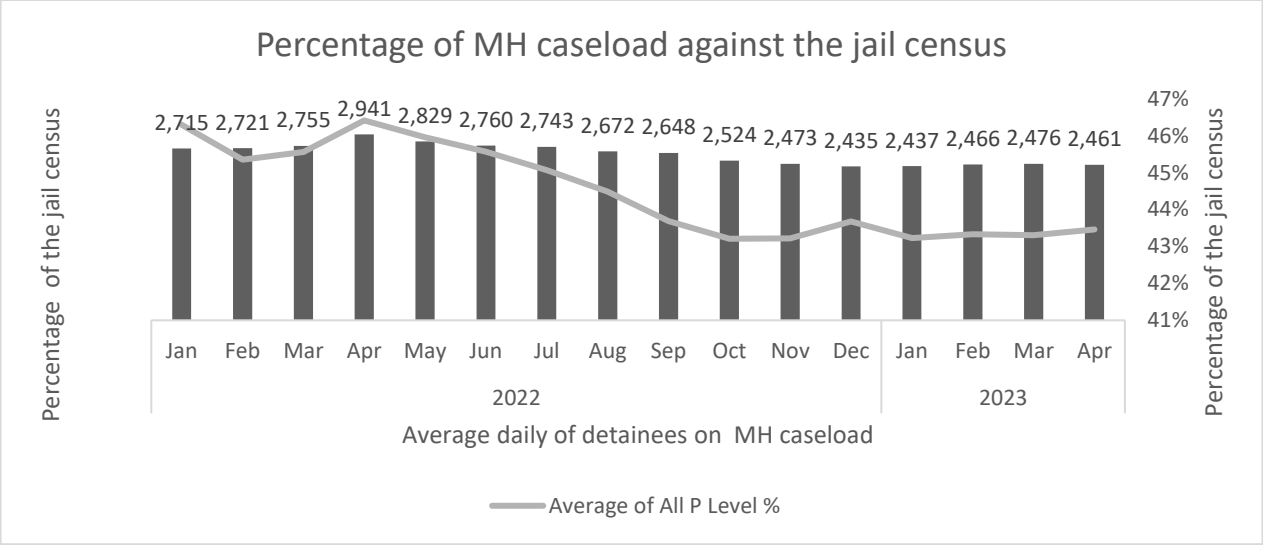
Subsequently, MH staff identifies detainees in need of MH services through detainees' health care request process, referrals from DOC staff (through the Interagency Health Care Inquiry process), and routine contacts with general population detainees.

Detainees who are included in the Mental Health caseload are housed on the Jail compound depending on their acuity level, risk/required level of observation and supervision as well as degree with which they can engage in activities of daily living.

In addition to providing emergent, urgent, and routine Mental Health services to detainees included in the MH caseload, Cermak extends its services to any detainee confined to custody at the Jail on an as-needed basis.

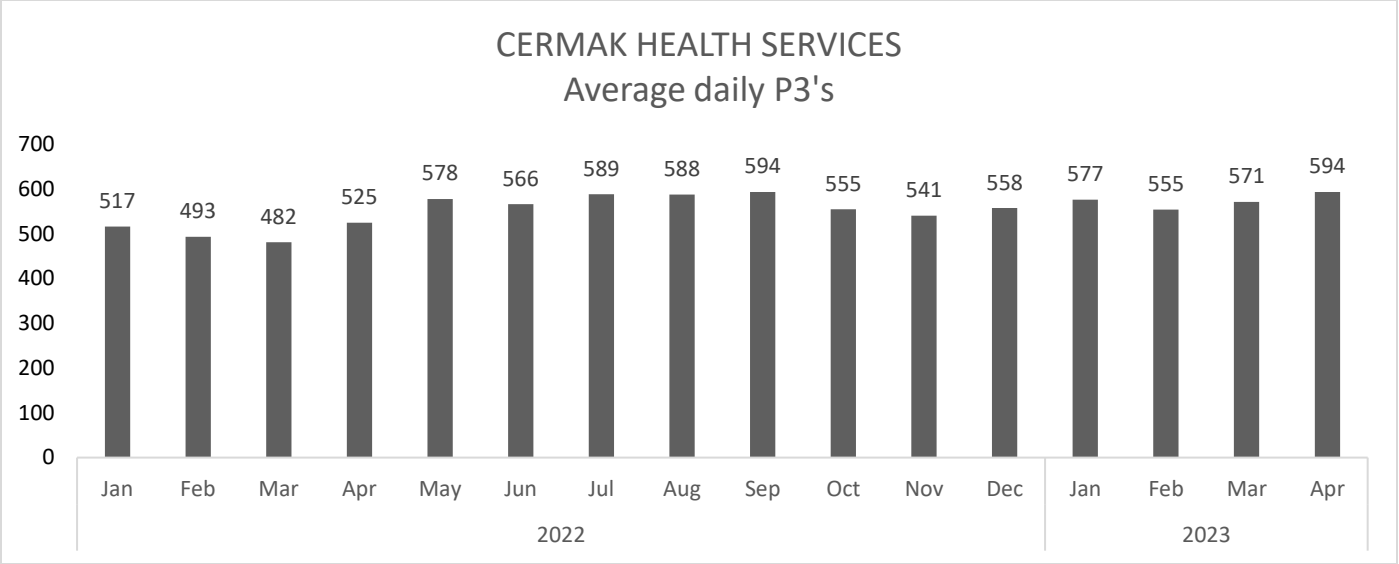
Over the years, MH caseload followed contractions and expansions in jail census, however, recently there has been a significant expansion of Mental Health caseload in relation to the overall Jail population.

Over the past two years, MH population has grown in absolute numbers and as a percentage of the total behind-the-walls population. It now constitutes nearly 42% of the Jail census. 40% of the males are on the MH caseload and for females this number is -66%.



The number of detainees who require intensive services (Level of care -P3) has grown over the years. Traditionally, these detainees have to be housed in the Residential Treatment Building (RTU) to improve their access to care and enable direct supervision. As of April 2023, due to capacity pressure in RTU, 176 (37%) % of P3 male detainees are housed outside of RTU, mostly in division 2. MH Department ensures that these detainees' access to care is comparable with those who are housed in RTU. MH Department Administration advocates in favor of returning all P3 male detainees to RTU to consolidate treatment opportunities and streamline staffing. All female P3 detainees are housed in RTU to better address their needs in terms of clinical and group programming space. The goal remains to eventually consolidate all P3 (males and females in RTU). MH Department's focus is to ensure that these detainees retain access to services in the dormitory settings.

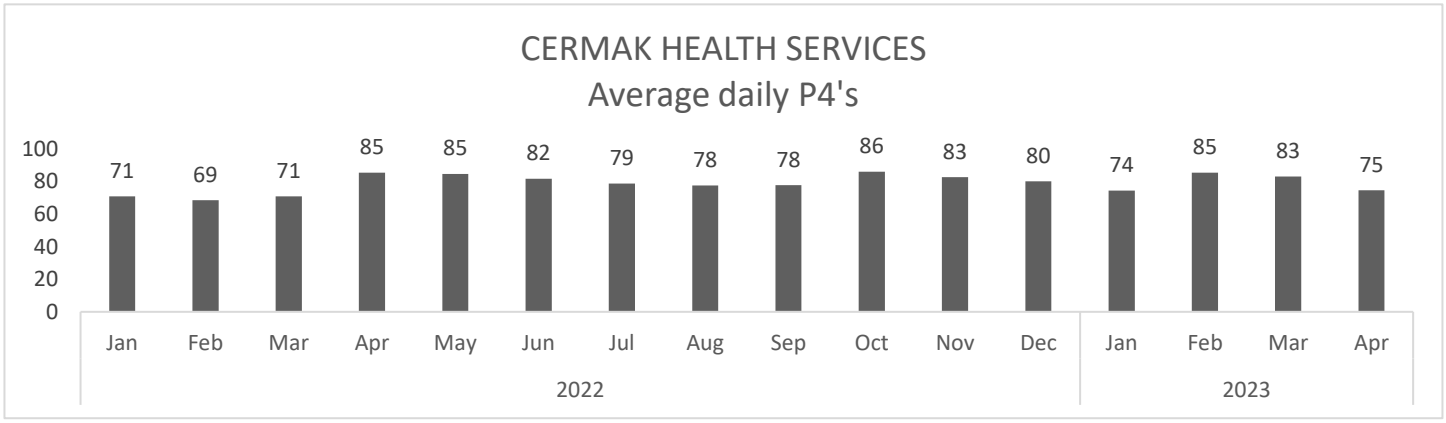
SMI (Seriously Mentally Ill) experience more difficulties with community placement, electronic monitoring compliance/diversion, and adherence to psychiatric treatments that improve overall chance of being released from custody. They require dormitory style housing arrangements, re-entry services, in addition to being frequently adjudicated unfit to stand trial (which leads to significant delays with release). They also, when untreated, are linked to self-injury, use of force, and extended length of stay.



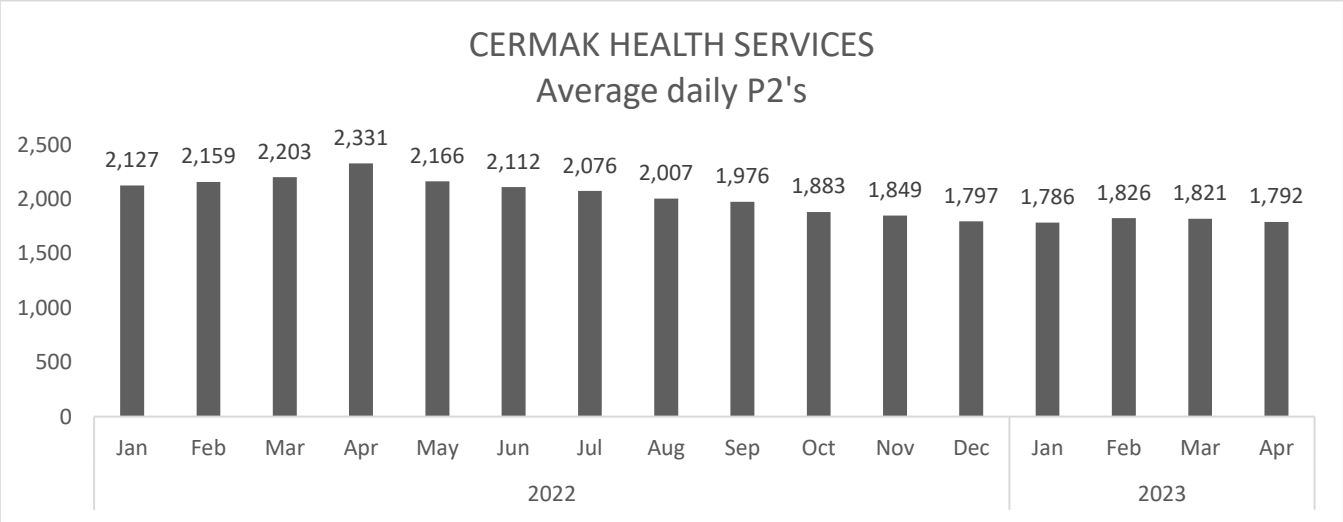
The number of detainees housed in Psychiatric Infirmary (Level Care -P4) has remained relatively constant and subject to insignificant daily fluctuations. These, frequently recidivistic, self-harming patients account for many admissions and readmissions to Psychiatric Infirmary and JSH. It is noted that the great number of repeated injuries comes from a rather limited number of individual detainees who require creation of multidisciplinary Individual Behavioral Management Plans.

Cumulative data between January of 2020 and the present day reveals 3,109 self-injuries committed by 1,114 people. The 'top 53' people during this period have been responsible for 1,289 self-injuries, or 41% of the total, even though they only represent 5% of the total number of people who have self-injured.

Cermak strives to provide services for detainees in the least restrictive setting to meet detainees' mental health needs in order to minimize the number of infirmary and hospital admissions. When Cermak is unable to meet detainees' needs for observation and treatment, they must be transferred to JSH and neighboring hospitals. Cermak coordinates care of high acuity/high risk self-injuring detainees with our partners from John Stroger Hospital where these detainees are sent for stabilization and medical monitoring.



Level of Care- P2 detainees represent the lowest acuity level. Most of them are relatively stable. Most of them require psychopharmacological and case management only for a wide range of depressive and adjustment reactions.



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

Mental Health Department at Cermak Health Services provides a wide range of onsite services to incarcerated detainees on the CCDOC compound including:

a. Mental Health Screening & Assessment
b. 24-hour crisis intervention and stabilization
c. Non-emergency metal health care requests
d. Infirmary Care
e. Residential Treatment Unit
f. Intensive Case Management
g. Psychiatric Services
h. Therapeutic treatment services

- Individual counseling and supportive psychotherapy
- Group counseling and psychoeducation
- Community Linkage/Discharge Planning

Detainees with similar MH needs are housed together across the compound and triaged into 3 levels of care: P4, P3, and P2. Cermak, in collaboration with other disciplines and departments, ensures professional, accessible, equitable, efficient, and timely MH services in all levels of care.

Program	Description and Goals
P4 (Psychiatric Special Care Units)-	Represents approximately 3% of the MH caseload. This level of care houses and provides care to detainees who are: a. suicidal and require either constant or close monitoring and supervision in a suicide-resistant setting. b. aggressive/agitated and require enhanced supervision to prevent injuries to others. c. disorganized/refusing treatments. d. persistently self-injuring.
P3 (Residential Treatment Unit Care)	Represents approximately 24% of MH caseload. Houses detainees who typically reside in supportive settings outside of corrections (e.g., intermediate care facilities, nursing homes, group homes etc.) and need daily contacts with MH staff. In this setting restoration of functional capacity and increasing treatment adherence are the main goals.
P2 (Outpatient Level of Care)	Represents approximately 72% of MH caseload. Houses detainees who have recovered from the episodes of mental illness, are able to meet the challenges of activities of daily living, avoid self-injury, and participate in the creation of and comply with treatment plans generated by MH staff. Supportive interventions designed to promote self-sufficiency and prosocial behaviors are tailored to those who experience interepisode recovery and relatively low disease and symptom burden.
Intensive Management Unit	Represents approximately 0.5% of MH caseload. Intensive Care Unit locates in RTU and provides manualized and individualized behavioral long-term interventions and treatments for persistently mentally ill with severe behavioral disturbances/institutional disruptiveness not amenable to interventions in any other level of care.

3 - Information on the providers, managers, and/or operators of the behavioral health care program, activity or service and any overlap in funding, to the extent it is known.

All Providers, ancillary staff, and Managers at Cermak Health Services Mental Health Department are CCH employees. One advanced nurse practitioner is hired through an agency contract until the permanent ANP vacancy is filled.

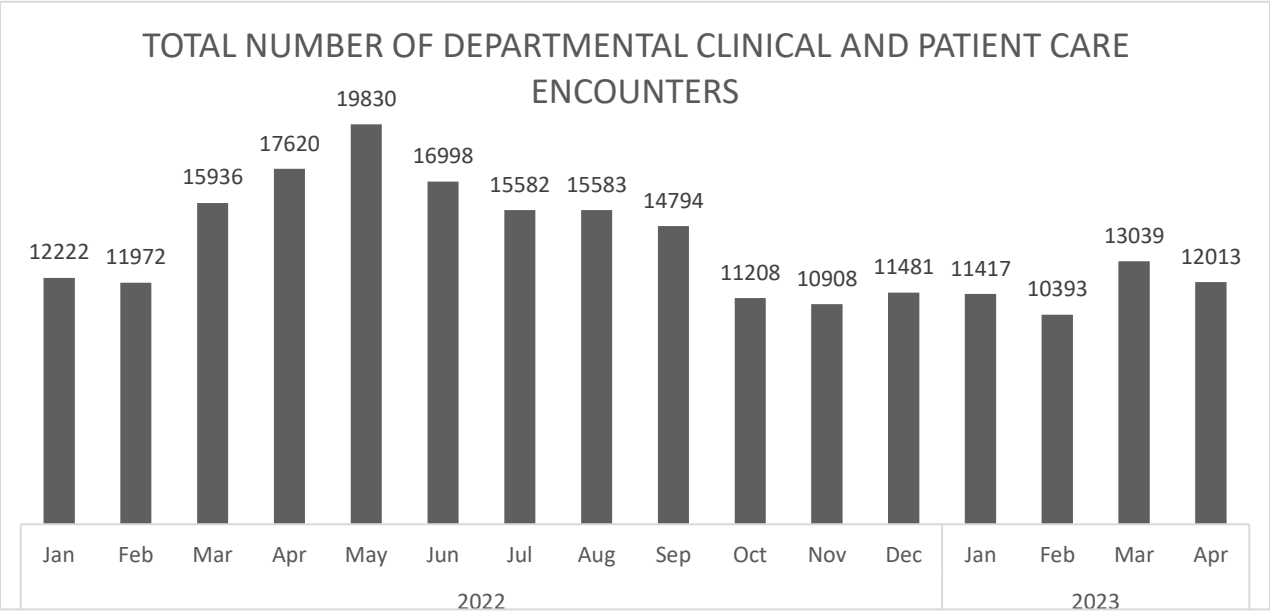
Operational, administrative, and clinical leadership of the Department is carried out by the Chief Psychiatrist, Chief Psychologist, and Mental Health Director.

	Total	Filled	Offer Made	Unfilled	Vacancy Rate with Offer Pending	Vacancy Rate without Pending Offer

Advanced NP	1	0	0	1	0	100%
Psychiatrists	12	11	0	1	0	9%
Physician Assistants	5	5	0	0	0	0%
MSW 5	6	3	1	2	50%	33%
Activities Therapist 2	4	3	1	0	0%	25%
Psychologists	9	4	1	4	44%	56%
MHS	64	50	1	13	20%	20%
Total	101	76	4	19	23%	24%

Mental Health staff working for the Department ensure provision of continuous around the clock 365 days/year services on the compound on all three shifts. CCH HR recognizes the critical nature of existing shortages and assists with leveraging advertising and hiring capabilities. Cermak MH Administration and Operational Leadership participated in a series of Virtual Hiring Fairs for Mental Health Specialists and Medical Social Workers sponsored by CCH. This important hiring initiative serves to attract qualified candidates to fill existing vacancies.

Compound-wide COVID-19 response "depressed" clinical activities and interpersonal encounters. As a result, Cermak saw a decrease in direct/remote contacts with patients. While the compound has returned to normalcy of operations, we first observed a surge in MH contacts



followed by continuing sustained demand for MH services. MH Department is working on resumption of previously delayed or modified activities (including, but not limited to, therapeutic on and off the tier programming which had to be modified during the pandemic to limit the number of participants in each group session due to the need to socially distance in clinical places without adequate ventilation).

Most of the MH encounters occur face-to-face and the Department has moved away, when appropriate and safe, from relying on telephone contacts with the patients which was temporarily seen as necessary at the peak of the pandemic. Face-to-face individual live encounters still follow infection control guidelines about PPE and social distancing, in accordance with CDC guidelines for congregate settings. Operational resilience acquired in response to mitigation measures and lockdowns serves to preserve the integrity of Cermak's operations.

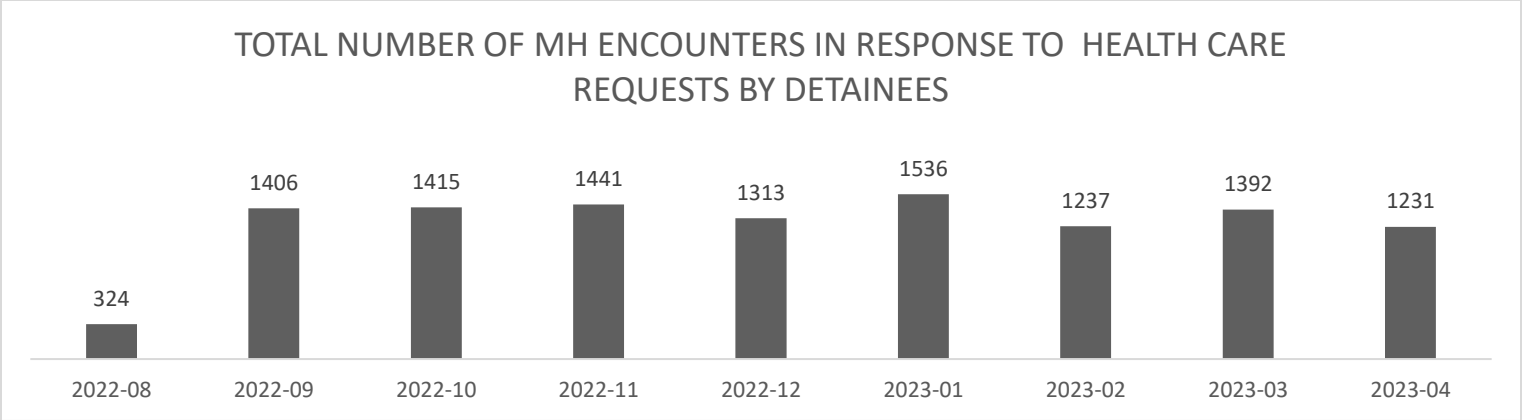
4 - Key performance indicators measuring the results of the program.

The main goal of a successful MH program in the jail setting is to ensure that detainees have access to care for their serious mental health needs. Patients are seen by qualified mental health staff, receive competent diagnosis, and receive care that is ordered. Another significant goal is to ensure patient safety, including but not limited to the administration of a reliable suicide detection and prevention program.

Cermak came in compliance with the National Commission on Correctional Healthcare (NCCHC) standards and Cermak was awarded accreditation on 4/30/2023. The NCCHC acknowledged Cermak's significant level of compliance with the national NCCHC standards which recognizes our commitment to delivering efficient, effective, high quality health services and reducing the risk of adverse patient outcomes.

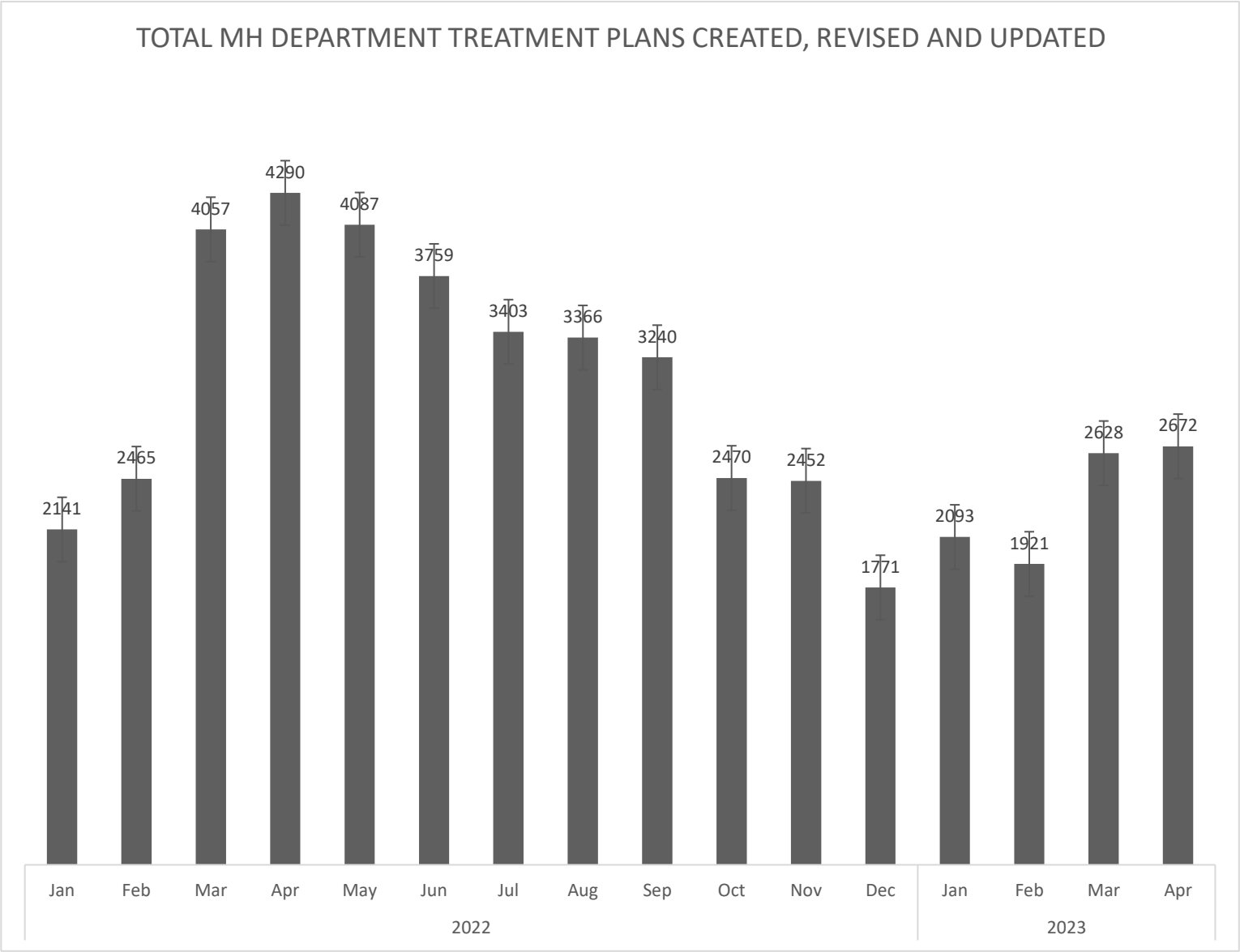
A. Cermak ensures that any detainee who screens positively for mental illness or suicidal ideation during the intake screening process, through a mental health assessment, or who is otherwise referred for mental health services, receives a clinically appropriate mental health evaluation in a timely manner, based on emergent, urgent, and routine mental health needs from a Qualified Mental Health Professional. 95% of male and 93% of female detainees who require Mental Health services during their incarceration are identified in Intake.

B. Cermak ensures clinically appropriate and timely treatment for detainees, whose assessments reveal serious mental illness or serious mental health needs, including timely and regularly scheduled visits with Qualified Mental Health Professionals. An important mechanism by which detainees can directly request MH services is the Health Care Request process. Through self-referral, detainees may request access to MH services for routine and urgent needs regardless of their housing location or level of care. 97% of all detainees who submitted a non-urgent HCR form were seen by MH staff within 72 hours. After having peaked in May 2022, the number of patient encounters has been trending down thus reflecting the normalization of operations and sustained effort to meet detainees' routine MH needs.



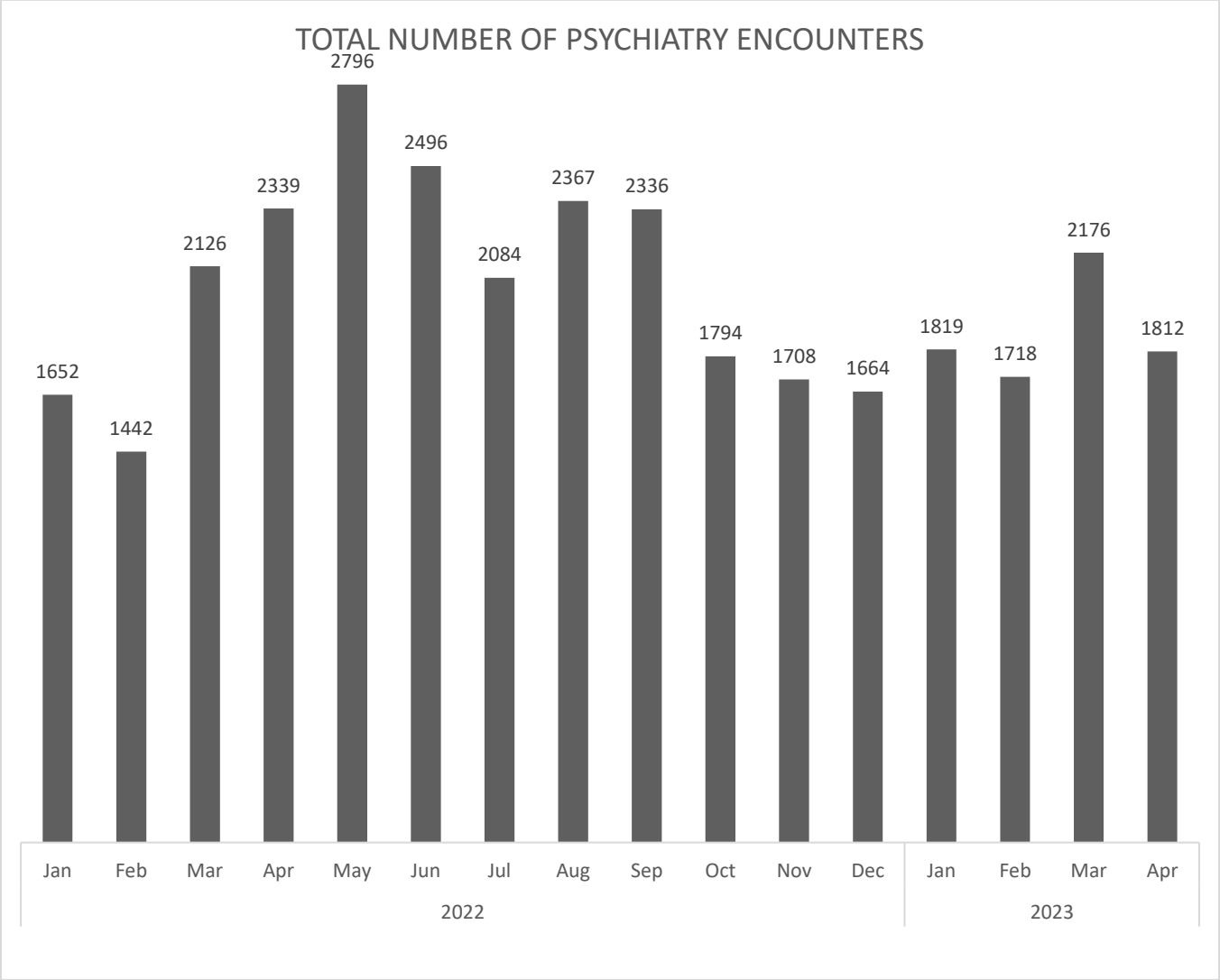
REFERRAL TO MENTAL HEALTH SOURCE 10/01/2022-4/01/2023	Count	Percentage
PATIENT REQUESTED	8,682	90.80%
NURSE REFERRED AFTER INITIAL PATIENT INTERVIEW	427	4.50%
NURSE REFERRED AFTER FACE-TO-FACE ASSESSMENT	456	4.80%
Grand Total	**9,565**	**100.00%**

TIME BETWEEN REFERRAL TO MH AND MH ADDRESSED	Count	Percentage	Cumulative
MH Addressed in 24 Hrs.	8,103	83.70%	83.70%
MH Addressed in 48 Hrs.	1,060	10.90%	94.60%
MH Addressed in 72 Hrs.	268	2.80%	97.40%



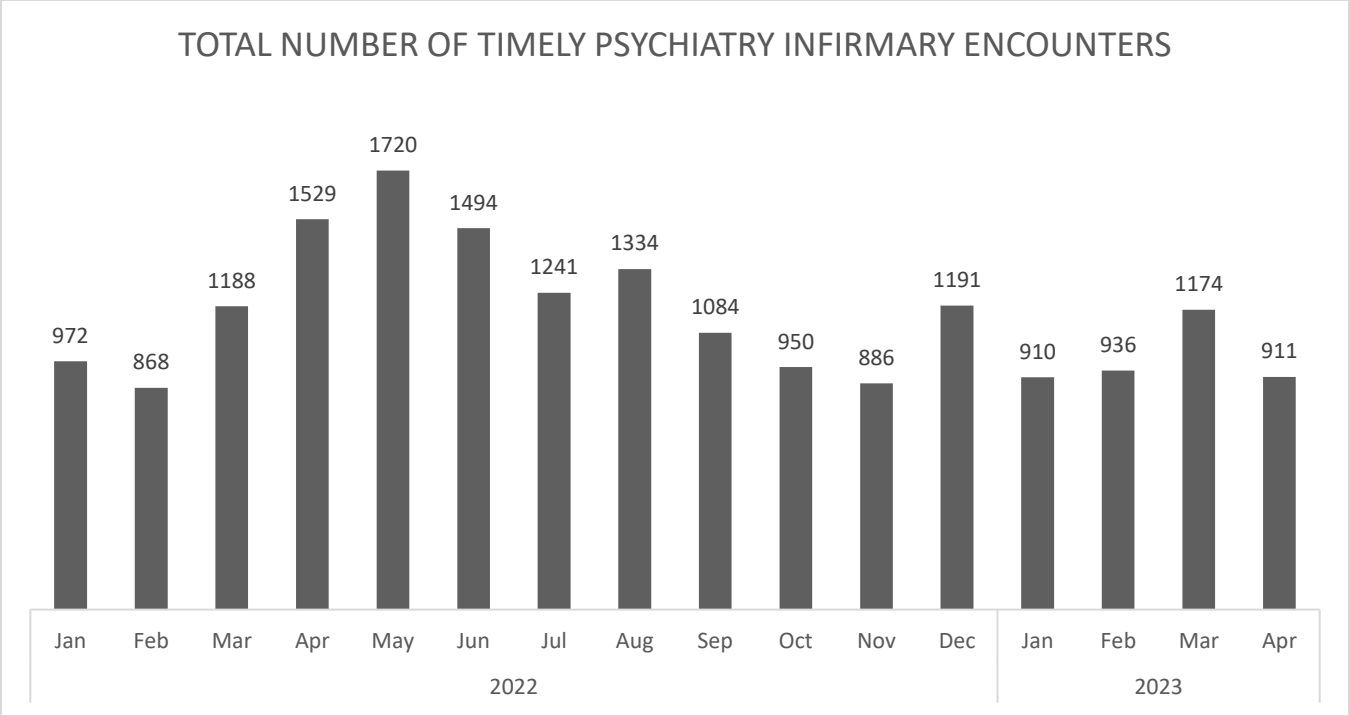
C. Cermak ensures that treatment plans adequately address detainees serious mental health needs and that the plans contain interventions specifically tailored to the detainees' diagnoses.

D. Cermak provides 24-hour/7-day psychiatric coverage to meet detainees' serious mental health needs and ensures that Psychiatrists see detainees in a timely manner. This task is accomplished through remote contacts in Intake and separate housing and face to face encounters elsewhere on the compound, including all acute units and Infirmary.



E. Cermak ensures timely provision of therapy, counseling, and other mental health programs for all detainees with serious mental illness. This includes an adequate array of structured therapeutic programming.

F. Detainees have access to appropriate infirmary psychiatric care when clinically appropriate. Detainees are seen by Psychiatrists within 24 hours after their admission to Infirmary housing units. Cermak ensures that detainees have access to appropriate acute infirmary care, comparable to in-patient psychiatric care, within the Cermak facility.



G. Cermak ensures an adequate array of crisis services to appropriately manage the psychiatric emergencies that occur among detainees.

H. Cermak ensures timely implementation of physician orders for medication and laboratory tests. Cermak ensures that detainees who are being treated with psychotropic medications are seen regularly by a physician to monitor responses and potential reactions to those medications, including movement disorders, and provide treatments.

Goal	**Description of intervention**
Blood monitoring of psychotropics	Cermak Providers ordered **2139** tests to monitor Lithium blood levels, Depakote blood levels, Hemoglobin A1C, Lipids to monitor safe administration of psychotropics
Safe monitoring of antipsychotic medications	Cermak Providers performed **626** specialized physical examinations (AIMS) to monitor safe administration of antipsychotic medications

5 - Quality measures or expectations for contracts involved in the program, where applicable
Not applicable. Cermak Health Services does not contract out for the provision of mental health services at the jail.

6 - Information on how the care being provided in this program serves the best interests of the patient/recipient of care as well as the communities where the patient/recipient of care or services resides.

Jails and prisons traditionally fill the gap in services caused by the paucity of accessible Mental Health programs available to some of the most disenfranchised populations in our communities. Second to the Illinois Department of Corrections, Cermak provides an array of services to the largest Mental Health single site population in the State of Illinois.

Frequently, when detainees enter the facility, they have acute and pressing MH needs related to housing insecurity, violence, lack of social support, poverty, and other social determinants of mental health.

These individuals are at risk of decompensation in a highly structured correctional environment and require intensive stabilization efforts.

Individuals with mental illness are at an increased risk of self-injury/suicide when incarcerated. By providing a comprehensive scope of services to these individuals, Cermak mitigates this risk.

Cermak's primary focus is patient safety. All initial evaluations are conducted with specific attention to suicide risk factors. Along the spectrum of MH care at Cermak, from Intake to the point of release, detainees receive numerous suicide risk screenings and assessments.

Detainees participate in multidisciplinary treatment team meetings and can provide input for their treatment plans that seek to address long-term deficits from MH illness, failure to adapt to correctional environment, and to restore psychosocial functioning.

Cermak's MH reentry initiatives ensure that detainees who are being released from CCDOC have a safe path to successful reentry and are connected with providers and services in the community.

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

Cermak measures its success in ensuring continuity of care by the extent to which preexisting conditions are identified and addressed during the intake and jail stay followed by safe hand-off and linkage for those who are leaving custody. Patient MH care is coordinated and monitored from admission to discharge.

Cermak patients receive MH services per prescribers' recommendations, orders, and evidence-based practices. Cermak Providers utilize clinical protocols consistent with national clinical practice guidelines for the treatment of chronic MH conditions.

Health care for detainees requires input, information, and services from a variety of institutional, CCH systemwide, and community-based resources. Cermak ensures that collateral medical records from community providers are obtained. Outside providers are routinely

contacted to verify care in the community. Cermak, as part of CCH, has a shared electronic health record with CCH and all its affiliates and clinics.

Cermak is a congregate setting, and not a hospital. It is important to ensure that detainees have unfettered access to hospital and specialty care during the period of their incarceration when necessary. Upon return to the Jail, detainees are seen by qualified Cermak staff, and the recommendations are reviewed for appropriateness of use in the correctional setting. Cermak ensures that health information from Cermak follows the patient to outside clinics and that a summary of the specialty care visit and associated recommendations are received and added to the patient's health record so that the ordered services are implemented.

Discharge planning is provided for detainees with serious MH health needs whose release is imminent. For planned discharges, health care staff arrange for a reasonable 1-month supply of current medications. For detainees with serious needs, arrangements or referrals are made for follow up services with community prescribers, including exchange of clinically relevant information, including problem lists, medications, procedures, and test results. Prior to planned release staff emphasizes the importance of appropriate aftercare and follow up.

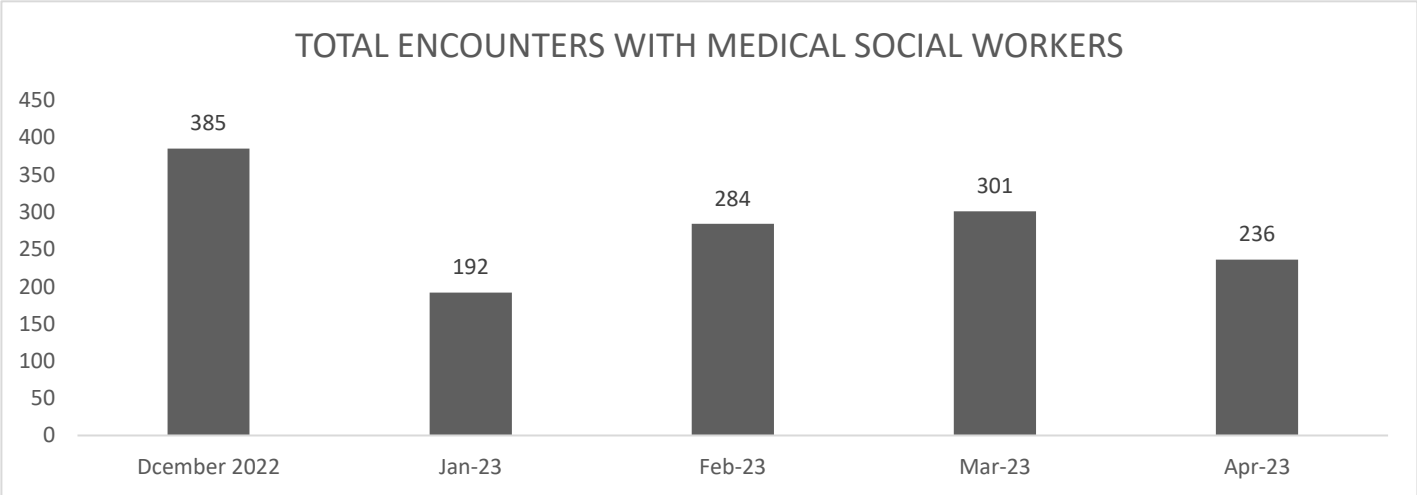
8 - Information on the best practices in this type of programming.
Cermak has developed several clinical and patient safety practices that allowed the organization to come in compliance with all of the provisions of the Agreed Order between the DOJ and the County of Cook in April 2018 and national jail standards, as promulgated by the National Commission on Correctional Healthcare since April 2023. Some of these practices include:

Program	Description and Goals
Interagency collaboration	Weekly Divisional inter-agency management meetings between CCDOC Divisional leadership and Cermak Correctional Psychologists.
Suicide prevention	Monthly MH Suicide Prevention Committee (Cermak and CCDOC). Suicide Risk Screening and Assessment at every face-to-face point of service. Three times a week rounding in restrictive settings to identify at risk detainees
Therapeutic community	Establishment of Therapeutic Tiers for enhanced programming and creation of a therapeutic community (restart pending)
Intensive management	Intensive Management Unit serving the institutionally disruptive seriously mentally ill
Incentives/jail economy	Incentives system in the RTU-Rehabilitative Units setting that promotes accountability and reduction in self-injury. Incentives program in P4 Level of Care (Infirmary)

Post release care	Coordination with CCH and retail pharmacies for post-discharge medications. Detainees receive medications post release.
Assisted Outpatient Treatment	Assisted Outpatient Treatment program that facilitates outpatient commitments for detainees who are being released from CCDOC.
Medication Assisted Treatment	Mental Health Department participates in the OTP (Opiate Treatment Program) re-accreditation preparation and process which resulted in the maintenance of accreditation in August 2022
Post critical incident interventions	Post critical incident Psychological First Aid program
Critical services	Providing 24/7/365 access to crisis assessment/intervention for individuals detained at the Jail. MH staff is being trained in Crisis Intervention Techniques
CQI	Robust Continuous Quality Improvement program assessing access and effectiveness across a broad service delivery model.
CCSO Staff training	Providing Health Training for Correctional Officers (Mental Health) for all new officers as well as refresher web-based in-service training.

9 - Information detailing meetings and coordination on patient identification, programs and goals with other Cook County agencies, City of Chicago or other partners or entities on this program, where applicable

Most of the reentry services and liaison work between agencies are conducted by Medical Social Workers in coordination with community partners/agencies and CCSO staff. Over the past several years the Department has lost several Social Workers and now there is an unusually high rate of vacancies. Social workers are responsible for a vast array of services including:



A. Collaboration with CCDOC programs and departments for coordinated releases of the detainees requiring direct admissions to nursing and intermediate care facilities.

B. Coordination with Thresholds Justice Team (outside provider contracted through the Cook County Court bond system) has ended and the team was disbanded.

C. Referrals for outpatient care and follow up for detainees who are released from custody through Trilogy, Heartland Alliance, and Bobby Wright as well as behavioral Health Consortium (including Community Counseling Centers of Chicago (C4), Metropolitan Family Services, Human Resources Development Institute Inc. (HRDI), Habilitative Systems, Inc. (HSI), the South Suburban Council on Alcoholism and Substance Abuse, and Family Guidance Centers Inc.)

D. Collaboration with the Circuit Court of Cook County: Mental Health Court Program- now through NAMI of Chicago, Veteran's Court, Drug Court, Affordable Care Treatment Court, and Adult Redeploy program.

E. Coordinated transition of care for VA patients upon release from custody.

F. Coordination of discharge medications and patient appointments for Justice Advisory Council who manage no place to stay detainees who are leaving on Electronic Monitoring. JAC has contracts with two alternative site providers -"A Safe Haven" and "Henry's Sober Living"- and the JAC makes the decision on defendants that have No Place to Stay. JAC sends Cermak a daily list of who they want to place that evening and the location of where they are being placed. Cermak staff review the charts to make sure the placements can accommodate the medications they are prescribed and any additional needs (medical issue, MAT). Cermak staff set up discharge medications and inform JAC that medications will need to be picked up and notify EM if movement is needed for additional medical appointments. Cermak also inform MAT staff so they can set up MAT services.

G. Coordination of services with the Bail Bond Project Initiative. Bail Bond Project sends a list each week of those whom they have decided to bond out. Cermak staff review the charts and enter discharge medication alerts, if needed, and inform BBP and TASC that the patient will have medications available at JSH outpatient pharmacy, the latter project has been on hold.

H. Collaboration with the Cook County Community Resource Center. The Cook County Sheriff's Office operates the Community Resource Center (CRC). The initiative will provide linkages to services for at-risk recently released detainees in need of supportive services. Services include direct connections to financial coaching, medical and behavioral health treatment, employment opportunities, food, clothing, and housing resources within their communities. Cermak staff refer prescreened detainees in need of services to CRC.

I. Participation in the Safety and Justice Challenge Population Review Committee comprised of Cook County Justice Stakeholders commissioned to collaborate and strategize to reduce the jail population, reduce pretrial lengths of stay and address social inequities and mental health

needs of the incarcerated. Individual case reviews are also presented for patients with complex medical and mental health needs to identify alternatives to incarceration and reentry support for compassionate considerations and/or to potentially reduce the cycle of incarceration.

J. Collaboration with the Fitness/Jail Diversion Program designed to divert arrested individuals who have serious MH needs to Madden Medical Center for immediate treatment and further services coordination and before they enter CCDOC compound.

K. Work with the State of Illinois Department of Human Services facilitating transfer of detainees remanded to DMH to and from DMH-run facilities.

L. Communication and Coordination (with an appropriate release of information signed by the detainee) with family members, community providers, attorneys, probation officers, defense attorneys and other concerned individuals that inquire about detainees' current medical and/or MH treatment and discharge plans.

M. Coordination with internal CCDOC programs such as THRIVE to ensure continuity of care for detainees being released and with CCDOC External Operations staff to for coordinated releases of detainees (detainees are released and/or transported to a specific agent/location).

N. Communication of clinical treatment needs for detainees with internal Cermak staff, including medical providers, psychologists, and physicians.

MH Department continues to deal with sustained and lasting shortages of Medical Social Workers. Recently held CCH hiring fair identified several candidates suitable for hiring.

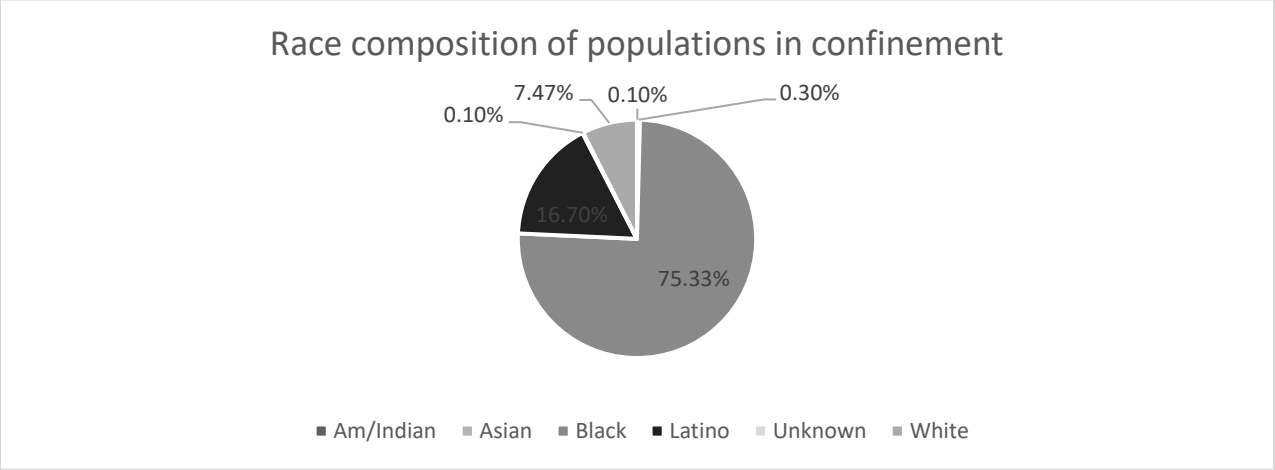
10 - An evaluation of the program and an overview of any overlap in outreach, communities served, and programs with other Cook County and City of Chicago Agencies, and an evaluation of the impact of the program and an overview of its effectiveness, particularly as it pertains to vulnerable populations, racial and ethnic minorities; and populations facing disparities in behavioral health outcomes, behavioral health care, and behavioral healthcare access.

Cermak is the sole health care provider for detainees at Cook County Jail. Cermak works in conjunction with the CCSO's Department of Programs and Operational Leadership to identify opportunities for expansion of services and leads advocacy efforts on behalf of the detainees. Determining a scope of services is frequently a collaborative task between Cermak and CCSO Operational Leadership whereas objectives, locations, and volume of services are determined based on the established previous benchmarks created by the provisions of the DOJ Agreed Order, allocated resources, as well as current operational and clinical needs.

Cermak Health Services evaluates the effectiveness of the MH program by:

1) *Provision of suitable services*- Cermak provides services across the continuum of care on-site (inpatient/infirmary level of care, intermediate/residential care, and outpatient level of care)

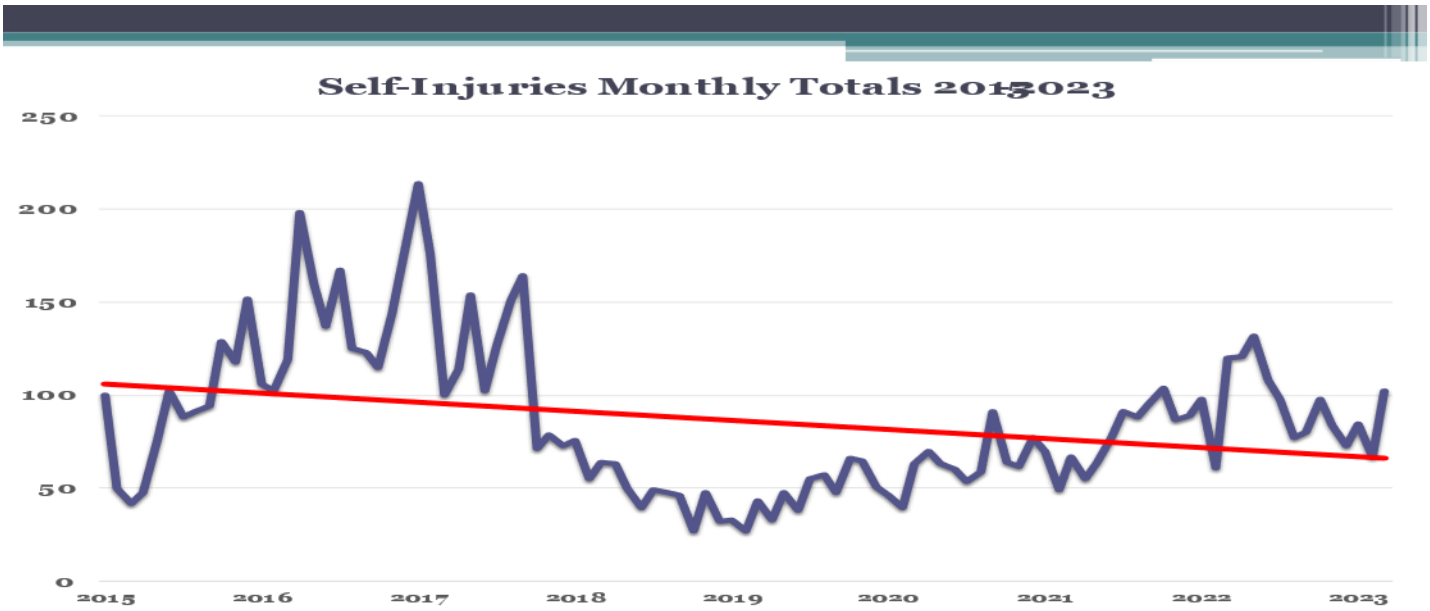
2) *Provision of accessible services*- all detainees at the Jail can access MH services at any time during their detainment. Most detainees experience disparities in access to care in the community. When these individuals are detained at the Jail, Cermak works to minimize and/or remove any barriers to needed care to reduce disease burden and recidivism. Cermak provides services based on individual level of mental health needs. Cermak provides these services regardless of any patient's ability to pay, and Cermak does not bill any services to the patient. Detainees have a constitutionally protected right to have access to health care services for their serious medical and mental health conditions when detained.



3) *Provision of services that are acceptable to patients*- patients are provided services aligned with an individualized treatment plan based on individual needs/goals

4) *Ensuring continuity of services*- patients can move up or down in level of services based on their level of care needs. Cermak promotes access to care by providing 24/7/365 coverage for all mental health needs across the Jail compound including crisis services, special care units, medication monitoring, and residential treatment level of care.

5) *Provision of safe services*- patients are provided with a safety/suicide risk assessment at each point of contact with Mental Health providers. The total number of self-injuries across the jail compound is tracked and analyzed. The below graph suggests that there is a negative overall trend in self-injuries over the past 4-5 years. Recent analysis indicates that while trending down during the peak of the pandemic, now we can see trend stabilization:



One of the central aims of the Cermak MH program is decreasing detainee self-injury and suicide in the Jail. Admissions related to self-injury/suicidal ideation/behavior are housed in a heavily monitored and suicide resistant Psychiatric Special Care Unit (P4 level of care). Department is charged with assessing level of risk during all patient encounters and taking appropriate action when risk is identified. Joint Primary Care and MH utilization daily review addresses specifically those detainees who present with foreign body ingestions. Enhancing coordination and tracking of this cohort has led to recently registered decreases in this subtype of self-injurious behavior.

11 - Information with the costs associated with the program(s) and funding source(s)
Fiscal allocations for the Cermak Mental Health Program for 2022-2023 totaled $13,523,512. Funding for the program is provided through the Cook County Health Enterprise Fund.

12 - Any additional information which may facilitate the Committee's understanding of the program, initiative, or activity
Cermak's focus is on meeting detainees' serious and routine mental health needs while integrating the provision of services with the operational demands on the compound, safety and security of staff and detainees, and collaborating with partnering organizations in the community with the goal of linking detainees with post release services. One of the most essential tasks is removing barriers to care and improving access to services during the COVID-19 compound wide response. Several important activities of the program are reflected in the following:

a) Cermak ensures access to services by timely conducting MH screenings and dispositions in Intake as well as tailoring individual treatment plans to changing clinical objectives and when detainees are unable to meet treatment plan goals.

b) One of the central tasks is the maintenance of Cermak's robust Suicide Detection and Prevention program that provides detainees with timely detection of urgent MH needs (suicide risk screens and suicide risk assessments), supervision by qualified staff, access to suicide resistant settings, and schedules for follow up.
c) Accessibility and frequency of contact with Providers have been modified during the pandemic and, presently, the ongoing compound wide normalization of scheduling operations and patient movement boosts treatment and supportive face-to-face interventions contributing to improvement in treatment outcomes.
d) Readmission rates to Cermak intensive treatment settings (P3 and P4) have remained below national rates and suggest that despite of challenging adjustments due to COVID-19 response, Providers have been able to maintain positive treatment outcomes while adhering to national practice guidelines.

13 - Any additional information which may foster a more accurate assessment of behavioral health care needs and opportunities for collaboration or growth within the Cook County Government entity's behavioral health care programs.

While the MH Department's mission has been centered around meeting detainees' mental health needs on the compound, the reentry services' allocations have been relatively less robust. Presently, the Department deploys 3 Social Workers (with three unfilled vacancies) to provide linkage services for nearly 6,500 detainees who are maintained on the MH caseload. Since the last report, there have been no hiring changes for that discipline. Possible future expansion of linkage services and Social Workers' staffing levels at Cermak can enhance the program's efficiency by facilitating reentry and reducing recidivism based on unmet MH needs in the community. Partnership opportunities and already-developed collaboration venues need to be matched with manpower.

MH Department continues to experience relatively high rates of attrition among Psychiatry. One of the crucial measures that enables correctional facilities to recruit and retain diverse talent is Educational Loan Repayment through any of the public service programs, the best known being National Health Care Corps loan repayment program. Presently, Cermak is not a qualifying site which significantly impedes qualified candidates from joining Cermak.

The Governor included a $3M appropriations in his FY2024 budget for the Equity and Representation in Health Care Act.

> *The Equity and Representation in Health Care Act (PA 102-0942) is legislation passed in the 2022 session by CCH and the Illinois Primary Health Care Association that creates a new loan repayment and scholarship program for clinical personnel working at CCH facilities (or FQHCs) and prioritizes individuals from demographics and backgrounds underrepresented in the health care sector. This program is largely modeled after the National Health Service Corp. but allows for all clinical personnel working at CCH facilities to be eligible, including those working at Cermak Health Services. IDPH has also expressed support and excitement about their role in implementing this program, pending the appropriations.*

Supporting a health care workforce that better reflects, represents, and understands the patients they serve will help address these challenges. The Equity and Representation in Health Care Act seeks to address racial and other disparities in health care through the recruitment and retention of a diverse and representative health care workforce. The Act will do this through:

a. Providing new and increased funding to support loan repayment and scholarship programs.
b. Filling gaps by adding health care professions eligible to participate and
c. Prioritizing populations that continue to be underrepresented in the health care workforce.

The Equity and Representation in Health Care Act will build and strengthen the workforce at community-based provider locations that serve a high-proportion of Medicaid and uninsured patients, specifically at FQHCs, FQHC Look-A-Likes, and provider locations operated by Cook County Health.

14 - Any additional information if patients receive follow up care at a Cook County hospital including medication management as a part of aftercare.
Detainees prescribed psychotropic medications while in detention at CCDOC are assessed to determine if they can receive a 30-day prescription for their medications at CCH's Stroger Outpatient Pharmacy or at a retail Pharmacy of their choice.

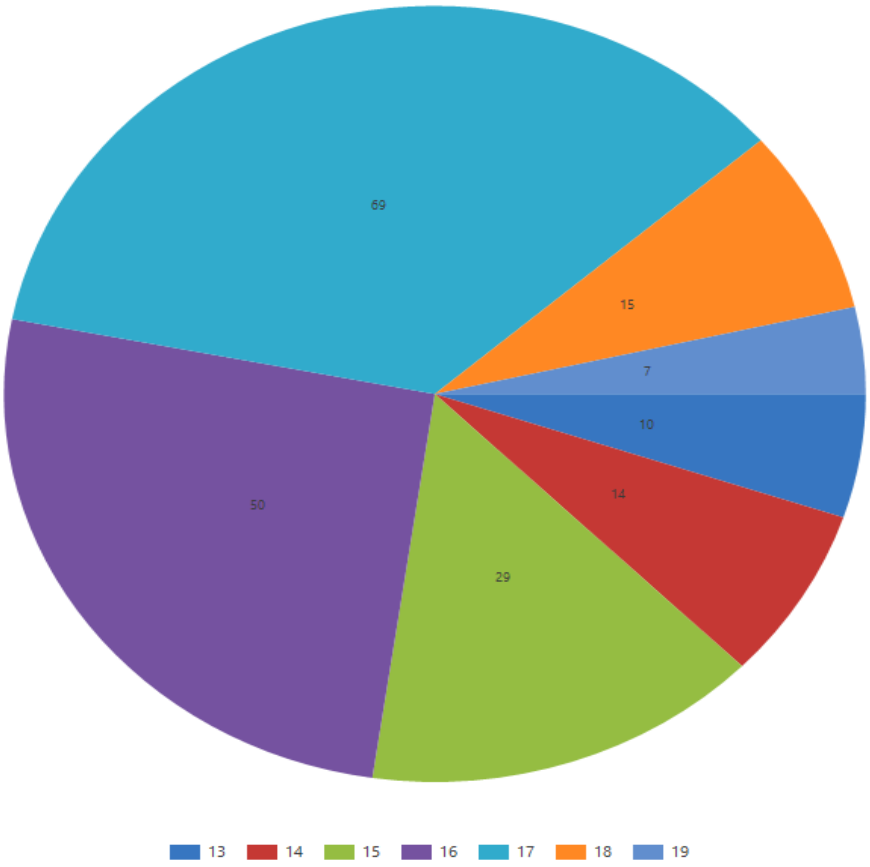
Cermak coordinates with CCH to e-prescribe detainees' psychotropic and other medications to a pharmacy agreed upon by the patient.

Medical Social Workers schedule appointments with the outpatient clinics (including the injection clinic for those who take long lasting psychotropic medications administered via intramuscular injections) for the patients who leave CCSO custody and are interested in ongoing follow up and medication management services/aftercare at CCH.

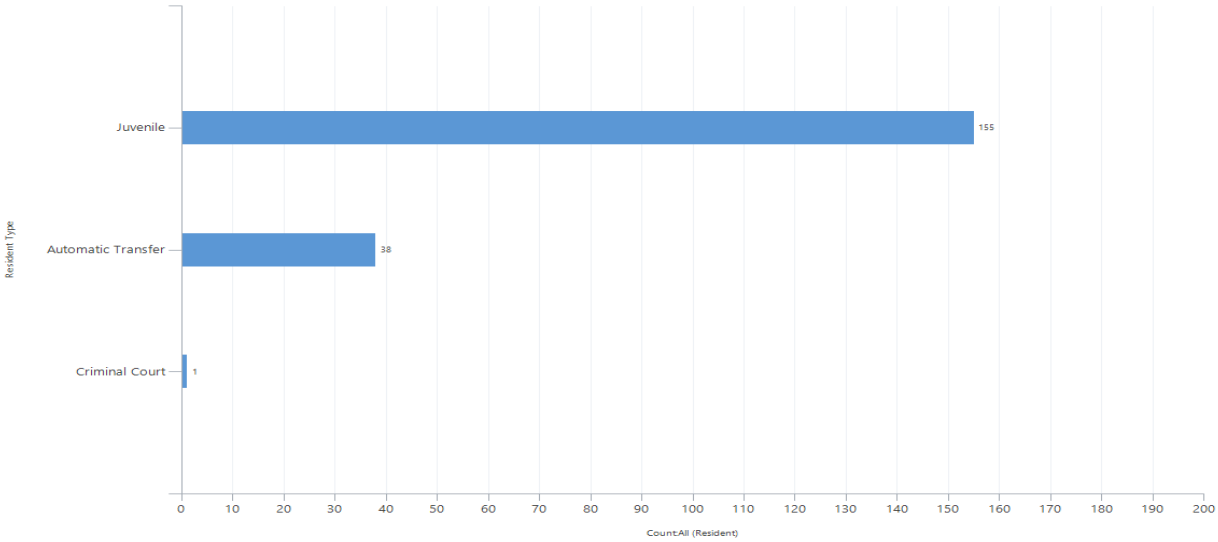
Juvenile Temporary Detention Center Health Services

1 - General information on the population served, including how patients were identified or applied for services, a breakdown of where patients of the program(s) reside in Cook County and the number of patients served over the last 24-month cycle

The Cook County Juvenile Temporary Detention Center (JTDC) Behavioral Health (BH) Program, operated by Cermak Health Services of Cook County Health (CCH), provides care for youth detained at the JTDC. These youth range in age from 12 to 20 years old. The current age breakdown (June 1, 2023) is as follows:



The majority of youth at the JTDC are being held on juvenile charges with a smaller percentage being charged as adults (June 1, 2023):



Patients are identified for service via several mechanisms. Behavioral Health staff conduct Mental Health Screenings and make appropriate referrals within 72-hours of a youth's

admission to the JTDC. All residents who enter the JTDC receive the Massachusetts Youth Screening Instrument- Second Version (MAYSI-2) and the Behavioral Health Intake Screening and Initial Treatment Plan.

The MAYSI-2 is a 52 question self-report tool that is administered to youth within 4 hours of entering the JTDC. The MAYSI-2 has six main scales including: Alcohol/Drug Use; Angry-Irritable; Depressed-Anxious; Somatic Complaints; Suicide Ideation; and Thought Disturbance. Results of the MAYSI-2 are provided to Qualified Mental Health Professionals (QMHP) who review the data and use it to make treatment recommendations.

In addition to the MAYSI-2, the Behavioral Health Intake Screening and Initial Treatment Plan is administered by QMHP within 72 hours of the youth's arrival to the facility. The following domains are included in the screening:

- Medical History
- Head Injury Questionnaire
- Medication Treatment History
- Mental Health Symptom History
- Mental Health Treatment History
- Family Relationships History
- Family Medical / Mental Health History
- Prenatal History
- Current Eating and Sleeping Patterns
- Sexuality (Sexual Orientation, Gender Identification, Preferred Pronouns, etc.)
- Abuse / Neglect History
- Prison Rape Elimination Act (PREA) Assessment
- Educational History
- Substance Use Assessment
- CRAFFT Screening Interview (for substance abuse)
- Impacts of Substance Use Assessment
- Suicide and Self-Injury Assessment
- Assault and Homicide Assessment
- Child and Adolescent Trauma Screen (CATS) – Youth Report
- Strengths and Interests Assessment
- Mental Status Exam
- Treatment Recommendations

Based upon the findings of the Behavioral Health intake screening and the MAYSI-2, clinicians will make recommendations that may include placement on the Mental Health Follow Up Status (MHFU). MHFU residents receive treatment planning, weekly staffing, at least weekly individual therapy, and care coordination services. Criteria for placement on MHFU include history of Behavioral Health or substance abuse treatment; current symptoms of mental illness including trauma related symptoms, current or recent treatment with psychotropic medication, significant substance use, intellectual functioning or developmental delay issues, and other special needs that may require Behavioral Health support.

For FY 2023 through Q2, Behavioral Health Services at the JTDC have placed an average of 64% of the population on MHFU status. For the same period of time in 2022, the average was 56% of the population.

Mental Health Population	FY 2023 Ave Through Q2
Mean Active Treatment Cases	107
Mean JTDC Population	167
Percent JTDC Population Active TrCases	64%

All youth at JTDC have access to Behavioral Health services and do not require a diagnosis or placement on MHFU status to receive services. Youth can request services through a user-friendly referral system and/or Behavioral Health outreach/milieu activity. All residents are also provided group counseling services and group psychoeducation. Any resident may also request re-entry planning services from one of the Behavioral Health social workers.

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

The JTDC Behavioral Health Program provides efficient, competent and high-quality services that are consistent with relevant professional standards, the Juvenile Standards of the National Commission on Correction Health Care ("NCCHC"), the American Correctional Association ("ACA") and the established best practices within the fields of psychiatry, clinical psychology, and social work. The JTDC Behavioral Health program provides on-site clinical coverage 365 days per year from 8am to 10pm and has 24-hour psychosocial and psychiatric on-call services.

In Q2 2022, the JTDC Health Services Program, which includes Mental Health services, had it's 3-year re-accreditation survey by NCCHC. It was a very successful audit with a finding that the JTDC was 100% in compliance with NCCHC standards over the last 3 years. The JTDC received it's official NCCHC certificate of accreditation on June 17, 2022.

In Q1 and Q2 of 2023, the Administrative Office of the Illinois Courts (AOIC) conducted a comprehensive site review of the JTDC including the Medical and Mental Health Services being provided by CCH. In their report dated May of 2023, they found that Medical and Mental Health Services at the JTDC **Exceed** the requirements of AOIC standards.

In Q2 2023, The Illinois Department of Juvenile Justice (IDJJ) also conducted an audit of the JTDC. While the report has not yet been published, the lead surveyor did share during the exit interview that Mental Health services are a particular strength of the facility.

The JTDC Behavioral Health Program provides clinical services including:

- Behavioral Health Screening and Assessment
- Psychiatric Evaluation and Treatment

- Comprehensive Treatment Planning
- Crisis Intervention
- Daily Clinical Rounds on All Living Units
- Daily Assessment of Youth in Confinement
- Weekly Clinical Staffings
- Individual Counseling/Therapy
- Family Counseling
- Behavior Management
- Substance Abuse Counseling
- Psycho-educational Groups
- Trauma Screening and Treatment
- Evidence Based / Supported Programming
- Consultation to the Court and Probation
- Referrals for Hospitalization
- Comprehensive Re-entry Planning Services

The overall goal of the program is to meet the mental, emotional, developmental and social needs of the residents using a biopsychosocial approach. This work is carried out using multi-disciplinary and team-driven methods customized to the needs of the individual youth. Having smaller clusters of centers, with a core group of Behavioral Health professionals in each, gives greater stability to residents, improves communication, and makes their work more efficient. Each of the 7 JTDC centers has a designated Behavioral Health team consisting of a Clinical Psychologist, Mental Health Specialists, Licensed Clinical Social Workers, and Psychiatrist.

JTDC Behavioral Health staff conduct daily Clinical Rounds of all JTDC residential areas ("pods") to identify residents' problems and provide interventions to address the problems as early as possible, before they become worse. During rounds, a JTDC clinician will speak with direct care staff, case workers, and center management staff about any Behavioral Health concerns and/or Behavioral Health referrals. The clinician may also review the pod's log book, incident reports and any major rule violations. The clinician also speaks directly with any youth who requests services, youth who are confined, and youth who are serving extended cool-offs. In our experience, increasing the volume of clinical rounds contributed to decreasing numbers of Behavioral Health related crises and psychiatric hospitalizations.

3 - Information on the providers, managers, and/or operators of the behavioral health care program, activity or service and any overlap in funding, to the extent it is known.
All the Providers and Managers in the Behavioral Health Department at the JTDC are Cook County Health employees. The JTDC Behavioral Health Program does not employ contractors or vendors to provide services.

Operational and clinical leadership of the Department is carried out by the Juvenile Justice Behavioral Health Director and the Chief Psychologist.

Due in part to shifts in the job market that began during the pandemic, the JTDC Behavioral Health Program has experienced significant attrition of clinical staff, particularly on the PM shift. Cermak leadership is working on various strategies to recruit and retain staff.

Cermak BH staff at the JTDC (FTE) presently includes:

Juvenile Justice Behavioral Health Director	**1**
Chief Psychologist	**1**
Psychiatrists	**1.5**
Psychologists	**6**
Postdoctoral Fellows	**2**
Psychiatric Social Workers	**2**
Mental Health Specialists	**9**
Grand Total	**23.5**

In Q1 & Q2 2023, total behavioral health encounters and clinical activities significantly increased when compared with the same time period in 2022 (20,585 in 2022 vs 36,735 in 2023). Additionally, there was a significant increase in the number of referrals received by the MH department.

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

The overall goal of the program is to meet the mental, emotional, developmental and social needs of the JTDC residents using a biopsychosocial approach. As an accredited facility with the NCCHC, the JTDC Behavioral Health program must comply with all NCCHC Juvenile Standards. Success of the program is measured by:

- Proof of ongoing compliance with NCCHC Juvenile Standards (as measured by NCCHC during accreditation surveys). As mentioned above, in April 2022 NCCHC found the JTDC to be 100% compliant with its Juvenile Health Standards.
- Proof of ongoing compliance with state standards (as measured by AOIC and IDJJ). As mentioned above, Mental Health services at the JTDC were found to exceed state standards.
- Adherence to established protocol / practice guidelines outlined in the CCH Health Policy Manual:
    - Administration of the Behavioral Health Intake Screening and Initial Treatment Plan within 72 hours of admission
    - Completion of master treatment plan for all MHFU residents within 10 days of being assigned to parent center
    - Daily rounds on all JTDC living units
    - Twice daily re-assessments for all residents on suicide precautions
    - Initial assessments for confined residents within 3 hours of confinement
    - Daily re-assessments for all confined residents
    - Weekly multidisciplinary staffings for all residents on MHFU
    - Response to all non-emergency referrals within 24 hours
    - Immediate response to all emergency referrals
    - Daily wellbeing checks for all residents on the RESET pod
    - Power Source groups twice weekly for all residents on the RESET pod
    - Daily follow up encounters for all residents housed on the Stabilization Unit

- Results of ongoing program evaluation initiatives including quarterly Continuous Quality Improvement (CQI) meetings, annual CQI studies (e.g. Chronic Disease Protocols Study, Annual Resident Survey, etc.) and annual peer review exercises
- Ongoing monitoring of psychiatric crises at the facility and related outcomes

Specific Mental Health Contacts	Q1 Sum	Q2 Sum
Intakes	251	295
Referrals	2,456	2,509
Individual Therapy Sessions	1,154	1,354

5 - Quality measures or expectations for contracts involved in the program, where applicable
Not applicable

6 - Information on how the care being provided in this program serves the best interests of the patient/recipient of care as well as the communities where the patient/recipient of care or services resides.
Detention facilities often fill the gap in services caused by the paucity of accessible Mental Health programs available to some of the most disenfranchised populations in our communities. The JTDC is the largest single site juvenile detention facility in the country and as such it provides a high volume of needed services to justice involved youth in Cook County.

Frequently, when youth enter the JTDC, they have acute and pressing MH needs related to housing insecurity, violence, lack of social support, poverty, and other social determinants of mental health.

A high percentage of these youth have trauma histories (research suggests over 90%) and many have substance use disorders. As such, thorough assessment, stabilization, and patient safety are primary foci of the JTDC Behavioral Health program. To address issues related to trauma, substance abuse, and mental illness, the JTDC Behavioral Health program utilizes several evidence-based interventions (outlined below in section #8).

Detained youth who suffer from mental illness are also at an increased risk of self-injury/suicide. By providing a comprehensive scope of services to these individuals, the JTDC Behavioral Health Program mitigates this risk. All initial evaluations are conducted with specific attention to suicide risk factors. Along the spectrum of Behavioral Health care at the JTDC, from Intake to the point of release, youth receive numerous suicide risk screenings and assessments.

7 - Information on how the continuum of care may be addressed through this program.
In 2015, the Office of the Chief Judge asked the Chapin Hall Center for Children at the University of Chicago (Chapin Hall) to conduct an independent review of relevant mental health screening, assessment, referral, and service delivery practices, and make recommendations to help the Office of the Chief Judge achieve an integrated system of mental health for youth involved with the Juvenile Justice Division of the Cook County Circuit Court. Specific deliverables included recommendations for addressing problem areas based on a comprehensive review of how current mental health screening, assessment, referral processes and relevant clinical interventions function in comparison to evidence from existing literature about best practices.

Cook County Health (CCH) entered into a Memorandum of Understanding (MOU) with the Office of the Chief Judge (OCJ) on July 17, 2018. Per the MOU, which was based in part upon recommendations from Chapin Hall, it is the intent of the OCJ to create an integrated Behavioral Health delivery system that improves the collaboration among the OCJ's youth-serving departments, increases care coordination, and implements the reforms necessary to enhance current BH services. It is also the goal of the OCJ and CCH to promote continuity and comprehensiveness across the continuum of clinical intervention points within the BH delivery system. The purpose of creating this singularly-focused, integrated system is to enable the OCJ and CCH to better align services with the BH needs of court-involved youth.

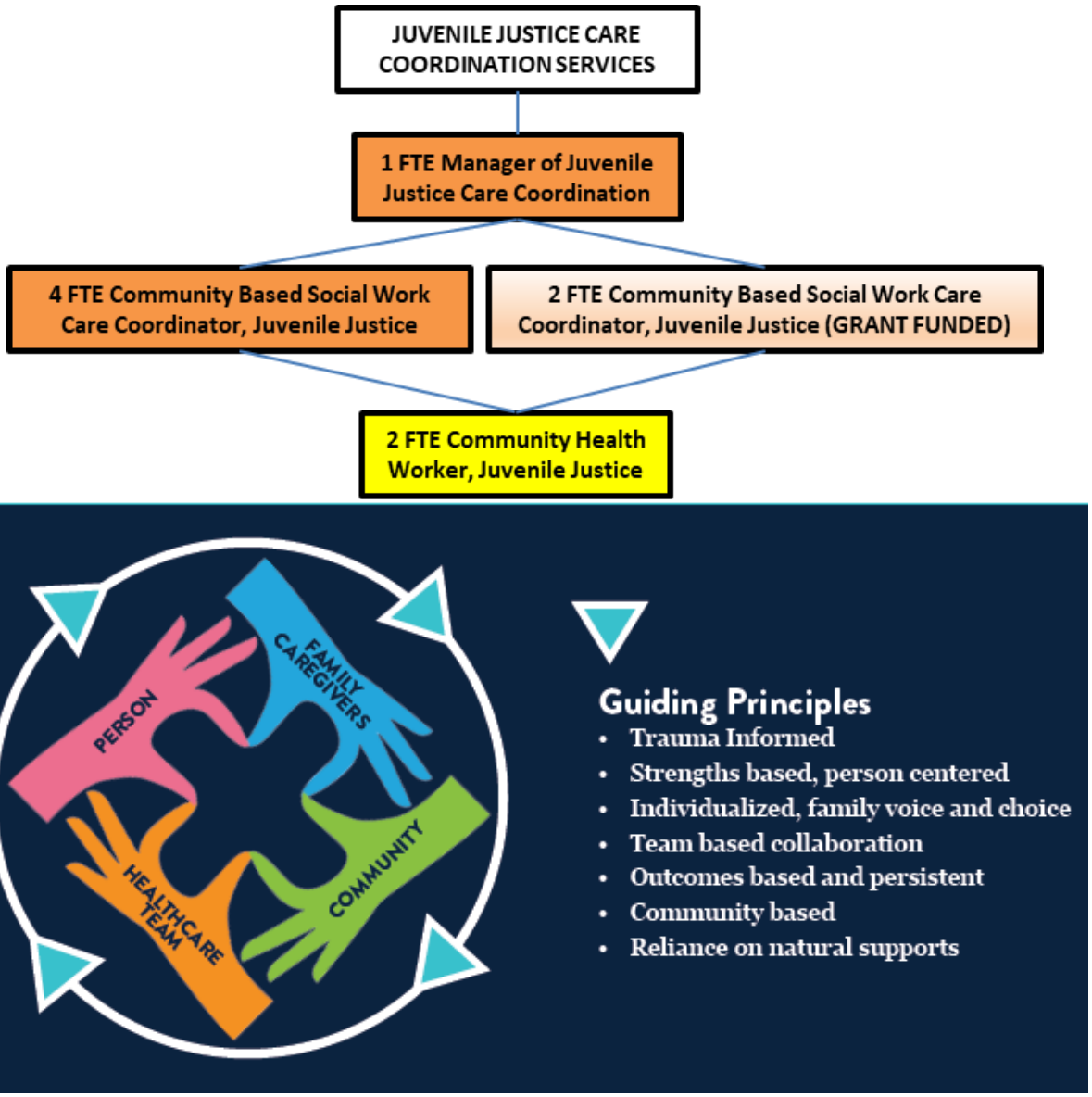
Behavioral Health services have historically been provided across multiple clinical intervention points within the three youth-serving departments that are under the authority of the Chief Judge. Each of these clinical intervention points represents an opportunity 1) to identify youth needs through screening and assessment; and 2) to refer youth to appropriate follow-up services. These services, including screening, assessment, and related interventions, have been provided by multiple individuals, including court employees, contracted on-site providers, and community-based providers. At the time the MOU was signed, these independent organizations had no formal unifying structure, which has resulted in missed opportunity for the continuity and cohesiveness of services.

Cook County Health has created an infrastructure that promotes ongoing collaboration, communication, planning and oversight across the juvenile justice behavioral health system of care. To this end, CCH created three primary committees/workgroups that have been participating in the design and planning of an enhanced juvenile justice system of care and are providing ongoing monitoring to ensure system goals are achieved and that innovation continues to be part of the new culture. Specifically, CCH launched: The Juvenile Justice Behavioral Health Clinical Steering Committee (11/30/18), the Behavioral Health Stakeholder Advisory Workgroup (4/19/19), and the Quality Assurance Workgroup (5/29/19).

One of the primary concerns noted by Chapin Hall was the lack of cohesive communication and coordination between system actors in Cook County. This has resulted in a disjointed system of care where redundant efforts have resulted in both inefficiency and confusion. On February 20, 2019, CCH presented a systems review of care coordination in Cook County's juvenile justice system to the JJBHCSC. CCH included an overview of the care coordination system being utilized

by the CCH Integrated Care Department. The committee unanimously agreed that care coordination will be critical if improved outcomes for justice involved youth are to be realized. The core principle of integration is also consistent with the CCH mission to deliver integrated health services.

In early 2020, CCH launched the **Juvenile Justice Care Coordination Program (JJCC)**, headed by a Manager of Juvenile Justice Care Coordination to provide both assessment and care planning services for justice involved youth, including those housed at the JTDC. Supported by Community Health Workers, the care coordination team has the ability to effectively connect youth to CCH based and other community behavioral health services. The following diagram represents the structure of the care coordination team:



Column1	Q1 2023
Incoming Referral Details	
Referral Type	
Probation	6
JTDC	0
State's Attorney	5
Public Defender	2
IDJJ	0
Guardian	0
Self	0
Court Clinic	0
Chicago Police	1
Chicago Public Schools	0
Community Partner	0
Other	0
	14

Column1	Q2 2023
Incoming Referral Details	
Referral Type	
Probation	7
JTDC	0
State's Attorney	2
Public Defender	2
IDJJ	0
Guardian	0
Self	0
Court Clinic	0
Chicago Police	1
Chicago Public Schools	0
Community Partner	0
Other	0
	12

Outcomes for the JJCC's Deferred Prosecution referrals are being independently evaluated by Chapin Hall. Preliminary recidivism findings are very positive but more rigorous evaluation still needs to be completed.

8 - Information on the best practices in this type of programming.
As an accredited facility with the NCCHC, the JTDC Behavioral Health program must comply with all NCCHC Juvenile Standards. Success of the program is measured by:

- Proof of ongoing compliance with NCCHC Juvenile Standards (as measured by NCCHC during accreditation surveys). As mentioned above, in April 2022 NCCHC found the JTDC to be 100% compliant with its Juvenile Health Standards.
- Proof of ongoing compliance with state standards (as measured by AOIC and IDJJ). As mentioned above, Mental Health services at the JTDC were found to exceed state standards.
- Adherence to established protocol / practice guidelines outlined in the CCH Health Policy Manual

The two primary goals of the JTDC Behavioral Health Strategic Plan are to increase the availability of behavioral health services to justice involved youth and to enhance those services already in place by introducing more evidence-based practices (EBP). A core, guiding principle for this reform effort, EBP is also consistent with CCH's larger vision to provide high quality care to the residents of Cook County. Two areas for EBP enhancement that are being targeted specifically are trauma treatment and substance use treatment. On March 30th 2019, the Juvenile Justice Behavioral Health Steering Committee (JJBHCSC) reviewed results of a EBP systems review conducted by CCH. As a result, the committee discovered several opportunities for collaboration around EBP in the areas of substance abuse treatment and trauma treatment. Today, the JTDC has the following EPB in place:

- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Power Source: Taking Charge of Your Life (emotional literacy based EBP)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Trauma Grief Component Therapy for Adolescents (TGCTA)
- Maryville Academy Substance Abuse Programming

In November of 2022, using OJJDP grant funding, the JTDC Mental Health program began the process of training all clinical staff in SPARCS. SPARCS is an evidence-based group intervention for youth who have been exposed to trauma. There are 87 JTDC youth currently enrolled in SPARCS groups.

9 - Information detailing meetings and coordination on patient identification, programs and goals with other Cook County agencies, City of Chicago or other partners or entities on this program, where applicable
The Juvenile Justice Behavioral Health Clinical Steering Committee (JJBHSC) is composed of designees from CCH, the OCJ, Juvenile Temporary Detention Center (JTDC), the Juvenile Probation Department (JPD) and the Cook County Juvenile Court Clinic (CCJCC) operated by

Northwestern University. The initial charge of this committee is to oversee the development of the strategic plan to implement the vision for an evidence-based and responsive system of care (as outlined in the MOU). Both the Behavioral Health Stakeholder Advisory and Quality Assurance Workgroups report up to this oversight committee. As opportunities arise for collaboration, this committee will serve as a screening and decision-making body that will determine the roles in these initiatives. In addition, this committee provides a platform for cross-office communication and problem solving for internal issues that arise within the system of care. The JJBHSC is chaired by the Juvenile Justice Behavioral Health Director and convenes monthly.

10 - An evaluation of the program and an overview of any overlap in outreach, communities served, and programs with other Cook County and City of Chicago Agencies, and an evaluation of the impact of the program and an overview of its effectiveness, particularly as it pertains to vulnerable populations, racial and ethnic minorities; and populations facing disparities in behavioral health outcomes, behavioral health care, and behavioral healthcare access.
Various documents attached to the original quarterly report provide evidence of ongoing program evaluation and demonstrate our robust level of stakeholder partnership.

11 - Information with the costs associated with the program(s) and funding source(s)
Program costs are budged for via CCH. The JJCC was awarded additional grant funding via the OJJDP and ARPA that will help to expand the program's capacity.

12 - Any additional information which may facilitate the Committee's understanding of the program, initiative, or activity
None

13 - Any additional information which may foster a more accurate assessment of behavioral health care needs and opportunities for collaboration or growth within the Cook County Government entity's behavioral health care programs.
None

14 - Any additional information if patients receive follow up care at a Cook County hospital including medication management as a part of aftercare.
Youth who were taking psychotropic medications at the JTDC are provided with 30 days' worth of their medications. JTDC coordinates with JSH that youths psychotropics (as well as medications prescribed for physical problems) are e-prescribed to the agreed upon locations.

Cook County Department of Public Health

1. General Information

The Cook County Department of Public Health (CCDPH) Behavioral Health Unit works to increase awareness and drive efforts to reduce inequities in mental health and substance use in suburban Cook County.

Through collaborative partnerships with community partners, local and state agencies, and key stakeholders, we work to increase and enhance access to a full continuum of integrated and equitable behavioral health and substance use services, support, and treatment in suburban Cook County.

We believe in transforming the health and well-being of the people of suburban Cook County through true community partnership, policy, and public health action.

2. Overall Goals

The CCDPH Behavioral Health Unit's community-based programs are focused in four areas: increasing access to community-based programming and mental health services and supports, supporting the crisis care continuum, building trauma informed care, and expanding substance use prevention and harm reduction initiatives.

The CCDPH Behavioral Health Unit aims to:

- Reduce inequities in mental health and substance use in suburban Cook County
- Increase the percentage of suburban Cook County residents with access to behavioral health services, support, and treatment
- Advance the behavioral health of suburban Cook County's children, youth, and their families by supporting and expanding initiatives that directly support prevention approaches
- Engage with community, county, state, and national partners to identify needs and provide support in building an equitable and complete continuum of crisis care in suburban Cook County.
- Identifies and recommends policies, procedures, and training to improve trauma-informed care across CCH and CCDPH, including the recommendation for changes to physical space and the development of a system-wide trauma-informed care training program.
- Increase the percentage of suburban Cook County residents with access to harm reduction services, support, and treatment

Through ARPA (American Rescue Plan Act) Behavioral Health Expansion, the CCDPH Behavioral Health Unit has awarded over $17 million in funding over the next 4 years to 21 organizations.

The ARPA Sustaining Mental Health Hotline for Suburban Residents Initiative in the Behavioral Health Unit continues to expand NAMI's existing mental health support and crises line in the city of Chicago to provide support and referrals for suburban Cook County residents. The hotline provides emotional support, referrals to appropriate mental health and substance use resources, and intensive case support for callers with significant needs through its clinical support program. While the hotline serves any resident calling from suburban Cook County, outreach to promote the Helpline focuses on communities identified by CCDPH as being vulnerable to the impacts of COVID-19 based on the COVID-19 Community Vulnerability Index. The subrecipient agreement has been finalized and signed. NAMI continues to see an increase of calls in suburban Cook County with many of the calls coming from the southern suburbs, southwest suburbs, and immediate north suburbs. Half of the calls NAMI receives are from people seeking mental health treatment for themselves with many having encountered long waitlists and hoping NAMI's resources can get them into a service provider more quickly.

The Behavioral Health Unit has launched the "Here to Hear You" mental health campaign in partnership with Flowers Communications Group and NAMI Chicago The goal of the campaign is to de-stigmatize and humanize struggles with mental health and connect residents with services that promote self-care, mental health, and well-being and/or address mental health with culturally and linguistically responsive prevention messaging through various channels for diverse audiences.

The Behavioral Health Unit is collaborating with the State, local government, PSAPS, and CBOs to support the Community Emergency Services and Supports Act (CESSA). This new legislation requires emergency response operators such as those at 911 centers, to refer calls seeking mental and behavioral health support to a new service that can dispatch a team of mental health professionals instead of police. The head of the Behavioral Health Unit has been appointed to sit on 4 of the 11 Regional Actions Committees (RACs) where she is working to do the following:

- Recommend changes to 911 call protocols and scripts and create new protocols following the guidance of the Statewide Advisory Committee for final approval by IDPH
- Identify recommendations to address necessary changes in standards (eg response times, dispatch decisions), in 911, law enforcement, EMS, and behavioral health mobile crisis services to meet the guidance of CESSA.
- Determine regional training necessary for all relevant disciplines and develop a training plan
- Recommend data collection needs for coordination and improvement of 911 and 988 and reporting structure

The Behavioral Health Unit is creating a comprehensive and coordinated trauma-informed response through the CCH/CCDPH Trauma-Informed Working Group in partnership with Health and Medicine Policy Research Group. The head of the Behavioral Health Unit is cochairing the CCH Trauma-Informed Training Workgroup with the CCH Senior Behavioral Health Officer. The Behavioral Health Unit is spearheading a CCDPH-wide Trauma-Informed CCDPH Training and has trained over 70 CCDPH staff. They are working with HMPRG to implement a 3-part trauma

informed training across CCDPH including Historical and Community Trauma and Moving from Burnout to Wellness.

The Behavioral Health Unit has continued expand its existing opioid-involved overdose prevention activities.

The Opioid Overdose and Substance Use Prevention Initiative is building on existing opioid-involved overdose prevention activities to substantially expand harm reduction services in suburban Cook County and address the impact of COVID-19 on opioid and substance use disorder.

Through ARPA, the Behavioral Health Unit funded 3 organizations to provide mobile outreach, and harm reduction services and outreach under its Building Healthier Communities – Behavioral Health Initiative and has partnered with Chicago Recovery Alliance to expand its community-based drug checking.

Through grant funding from the CDC and SAMHSA, the Behavioral Health Unit currently supports a deflection program with a local partner, TASC. Deflection, also known as pre-arrest diversion, routes people with substance use and mental health disorders to treatment as an alternative to incarceration.

With funding from IDHS SUPR, the Behavioral Health Unit is working to understand the unmet needs of people with SUD and access to Naloxone in SCC in partnership with Roosevelt University. This landscape analysis of naloxone access and distribution in suburban Cook County will identify key resources and supports for those with SUD, and identify both the successes and barriers to widespread community-based naloxone distribution, and including recommendations for policy and/or programmatic changes to address barriers identified . Since January the Behavioral Health Unit Naloxone Distribution and Training Program has had 1 in-person CBO training, trained 4 LEA departments, and distributed 690 naloxone kits distributed and 5800 FTS. The Unit has also launched the Get Naloxone Cook County microsite to educate the community and first responders, including law enforcement and EMS providers, on opioid overdose and where to obtain Naloxone.

3. Information on Providers

The Behavioral Health Unit will use a variety of treatment and social service providers and local CBOs committed to addressing mental health and substance use holistically, equitably, and with respect. The Behavioral Health Unit is not aware of any overlap in funding.

Building Healthier Communities-Behavioral Health Initiative Awardees & the Communities They Serve

Mental Health Awardees	
Arab American Family Services	Berwyn, Bridgeview, Chicago Ridge, Cicero, Hodgkins, Justice, Summit
Asian Health Coalition	Berwyn, Blue Island, Bridgeview, Burnham, Calumet City, Calumet Park, Chicago Ridge, Cicero, Dixmoor, Dolton, East Hazel Crest, Harvey, Justice, Lynwood, Markham, Other, Phoenix, Riverdale, South Holland, Summit, Thornton
Black Alphabet	Blue Island, Calumet City, Chicago Heights, Chicago Ridge, Dolton, Harvey, Markham, Maywood, Melrose Park, Richton Park, Riverdale, South Chicago Heights
Hoffman Estates Department of Health and Human Services	Hanover Park
Legacy Medical Care	Hanover Park, Elgin, Arlington Heights
NAMI Metro Suburban	Berwyn, Cicero, Hodgkins, Justice, Maywood, Melrose Park, Summit
Shelter Inc.	Berwyn, Blue Island, Bridgeview, Burnham, Calumet City, Calumet Park, Chicago Heights. Chicago Ridge, Cicero, Dixmoor, Dolton, East Hazel Crest, Ford Heights, Hanover Park, Harvey, Hodgkins. Justice, Lynwood, Markham, Maywood, Melrose Park, Merrionette Park, Northlake, Other, Phoenix, Posen, Richton Park, Riverdale, Sauk Village, South Chicago Heights, South Holland, Stone Park, Summit, Thornton, University Park
Thrive Counseling Center	Berwyn, Cicero, Maywood, Melrose Park, Stone Park
YWCA Metropolitan Chicago	Blue Island, Calumet City, Calumet Park, Chicago Heights, Dolton, Harvey, Markham, Riverdale, Sauk Village, South Holland
Positive Youth Development	
Aunt Martha's Health & Wellness	Blue Island, Burnham, Calumet City, Calumet Park, Chicago Heights, Dixmoor, Dolton, East Hazel Crest, Ford Heights, Harvey, Lynwood, Markham, Phoenix, Posen, Richton Park, Riverdale, Robbins, Sauk Village, South Chicago Heights, South Holland, Thorton, University Park
Big Brothers Big Sisters	Blue Island, Bridgeview, Burnham, Calumet City, Calumet Park, Chicago Heights, Chicago Ridge, Dixmoor, Dolton, East Hazel Crest, Ford Heights, Harvey, Justice, Lynwood, Markham, Merrionette Park, Phoenix, Posen, Richton Park, Riverdale, Robbins, Sauk Village, South Chicago Heights, South Holland, Summit, Thornton, University Park
Kenneth Young Center	Hanover Park
Girls on the Run Chicago	Hoffman Estates, Melrose Park, Morton Grove, Niles, Northlake, Northlake, Palatine, Streamwood, Wheeling, Alsip, Blue Island, Cicero, Flossmoor, Forest Park, Phoenix, Riverdale, South Holland, Tinley Park, Elk Grove Village, Mount Prospect, Oak Forest, Posen
Northwest Center Against Sexual Assault	Hanover Park
Pillars Community Health	Berwyn, Cicero, Hodgkins, Justice, Maywood, Melrose Park, Summit
Playworks Illinois	Blue Island, Cicero, Melrose Park, Northlake, Phoenix, Posen, Riverdale, South Holland
Youth Guidance	Dixmoor, Harvey, South Holland
Opioid-involved Overdose Prevention	
Family Guidance Centers	Blue Island, Burnham, Calumet City, Calumet Park, Chicago Heights, Dolton, East Hazel Crest, Ford Heights, Harvey, Lynwood, Markham, Phoenix, Posen, Richton Park, Riverdale, Robbins, Sauk Village, South Chicago Heights, South Holland, Thornton
Housing Forward	Berwyn, Cicero, Maywood, Northlake, Summit
Proactive Community Services	Calumet City, Chicago Heights, Dixmoor, Dolton, East Hazel Crest, Ford Heights, Markham, Phoenix, Richton Park, Riverdale, Sauk Village, South Holland

4. Key Performance Indicators Measuring the Results of the Program

The Behavioral Health Unit's APRA Initiatives will do the following:

- Increase the percentage of suburban Cook County residents with access to behavioral health services, support, and treatment
- Advance the behavioral health of suburban Cook County's children, youth, and their families by supporting and expanding initiatives that directly support prevention approaches

- Increase the percentage of suburban Cook County residents with access to behavioral health services, support, and treatment
- Reduce fragmentation and strengthen the County's ability to impact the behavioral health needs of our neighbors
- Increase the percentage of suburban Cook County residents' access to harm reduction services, support, and treatment

5. **Quality Measures or Expectations for Contracts Involved in the Program, where applicable**

Expectations are identified in the scope of work included in the contracts with CCDPH.

6. **Information on how the care being provided in this program services the best interests of the patient/recipient of care as well as the communities where the patient/recipient of care or services resides**

The Behavioral Health Unit's ARPA initiatives will align with the We Plan 2025, CCDPH's community health improvement plan, which was developed with input from a wide range of partner organizations; more than 2000 residents, and public health and healthcare professionals; as well as our ongoing dialogue with community-based partners and residents of suburban Cook County.

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

The Behavioral Health Unit will promote the creation of sustainable and effective linkages between community partners, agencies, and organizations to fill gaps and improve access to needed services throughout suburban Cook County. For example, in the mental health hotline will refer callers to appropriate mental health and substance use resources, assist in connecting to other social services when needed, and work to improve current listings and add additional resources to the SCC Behavioral Health Database to best serve the callers. The hotline will also provide intensive case support for callers with significant needs using its Clinical Support program.

Another example of how the Behavioral Unit addresses the continuum of care through its deflection program is with TASC's deflection specialists who provide clients with support for food, housing, transportation, and other needs to address common barriers to accessing and staying in treatment.

The Behavioral Health Unit is also collaborating with community, county, and state partners to build an equitable and complete crisis care continuum. The Director of Behavioral Health has been appointed by the State to the Regional Community Emergency Services and Support Act (CESSA) Working Group for regions 7,8,9, and 10.

8. **Information on the best practices in this type of programming**

Where feasible, the Behavioral Health Unit will develop grant parameters to fund evidence-based or evidence-informed programs and services. For instance, grants to establish or expand suicide

prevention programs will be limited to strategies identified in the Centers for Disease Control and Prevention's Technical Package on Suicide Prevention.

9. **Information detailing meetings and coordination on patient identification, programs and goals with other Cook County agencies, City of Chicago or other partners or entities on this program, where applicable**

The Behavioral Health Unit serves as Cook County Department of Public Health's liaison with local, state, and national organizations on matters involving behavioral health and substance use and represents CCDPH on advisory boards, work groups, taskforce, and consortia for related initiatives, such as the Regional CESSA Workgroups for regions 7, 8, 9, and 10, Alternative Health Intervention and Response Task Force, Trauma-Informed Training Committee, Illinois Children's Mental Health Plan, Cook County Rail Safety Work Group, All Cook County Overdose Prevention Taskforce, Illinois Opioid Crisis Advisory Council, Illinois Department of Human Services, Illinois Department of Public Health, Chicago Department of Public Health, and local health departments.