

Cook County State's Attorney's Office
Biannual Behavioral Health Services Report
December 2023 – May 2024



Point of Contact
Adam Newman

Adam.Newman2@cookcountysao.org

June 2024



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EXECUTIVE SUMMARY

In response to Cook County Resolution [23-0523](#), the Cook County State's Attorney's Office (CCSAO) has produced the following biannual behavioral health services report for the reporting period from December 1, 2023, to May 31, 2024, to address each of the questions outlined in the Resolution.

Some questions are not applicable due to the CCSAO not serving as a direct provider of behavioral or mental health services.

ALTERNATIVE PROSECUTION AND SENTENCING UNIT

The following answers to County Resolution [23-0523](#) prompts #1,2,4,5,6,7 and 9 apply to all deferred prosecution programs covered in this report.

(1) General Information

Over the past decade, policymakers have coalesced around the conclusion that the traditional criminal justice system's cost is far too high, and its punitive approach is ineffective, especially when addressing low-level, non-violent offenses stemming from mental health challenges, substance abuse, and poverty.

In recent years, prosecutors have addressed such offenses in a smarter, more humane, less costly, and more restorative nature through "deferred prosecution." Deferred prosecution offers an individual the opportunity before entering a plea to agree to fulfill specific conditions, such as undergoing treatment in exchange for the dismissal of their charges. This favorable outcome not only helps individuals avoid a formal conviction but also shields them from the adverse consequences associated with a criminal record.

Participants in deferred prosecution programs are generally identified early in the criminal process by Assistant State's Attorneys (ASAs) in the Alternative Prosecution and Sentencing Unit. The CCSAO determines the evaluating factors for entry, such as the offense, the offender's criminal history, and rehabilitation potential. ASAs can identify individuals likely to benefit from the program and who show a genuine commitment to addressing underlying issues.

The "pre-plea" programs consist of the Misdemeanor Deferred Prosecution Program, Drug Deferred Prosecution Program, Chicago Prostitution and Trafficking Intervention Court, Restorative Justice Community Court, Branch 9 –First-Time Felony Offender Deferred Prosecution, SEED-Felony Drug Distribution Diversion, and Fitness Diversion (formerly the Misdemeanor Triage) Program.

The following deferred prosecution programs were omitted from the current report:

- Branch 9: The program does not refer to behavioral health services unless a participant explicitly requests a referral from pre-trial services operated by the Office of the Chief Judge.
- The Misdemeanor Deferred Prosecution Program: The program was suspended during the COVID-19 pandemic, as the misdemeanor courtrooms adopted a less rigid approach by utilizing alternative methods, such as requiring community service to divert misdemeanor cases.



- The Chicago Prostitution and Trafficking Intervention Court: The program is not accepting new participants due to a decline in prostitution-related arrests and prosecutions.

These programs will be reported on in subsequent biannual reports if conditions change.

The data provided covers the period from November 1, 2023, to May 31, 2023. Due to its exclusion from the previous report submitted in December 2024, we have included the November 2023 data in this updated report.

(2) Overall Program Goals and Best Practices

The primary objective of each deferred prosecution program is for the individual to address the underlying behaviors and challenges that led them to commit the offense. Ideally, upon graduating from the program, the individual will be equipped with the necessary skills and resources necessary to support their continued personal growth and avoid re-offending.

(4) Key Performance Indicators

Key performance indicators tracked by the CCSAO include:

- Referrals: Number of individuals referred to the program by the CCSAO.
- Participation: Number of referred individuals who participated in the program.
- Offenders: Unique number of individuals who either participated or were referred to a program during the reporting period. (Note that during the reporting period, some individuals were referred to a program but will not participate until after May 2023, and some individuals participated but were referred before November 2023.)
- Completion: Individuals who completed all program requirements.
- Graduation rate: Percentage of participants who successfully graduated from a deferred prosecution program.
- Graduated rearrested rate: Percentage of participants who successfully graduated from the program and were subsequently rearrested.
- Failed rearrested rate: Percentage of participants who failed the program and were subsequently rearrested.

(5) Quality Measures and/or Expectations for Contracts

The CCSAO has no direct contracts for deferred prosecution programs and charges no fees for service.

Instead, the CCSAO refers defendants who agree to a deferred prosecution program to qualified agencies that provide services and/or administer programs. These agencies generally charge no fees and accept private or public medical insurance for their services.

(6) Patient-Centered Care

Deferred prosecution allows the individual to access the treatment and support required to address the underlying issue(s) that led to their offense and often takes place in a community-based setting. By participating in a structured program in the community focused on rehabilitation and recovery, individuals have a better chance of overcoming their challenges and reintegrating into society successfully compared to traditional incarceration.



Deferred prosecution also helps mitigate the negative consequences that a criminal conviction can have on the individual’s life, since a criminal record can often limit future opportunities in employment, housing, education, and personal relationships.

(7) Continuum of Care and Follow-ups

Additional treatments or services beyond the assigned program and agency are determined by the provider and the participant.

Upon graduation from the program and the dismissal of a case, the Chief Judge’s Office will verbally and/or in writing provide the participant with a summary of the next steps in their care plan as well as the resources that will allow them to do so.

(9) Program Costs and Funding Sources

The Alternative Prosecution and Sentencing Unit consists of 15 ASAs. The CCSAO budget funds 12 ASAs, in addition to grants from the MacArthur Safety and Justice Challenge, Adult Redeploy Illinois, and the Department of Justice that each fund one ASA.

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

DRUG DEFERRED PROSECUTION PROGRAM

(1) General Information

The Drug Deferred Prosecution Program (DDPP) serves individuals charged with low-level felony drug offenses who may be struggling with a substance use disorder.

DDPP is available in all Cook County Court districts, with the largest volume of cases from Chicago.

Below is demographic data for the DDPP from November 1, 2023, to May 31, 2024.

Population

Offenders	466
Referrals	356
Participants	410

Gender	Offenders	Percentage
Male	391	84.0%
Female	68	15.0%
Unknown	7	2.0%
Total	466	100%



Race	Offenders	Percentage
Asian	7	1.5%
Biracial	8	1.7%
Black	265	57.1%
Hispanic	103	22.2%
White	73	15.3%
Unknown	10	2.2%
Total	466	100.0%

(2) Overall Program Goals and Best Practices

The goal of DDPP is to provide an intervention for drug offenders as an alternative to a criminal conviction. DDPP requires that participants meet with a service provider and complete a substance use disorder assessment. Charges are dismissed upon successful completion of the assessment.

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

The CCSAO most frequently refers DDPP participants to:

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

(8) Program Evaluation

Below are the outcomes for the DDPP from November 1, 2023, to May 31, 2024. However, more people can take advantage of the program since service providers are expanding post-pandemic.

Note that some of the numbers for past periods may have changed due to new arrests since previous reports.

	November 2023 to May 2024
Graduated	269
Graduation rate	86%
Graduated rearrest rate	5%
Failed rearrested rate	7%

RESTORATIVE JUSTICE COMMUNITY COURT

(1) General Information

The Restorative Justice Community Court (RJCC) is a community-based, location-specific program available to emerging adults (aged 18-26) charged with a nonviolent misdemeanor or felony. As a part of the program, the defendant and the victim(s) must agree to participate in the process, which includes a “peace circle.”

In a peace circle, the victim(s) and offender(s) are guided by a trained facilitator and share their experiences, emotions, and perspectives to repair the harm caused and prevent future harm. The



resulting repair of harm agreement is a voluntary and collaborative agreement that outlines specific actions or restitution measures to address the abuse. By actively involving all parties in shaping the agreement, the peace circle repair of harm approach promotes accountability, empathy, and the restoration of relationships and trust, offering an alternative to punitive measures and fostering meaningful resolutions. Sometimes victims do not want to face their offenders, or the crime did not have a direct victim (such as gun and drug possession cases). In these cases, a community member will stand in for the victim.

The RJCC originated in the North Lawndale neighborhood of Chicago and expanded in August 2020 to the Avondale and Englewood neighborhoods. The largest volume of cases and participants are individuals living in North Lawndale.

Below is demographic data for the RJCC from November 1, 2023, to May 31, 2024.

Population

Offenders	232
Referrals	112
Participants	227

Gender	Offenders	Percentage
Male	148	63.8%
Female	13	5.6%
Unknown	71	30.6%
Total	232	100%

Race	Offenders	Percentage
Asian	0	0%
Biracial	2	.9%
Black	117	50.4%
Hispanic	32	13.8%
White	2	.9%
Unknown	79	34.1%
Total	232	100%

(2) Overall Program Goals and Best Practices

The goals of restorative justice programs are to resolve conflict, repair harm, demonstrate accountability and seek justice through restorative conferences.

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

The CCSAO relies on a primary partner agency at each RJCC location. Partner agencies have ties to the community, are responsible for case management, and may make additional referrals for services. The CCSAO currently partners with:



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

(4) Key Performance Indicators

A participant is considered successful in RJCC if they complete the peace circle repair of harm agreement in addition to goals created together with the service provider.

The partner agency collaborates with participants to establish additional success and performance indicators such as mentoring, education, GED attainment, employment/training, budgeting, housing, and substance use. This personalized approach ensures that the program is tailored to meet the unique needs and aspirations of each participant. By involving participants in the process, the program promotes ownership, engagement, and a sense of empowerment on their journey toward success.

(8) Program Evaluation

Below are the outcomes for the RJCC from November 1, 2023, to May 31, 2024.

	November 2023 to May 2024
Graduated	108
Graduation rate	88%
Graduated rearrest rate	2%
Failed rearrested rate	0%

SUPPORTING EDUCATION AND EMPLOYMENT DEVELOPMENT

(1) General Information

Supporting Education and Employment Development (SEED) is a 13-month program that provides pathways to legal employment through case management, educational services, trauma-informed cognitive behavioral interventions, job development, and placement.

The target population is individuals aged 18-26 charged with low-level drug offenses.

Below is demographic data for SEED from November 1, 2023, to May 31, 2024.

Population

Offenders	78
Referrals	59
Participants	78



Gender	Offenders	Percentage
Male	55	70.5%
Female	9	11.5%
Unknown	14	17.9%
Total	78	100%

Race	Offenders	Percentage
Asian	1	1.3%
Biracial	0	0%
Black	45	57.7%
Hispanic	9	11.5%
White	5	6.4%
Unknown	18	23.1%
Total	78	100%

(2) Overall Program Goals and Best Practices

SEED’s goal is to provide a meaningful intervention that supports young adults to help prevent future criminal justice system involvement.

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

Heartland Alliance’s Heartland Human Care Services is the designated service provider for SEED programming.

(4) Key Performance Indicators

A participant is considered successful in SEED if they complete their designated program track, in addition to the goals created together by the participant and the service provider. Additional success and performance indicators are established by the partner agency, in concert with the participant.

(8) Program Evaluation

Below are the outcomes for the RJCC from November 1, 2023, to May 31, 2024. As the program expands more people can participate and graduate.

	November 2023 to May 2024
Graduated	5
Graduation rate	20%
Graduated rearrest rate	0%
Failed rearrested rate	15%



FITNESS DIVERSION PROGRAM

(1) General Information

The Fitness Diversion Program provides an alternative to prosecution for individuals arrested and charged with misdemeanor offenses by connecting them with treatment providers to develop a long-term treatment plan.

Participants are generally identified by their public defender, who requests a mental health evaluation. If the offender grants permission, a clinician with the Mobile Crisis Response (MCR) team will conduct an on-site mental health screening and evaluation and report their findings to the court.

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

At this time, the CCSAO does not have updated numbers on referrals and participants. These numbers will be included in the next biannual report.

The completions and failures data is not available yet since some clients do not yet have a disposition.

(2) Overall Program Goals and Best Practices

The program aims to identify those struggling with mental health challenges and treat them in the community rather than allowing them to languish in jail awaiting their court date. Offenders will often have served more time awaiting their court date than the actual sentence given to them.

When the participant successfully meets that goal, charges are dismissed, and a criminal conviction is avoided.

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

Currently, the provider partners are the Westside Community Triage and Wellness Center and the Madden Mental Health Center.

(4) Key Performance Indicators

A broader measure of health and success is determined by a clinician and the service provider with the patient. Charges are dismissed if/when the clinician advises the court that they feel the participant has made adequate progress.

(8) Program Evaluation

The completions and failures data is not available yet since some clients do not yet have a disposition.

SENIORS AND PERSONS WITH DISABILITIES UNIT

(1) General Information

The mental health writ process allows Cook County residents to request a court-ordered hospitalization and psychological examination for an individual (“respondent”) who poses an



immediate risk of harming themselves or others due to a severe mental health crisis. Individuals requesting a mental health writ (“complainants”) are commonly friends or family members concerned for the respondent and are familiar with the respondent’s needs and medical history.

Complainants made to initiate the mental health writ process can be done by calling the CCSAO or visiting the Daley Center or any suburban courthouse. A complainant seeking to file a mental health writ will meet with a CCSAO administrative staff member who conducts an intake. The intake requires the complainant to include the party names, the respondent’s mental health history, and past medical treatment. A staff member will process a background check on the respondent and complainant to ensure that neither has outstanding felonies or orders of protection. Following the intake, an ASA meets with the complainant to discuss the case and evaluates the appropriateness of filing for a mental health writ. If the writ is approved by the judge, law enforcement will bring the respondent to the hospital for an evaluation.

Someone with a severe mental health issue can also receive a mental health evaluation in a hospital by admitting themselves, coming in with a family member, or being accompanied by law enforcement as the result of a law enforcement encounter.

During the intake and evaluation, the physician will conclude if the individual requires commitment and/or treatment, which can lead to one of three situations:

1. The physician determines the individual does not require treatment and/or commitment is required. This person is free to leave.
2. The physician determines that the individual requires commitment and/or treatment, and the patient accepts this diagnosis/recommendation. This person will stay in the hospital under a physician's care.
3. The physician determines that the individual requires commitment and/or treatment, and the patient refuses.

In situation #3, the physician can petition the court for involuntary treatment and/or commitment following the evaluation. “Civil commitment” is an involuntary commitment to a mental health facility or hospital. “Involuntary treatment” is a court-ordered mental health treatment, such as medication or electroconvulsive therapy.

Once the petition is signed by the physician, it is sent to the CCSAO. An ASA will then advocate for the petition’s request for involuntary treatment and/or commitment assuming all legal requirements are met.

The CCSAO does not currently maintain a comprehensive tracking system for writs requested to writs issued. Between December 1, 2023, to May 31, 2024, 209 individuals visited the Daley Center to initiate a Mental Health Writ. This number does not include phone calls received inquiring about the process or seeking to initiate a writ via phone.

Between December 1, 2023, to May 31, 2024, 3,295 Mental Health Writs, Civil Commitment petitions, and Involuntary Treatment petitions were filed.



(2) Overall Program Goals and Best Practices

The provider that conducts the evaluation resulting from the mental health writ and subsequent order for psychological evaluation should address an immediate mental health crisis and connect individuals with treatment or care to better manage their mental health.

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

Complainants can identify a preferred hospital if the respondent has an established relationship with a physician or primary care provider. When a specific hospital is not identified by the complainant, the CCSAO works with the complainant to determine their preference for the respondent based on the respondent's needs, location, proximity to family, friends, or other support networks, insurance coverage, etc.

The CCSAO works to utilize hospitals with a dedicated mental health unit, although any hospital in Cook County can serve as a service provider.

The CCSAO frequently meets with the crisis coordinator at NAMI Chicago, CPD, and CPD's Crisis Intervention Team to discuss successes and potential improvements within the mental health writ process.

(4) Key Performance Indicators

The CCSAO measures success based on whether the judge approves the mental health writ and issues a subsequent order for involuntary psychiatric evaluation and if it is successfully executed within the 72-hour time frame.

“Successful execution” of the order requires the complainant to coordinate with law enforcement to ensure the respondent is transported to a hospital and connected with mental health care to address an immediate mental health crisis. The CCSAO does not maintain formal data collection on this process since it does not execute the order for involuntary psychiatric evaluation or provide psychiatric care.

(5) Quality Measures and/or Contract Expectations

The CCSAO has no direct contracts and charges no fees for service.

(6) Patient-Centered Care

Mental health writs can often serve as a vital pathway to connect individuals from under-resourced and marginalized communities to essential yet rare mental health services. In many cases, individuals who belong to these communities face significant barriers to accessing appropriate care due to systemic inequities, social stigmas, and limited resources. By mandating treatment and connecting them to appropriate services, mental health writs can break down some of the barriers they face, ensuring that they receive the necessary assessments and interventions.

Mental health writs are powerful tools that are utilized judiciously and only as a last resort. While they serve an essential purpose in protecting individuals and society from immediate harm, their implementation should always be accompanied by careful consideration of the individual's rights, well-being, and potential long-term consequences.



(7) Continuum of Care and Follow-ups

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

(8) Program Evaluation

It is not possible to capture outcomes required for an evaluation since the treatment is provided by outside service providers.

(9) Program Costs and Funding Sources

The CCSAO funds five full-time ASAs in the Seniors and Persons with Disabilities Unit and one part-time ASA.

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

JUVENILE JUSTICE BUREAU

(1) General Information

The CCSAO Juvenile Justice Bureau staff do not directly provide mental or behavioral health services. However, justice-involved juveniles may receive mental health interventions through several pathways:

- **Child Protection proceedings:** Children in Child Protection proceedings receive services through the Illinois Department of Children and Family Services (DCFS) and its agencies. Services range from psychiatric treatment and counseling to educational support.
- **Diversion:** First-time and/or low-risk offenders have their cases diverted to the Juvenile Probation Department, which assesses and refers juveniles to appropriate programs like community service or anger management.
- **Deferred prosecution:** Youths not previously adjudicated (found guilty of the offense) who are charged with a non-violent Class 4, Class 3, Class 2, or Class 1 felony are eligible. Deferred prosecution occurs after charges are filed, where the defendant agrees to participate in rehabilitative programs led by Lurie's Children's Hospital with wrap-around services in exchange for the potential dismissal of charges.
- **Juvenile probation:** Youths adjudicated as "delinquent" (found guilty of the offense) receive interventions such as substance abuse counseling, therapy, or employment assistance.

This report primarily focuses on deferred prosecution for juveniles. Juvenile deferred prosecution is unique in its ability to facilitate connections in place of filing and prosecuting a criminal case and is the only prosecutor-led behavioral health referral service for juveniles in Cook County.



(2) Overall Program Goals and Best Practices

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

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

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

Juvenile deferred prosecution utilizes Lurie Children's, Strengthening Chicago's Youth, Treatment Alternatives for Safe Communities (TASC), Cook County Health, and Lawndale Christian Legal Services as care coordinators to make referrals for services.

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

(4) Key Performance Indicators

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

(5) Quality Measures and/or Contract Expectations:

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

(6) Patient-Centered Care

The CCSAO makes referrals to care coordinators and other providers that can connect individuals with services that meet their needs and provide direct care to participants within the communities.

(7) Continuum of Care and Follow-ups

Care coordinators assess individuals' needs, develop personalized care plans, and help connect the youth with appropriate resources and services at each stage of the continuum. The services provided as a result of CCSAO referrals may be available to Cook County juveniles at different stages throughout the continuum of care.

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

(8) Program Evaluation

Chapin Hall Center for Children (University of Chicago) is currently evaluating the juvenile deferred prosecution program.



(9) Program Costs and Funding Sources

ASAs in the Juvenile Justice Bureau are funded through the CCSAO operating budget.

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

VICTIM WITNESS UNIT

(1) General Information

The Victim Witness Unit is a dedicated unit within the CCSAO that focuses on ensuring that victims and witnesses feel informed, supported, and empowered as they navigate the criminal justice system.

The Victim Witness Unit offers a range of services, including crisis intervention, emotional support, safety planning, court accompaniment, and referrals to community resources. They work closely with prosecutors to keep victims and witnesses informed about case developments and court proceedings. Additionally, the unit helps victims apply for compensation and assists with victim impact statements.

Victims and witnesses are not traditionally “referred to” the CCSAO for services. Rather, Victim Specialists encounter victims at varying points of the criminal justice system, depending on the type and severity of the charge. The Victim Witness Unit staff will screen point all new felony cases, misdemeanor sexual assault and domestic cases, and juvenile cases and reach out to victims and their families, in addition to witnesses, if the support is required.

Notably, the Victim Witness Unit offers homicide support groups open to all survivors of homicide throughout Cook County. These support groups strive to create safe, supportive environments for victims of homicide to share their stories, facilitate connections to tools or services, and be in a community with others who understand what they have experienced.

The Victim Witness Unit served 13,225 new victims and 44,846 ongoing victims from December 1, 2023, to May 31, 2024.

Within the Victim Witness Unit, the Mental Health Team is a specialized group of four victim witness specialists who work with victims and witnesses that have experienced acute levels of trauma and require more intensive care, counseling, case management, and crisis intervention.

Before the creation of the Mental Health Team, Victim Witness staff recognized the alarming number of clients who experienced multiple victimizations either due to multiple crimes committed in one incident, multiple experiences of victimization across a lifetime, or prolonged exposure to crime within their communities. This finding led to the development of the Victim Intervention for Clinical and Community Treatment of Multiple-victimized Persons (VICCTM) Program, a specialized program designed specifically to address the complex needs of poly-victimized individuals

The Mental Health team is mainly funded through the Victim Intervention for Clinical and Community Treatment of Multiple-victimized Persons (VICCTM) Program.



All charged adult and juvenile felony and misdemeanor domestic violence cases receive at least one service referral. Many receive multiple referrals for services, including financial assistance, job support, medical care, and mental health referrals. When referring to outside providers, the team will meet their clients in the community and work to provide for “warm handoffs” with outside community partners while still working with the victims and/or witnesses as their case moves through the court system.

Each specialist in this program carries between 35 and 55 cases. However, the Mental Health Team specialists will support their colleagues if short-term crises arise.

From December 1, 2023-May 31, 2024, the Mental Health Team served 52 new victims and 677 ongoing victims.

(2) Overall Program Goals and Best Practices

Victim services require a “trauma-informed” approach, which consists of a compassionate and comprehensive framework that recognizes the pervasive impact of trauma on an individual and seeks to provide care and support that promotes healing and empowerment. By understanding the lasting effects of trauma and striving to avoid re-traumatization, this approach fosters resilience, autonomy, and a sense of control, ultimately facilitating the journey toward recovery and well-being.

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

The Victim Witness Unit staff refers to hundreds of agencies and programs throughout Cook County.

Below is a summary of providers to which the Victim Witness Unit refers:

Advocate/Aurora Network Hospitals	La Rabida Children’s Advocacy Center	Thresholds
Advocate Trauma Recovery Center	Lutheran Social Services	Trilogy
All Our Children’s Advocacy Center	Lurie’s Children’s Hospital	University of Chicago Hospitals
Aunt Martha’s	Metropolitan Family Services	YWCA of South Cook County
BUILD Chicago	Mujeres Latinas en Acción	Chicago Survivors
Catholic Charities	NAMI Chicago	Children’s Advocacy Center of North and Northwest Cook County

(4) Key Performance Indicators

Below are performance indicators tracked for the VICCTM program. Metrics were not available for the reporting period.



INFORMATION & REFERRAL	
Objective	Performance Measure
Clients will receive referrals to other victim service providers	Clients are provided with referrals to other victim service providers
Clients will receive referrals to other services, supports, and resources	Clients are provided with referrals to other services, supports, and resources
PERSONAL ADVOCACY/ACCOMPANIMENT	
Objective	Performance Measure
Clients will receive advocacy/accompaniment to emergency medical care	Clients provided with advocacy and accompaniment to emergency medical care
Clients will receive individual advocacy (e.g., assistance applying for public benefits)	Clients provided individual advocacy (e.g., assistance applying for public benefits) Times staff provided individual advocacy (e.g., assistance applying for public benefits)
Clients will receive assistance interviewing with an employer, creditor, landlord, or academic institution	Clients provided with assistance intervening with an employer, creditor, landlord, or academic institution Times staff assisted in intervening with an employer, creditor, landlord, or academic institution
Clients will receive child or dependent care assistance	Clients provided with a child or dependent care assistance Times staff provided the child or dependent care assistance
Clients will receive transportation assistance	Clients provided with transportation assistance Times staff provided transportation assistance
Clients will receive interpreter services	Clients provided with interpreter services Times staff provided interpreter services
Clients will receive employment assistance	Clients provided with employment assistance Times staff provided employment assistance
Clients will receive education assistance	Clients provided with education assistance Times staff provided educational assistance
Clients will receive economic assistance	Clients provided with economic assistance Times staff provided economic assistance
EMOTIONAL SUPPORT OR SAFETY SERVICES	



Objective	Performance Measure
Clients will receive crisis intervention	Clients provided with crisis intervention Crisis intervention sessions provided by staff
Clients will receive individual counseling	Clients are provided with individual counseling Individual counseling sessions provided by staff
Clients will receive emergency financial assistance	Clients provided with emergency financial assistance
SHELTER/HOUSING SERVICES	
Objective	Performance Measure
Clients will receive relocation assistance	Clients provided with relocation assistance
Clients will receive housing advocacy, or help with implementing a plan for obtaining housing	Clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing Times staff assisted with housing advocacy or helped with implementing a plan for obtaining housing
CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE	
Objective	Performance Measure
Clients will receive criminal advocacy and accompaniment	Clients provided criminal advocacy and accompaniment Times staff provided criminal advocacy and accompaniment.
TRAINING	
Objective	Performance Measure
Staff will receive training on trauma and/or vicarious trauma	Staff trained and training held
Staff will receive other training that increases staff knowledge	Staff trained and training held

(5) Quality Measures and/or Expectations for Contracts

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

(6) Patient-Centered Care

The care provided in the Victim Witness Unit's program serves the best interests of the patients/recipients of care by embodying principles of respect, professionalism, thoroughness, and consistency. As soon as a case enters the system, Victim Specialists proactively reach out to victims and their families, offering information and assistance to help them navigate the criminal justice system and understand their rights. This outreach aims to empower victims and alleviate



the trauma they have experienced. For individuals who have endured multiple victimizations and intense traumatization, the program offers intensive, wraparound attention, recognizing the need for specialized support. The VICCTM Program and homicide support groups develop individualized service plans that consider the unique needs and preferences of each participant, ensuring their input is valued.

Furthermore, Mental Health Specialists prioritize making referrals to community-based agencies, connecting patients/recipients to additional resources and support networks. By offering comprehensive and tailored care to individual needs, incorporating patient input, and facilitating access to community resources, this program strives to promote the best interests and well-being of those it serves.

(7) Continuum of Care and Follow-ups

The Victim Witness Unit regularly connects individuals to service providers within their communities to help victims and families address mental health trauma responses and challenges that result from crime victimization. County facilities are one such provider.

(8) Program Evaluation

It is not possible to capture outcomes required for an evaluation since the treatment is done with outside service providers.

(9) Program Costs and Funding Sources

The Victim Witness Unit receives funding from Cook County and outside grants from the Illinois Criminal Justice Information Authority (ICJIA), the Illinois Attorney General's Office, and the Illinois Department of Children and Family Services.