Semiannual Report for the Cook County Board of Commissioners

12/1/2024 - 4/30/2025

Cook County Department of Public Health
Cermak Health Services
Juvenile Justice Behavioral Health
Department of Psychiatry
CCH Substance Use Disorders

Cook County Department of Public Health

1. General Information

The Cook County Department of Public Health's Community Behavioral Health Unit improves mental health and reduces harms of substance use across suburban Cook County, with a focus on marginalized communities. Through outreach, education, assessment, resource sharing, and partnerships, we aim to create safe and inclusive communities where residents feel hope, meaning, and connection.

2. Overall Goals

The CCDPH Community Behavioral Health Unit's community-based programs are focused in three main areas: mental health and positive youth development; opioid-involved overdose and substance use prevention; and trauma-informed care.

The Community Behavioral Health Unit's programs aim to:

a. Bolster the behavioral health of suburban Cook County's children, youth, and their families by supporting and expanding initiatives that directly support prevention approaches.

b. Convene and connect funded and non-funded partners working in behavioral health prevention, support, and treatment to enhance coordination and collaboration between partners.

c. Increase access to harm reduction services and other supports for people who use opioids and other drugs.

d. Highlight the assets and needs, including regional nuances, of the suburban Cook County crisis response system.

e. Facilitate the implementation of trauma-informed care approaches at Cook County Health through policy, assessment, and training.

3. Information on Providers

The Community Behavioral Health Unit works with both funded and non-funded partners. To combat the significant rise in anxiety, depression, and substance use that has escalated since the COVID-19 pandemic, the Cook County Department of Public Health (CCDPH) allocated $22 million in American Rescue Plan Act (ARPA) funds to support 31 partner organizations across priority areas in suburban Cook County.

In June 2024, CCDPH announced nine new grants specifically aimed at addressing needs identified by schools. These grants will support school-based partners and the three regional suburban offices of education, providing educators with professional development, assessment tools, and ongoing support. Additionally, CCDPH has renewed funding for four community organizations that were supported through other CCDPH Building Healthier Communities initiatives, ensuring continued community-based support.

Building Healthier Communities: Behavioral Health Awardees

Mental Health & Positive Youth Development

- Arab American Family Services
- Asian Health Coalition
- Aunt Martha's Health and Wellness
- Barbara W. Smith Family Life Center
- Big Brothers Big Sisters
- Black Alphabet
- Community Consolidated School District 21
- Girls on the Run Chicago
- Hoffman Estates Department of Health and Human Services
- Kenneth Young Center
- Legacy Medical Care
- NAMI Chicago
- NAMI Metro Suburban
- North Cook Intermediate Service Center
- Northwest Center Against Sexual Assault
- Pathlights Human Services
- Pillars Community Health
- Playworks Illinois
- School District 89 Education Foundation
- Shelter Inc.

- South Cook Intermediate Service Center
- Thrive Counseling Center
- Quinn Center of St. Eulalia
- Youth Crossroads
- Youth Guidance
- YWCA Metropolitan Chicago
- West40

Opioid-involved Overdose and Substance Use

- Chicago Recovery Alliance
- Family Guidance Centers
- Housing Forward
- Proactive Community Services

4. Key Performance Indicators Measuring the Results of the Program

NT885: Behavioral Health Support and Expansion
By the Numbers (November 2024 – April 2025)

Metric	Result
# of participants or people serviced	15,152
# of communities reached	1,036
# of schools reached	593
# of clients referred to additional support services	6,557

Notes

- Initiatives focus on ***Mental Health*** and ***Positive Youth Development***
- Numbers may not reflect unique participants/communities/schools/clients, as there could be overlap across organizations and their partnerships/community engagement
- Numbers are an underestimate, as some partners have yet to submit April 2025 data and/or are correcting errors

Data from:

- Arab American Family Services
- Asian Health Coalition
- Aunt Martha's Health and Wellness, Inc.
- Barbara W. Smith Center
- Big Brothers Big Sisters
- Black Alphabet
- Community Consolidated School District No. 21 (Wheeling)
- District 89 Education Foundation
- Girls on the Run Chicago (GOTRC)
- Hoffman Estates Department of Health and Human Services
- Kenneth Young Center
- Legacy Medical Care
- NAMI Metro Suburban
- North Cook ROE
- Northwest Center Against Sexual Assault
- Pathlights
- Pillars Community Health
- Playworks Illinois
- Quinn Center
- Shelter Inc.
- South Cook ROE
- Thrive Counseling Center
- West40
- Youth Crossroads
- Youth Guidance
- YWCA Metropolitan Chicago

NT885: Behavioral Health Support and Expansion
By the Numbers (November 2024 – April 2025)

Age Group	Result
Under 18	9,099
18-30	1,416
31-45	1,806
46-60	1,213
61-75	457
76+	71
Missing Data	*1,090*

Gender	Result
Man	4,562
Woman	6,517
Transgender woman/transfeminine	59
Transgender man/transmasculine	90
Nonbinary/Gender Nonconforming	139
Gender Identity: Other	5
Missing Data	*3,780*

Notes

- "Missing Data" includes data not collected and individuals who reported "Prefer not to answer"

NT885: Behavioral Health Support and Expansion
By the Numbers (November 2024 – April 2025)

Race	Result
Asian	727
Black or African American	3,590
American Indian or Alaska Native	62
Native Hawaiian or Other Pacific Islander	26
White	3,534
Race: Other	3,011
Missing Data	*4,202*

Ethnicity	Result
Hispanic or Latino	3,754
Not Hispanic or Latino	7,055
Missing Data	*4,343*

Notes

- "Missing Data" includes data not collected and individuals who reported "Prefer not to answer"

The ARPA Sustaining Mental Health Hotline for Suburban Residents Initiative in the Community Behavioral Health Unit continues to expand NAMI Chicago's existing mental health support and crisis 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. CCDPH began funding NAMI Chicago in 2021 to expand their referral program to suburban Cook County. Between November 2024 and April 2025, 148 people called the hotline, and 404 referrals were provided to callers from suburban Cook County.

NT037: Mental Health Hotline
By the Numbers (November 2024 – April 2025)

Metric	Result
# of callers	148
# of referrals provided to callers from suburban Cook County	404
# of emergency assistance instances provided	0

Note

- Numbers are an underestimate, as partner has yet to submit April 2025 data

Data from:

- NAMI Chicago

The Community Behavioral Health Unit is creating a comprehensive and coordinated trauma-informed response through the CCH/CCDPH Trauma-Informed Collaborative. A monthly training program, "Trauma-informed Care Tuesdays" was launched in July to offer an introduction to trauma-informed care across CCH. In 2024, 356 Cook County Health employees were trained in of how social and emotional traumas in childhood influence our health and wellness as adults. Tips on how to integrate trauma-informed approaches into patient care are also shared with the training.

The Community Behavioral Health Unit has continued to 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. Since the start of the program, naloxone distributed by CCDPH has been used in over 160 overdose events.

Through ARPA, the Community Behavioral Health Unit funded three organizations to provide mobile outreach, and harm reduction services and outreach under its Building Healthier Communities: Behavioral Health program. The Unit has also partnered with Chicago Recovery Alliance to expand its community-based drug checking with the three suburban based organizations funded through ARPA.

NT036: Opioid Overdose and Substance Use Prevention
By the Numbers (November 2024 – April 2025)

Metric	Result
# of naloxone kits given out by subrecipient CBOs	4,758
# of naloxone training sessions performed by CBOs	2,055
# of total individuals trained	2,143
# of various harm reduction safer use supplies	11,439
# of individuals received harm reduction counselling	3,183
# of clients referred to additional support services	234
# of samples drug checked	61

Notes
- Numbers are an underestimate, as some partners have yet to submit April 2025 data and/or are correcting errors

Data from:
- Chicago Recovery Alliance
- Family Guidance Centers
- Housing Forward
- Proactive Community Service

NT036: Opioid Overdose and Substance Use Prevention
By the Numbers (November 2024 – April 2025)

Race	Result
Asian	2
Black or African American	2332
American Indian or Alaska Native	9
Native Hawaiian or Other Pacific Islander	1
White	509
Race: Other	573
Missing Data	*2*

Age Group	Result
Under 18	12
18-30	712
31-45	1413
46-60	1021
61-75	237
76+	15
Missing Data	*18*

Ethnicity	Result
Hispanic or Latino	626
Not Hispanic or Latino	2798
Missing Data	*4*

Notes
- "Missing Data" includes data not collected and individuals who reported "Prefer not to answer"

Data from:
- Chicago Recovery Alliance
- Family Guidance Centers
- Housing Forward
- Proactive Community Service

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

Expectations are identified in the scope of work included in agreements 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 Community Behavioral Health Unit's ARPA initiatives align with WePlan 2025, CCDPH's community health improvement plan, which was developed with input from a wide range of partner organizations; more than 2,000 residents, and public health and healthcare professionals; as well as our ongoing dialogue with community-based partners and residents of suburban Cook County. The Community Behavioral Health Unit's work also aligns with priorities identified in the CCDPH Strategic Plan, CCH Strategic Plan, and the Cook County Equity Fund Task Force Report.

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

The Community Behavioral Health Unit promotes 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, the mental health hotline refers callers to appropriate mental health and substance use resources and assists in connecting to other social services when needed. The hotline provides intensive case support for callers with significant needs using its Clinical Support program.

Another example of how the Community Behavioral Unit addresses the continuum of care is through deflection programs. Suburban harm reduction partners work with first responders to provide clients with support for food, housing, transportation, and other needs to address common barriers to accessing and staying in treatment.

CCDPH's Community Behavioral Health Unit sits on the four suburban (Community Emergency Services and Support Act) or Regional CESSA groups that serve suburban Cook County. The Community Behavioral Health Unit has also initiated a strengths and needs assessment of the suburban Cook County crisis response system that will be completed in the summer of 2025.

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

Where feasible, the Community 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 Community Behavioral Health Unit and other CCDPH Units that are actively involved in behavioral health programs,serve as Cook County Department of Public Health's liaison with local, state, and national organizations on matters involving mental health and substance use. CCDPH participates in community-led coalitions, advisory boards, work groups, and taskforces, including Regional CESSA Workgroups for regions 7, 8, 9, and 10 and workgroups with the Illinois Department of Public Health, Chicago Department of Public Health, and other local health departments.

Cermak Health Services at the Cook County Department of Corrections/Cook County Jail

Executive Summary

This report satisfies the reporting parameters of *Cook County Board Resolution #21-1189: Resolution to Assess Needs and Improve the Quality and Effectiveness of Behavioral Health Care Provided by Cook County Government*.

The Department of Mental Health (MH) at Cermak Health Services (CHS) is entrusted with providing mental health services to individuals in custody (IICs) within the Cook County Department of Corrections (CCDOC). This report presents data from the period November 2024 through April 2025 implementation of the Pretrial Fairness Act (PFA), which began on September 18, 2023, and extends through October 2024.

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

Cermak Health Services (CHS) is responsible for providing care to individuals in custody (IICs) at the Cook County Jail (CCDOC). CHS exclusively serves those housed within the jail and does not extend care to individuals in community corrections programs such as Electronic Monitoring or diversion initiatives. IICs are constitutionally entitled to access medically necessary healthcare services to address their medical, mental health, and dental needs. Upon arrival at the facility, all IICs are processed and booked, after which they undergo an intake screening to identify immediate mental health needs and establish follow-up care for chronic conditions during their period of pretrial detention. Following intake, mental health staff members identify individuals in need of services through the healthcare request process, referrals from DOC staff via the interagency healthcare request system, or routine interactions with IICs in the general population.

Individuals in custody (IICs) on the mental health (MH) caseload are housed according to acuity level, assessed risk status, need for observation and monitoring, and ability to manage activities of daily living. In addition to providing emergent, urgent, and routine services to IICs on the MH caseload, Cermak Health Services also offers care to all jail IICs on a 24 hour-per-day, seven day-a-week basis. Over the years, the MH caseload has fluctuated in line with the overall jail population. With the implementation of the Illinois Pretrial Fairness Act (PFA) on September 18, 2023, the jail population declined almost overnight by about 18%. However, this decline in population has not been accompanied by a decrease in the proportion of IICs on the mental health caseload, which has held steady at 42%.

This data highlights that the Pretrial Fairness Act (PFA) is serving its intended purpose of detaining only those IICs who pose the greatest risk to the community. However, an unintended consequence of the PFA is the emergence of two distinct groups within the jail population: individuals charged with the most serious violent felonies (such as murder, aggravated criminal sexual assault, and armed robbery) and those with serious mental illness (SMI) (such as schizophrenia and bipolar disorder) who may be charged with lesser offenses. With a current population of 5,664 as of May 21, 2025, the jail population is currently at about 50% of its all-time peak population of 11,248 in

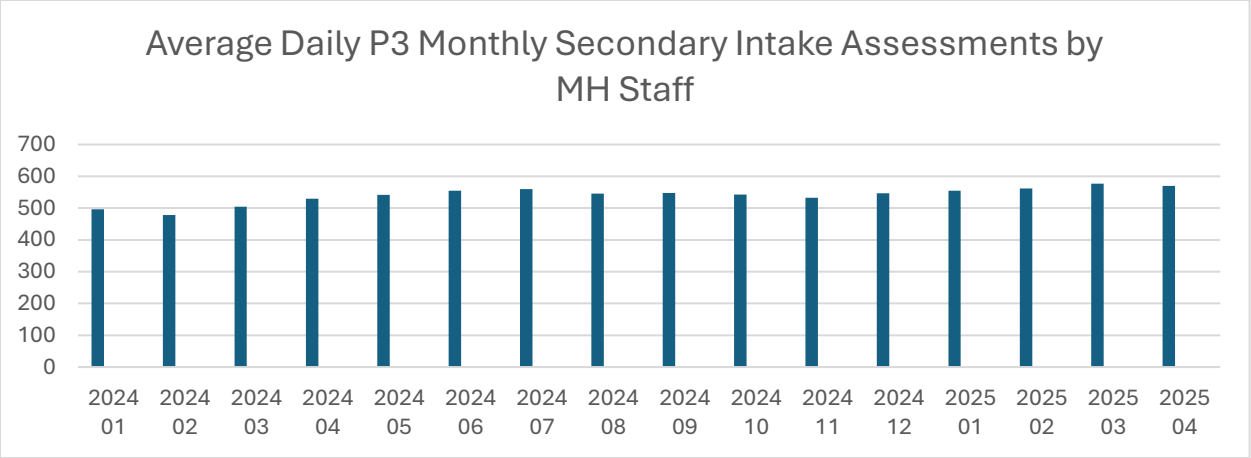
September of 2013, but it is routinely noted by jail staff that the higher population meant the presence of larger numbers of individuals charged with lesser offenses, and these individuals are widely thought to have had a moderating influence on the psychological dynamics of jail functioning as a whole. Currently, the pretrial population is both more dangerous *and* more seriously impaired, placing the most vulnerable individuals—those with severe mental illness—at heightened risk. This evolving dynamic necessitates ongoing close monitoring as Cermak Health Services continues to adapt.

Since the beginning of 2024, the number of IICs requiring intensive services (P3) has increased by 15%. Traditionally, both male and female IICs have been housed in the Residential Treatment Unit (RTU) for enhanced access to care and supervision. However, due to the comparatively rapid decline in the jail's female population, nearly all 235 women are currently housed in alternative dormitory space on the compound of February 2024. With this housing change, the Mental Health Department has maintained its commitment to ensuring all female IICs continue to be provided full access to services in their new setting.

As noted above, effective September 19, 2023, the Pretrial Fairness Act (PFA) abolished cash bail, mandating that only those charged with serious felonies or considered a high risk to the community remain in detention. Those eligible for release may reside with family or in community housing, with the possibility of electronic monitoring (EM). As previously mentioned, the PFA initially resulted in an 18% reduction in the jail population. However, between January, 2024 and the present day, the jail population has expanded back to where it was prior to the advent of the PFA, at 5,664 as of April 15, 2025.

At least part of the explanation for the restoration of the jails population to the pre-PFA level lies in an issue characteristic of the challenges many individuals with serious mental illness (SMI) face. Individuals suffering from chronic schizophrenia or bipolar disorder often have difficulty maintaining themselves in the community without considerable support. Lapses in medication compliance, housing stability, or family support may often leading to rearrest and longer periods of pretrial detention. This subset of SMI individuals also represent the majority of those found Unfit to Stand Trial (UST) or Not Guilty by Reason of Insanity (NGRI). Although Cermak Psychiatry petitions the court for involuntary psychotropic medications for a significant portion of this group, delays of up to 90 days between the date of order and that of transfer to a Department of Human Services (DHS) state psychiatric hospital (primarily Elgin or Chester Mental Health Centers) are routine.

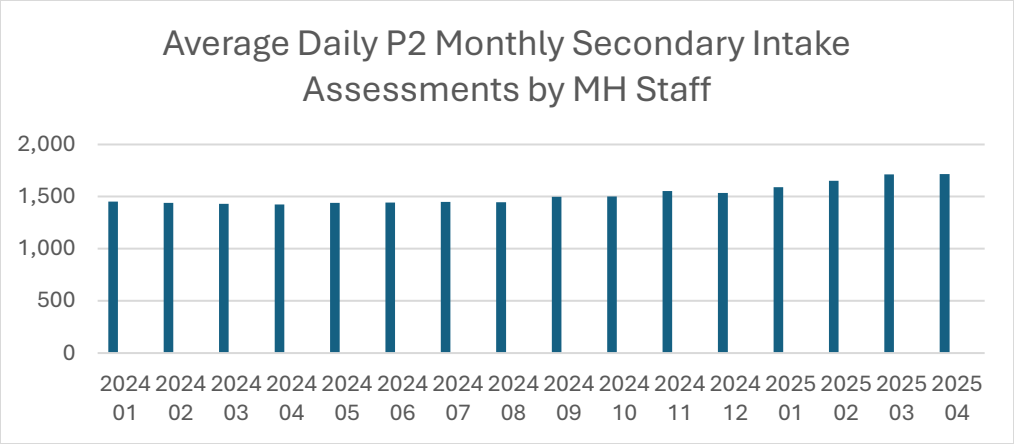
Cermak Mental Health continues to closely monitor psychotropic medication adherence and provide assertive case management for patients housed in the Cermak, RTU, and Division 3 Annex, particularly for those receiving long-acting injectable neuroleptics, whether voluntarily or as court-ordered treatment. Additionally, efforts are underway to explore avenues for supporting these individuals by developing specialized sheltered community housing for those with serious mental illness (SMI) upon release.



The census of seriously mentally ill (SMI) patients in the Psychiatric Specialty Care Unit (PSCU—P4 Level of Care) has remained largely stable. However, self-harming patients significantly contribute to readmissions, with a small group of repeat non-lethal self-injurers accounting for a disproportionate share of overall incidents. For example, in the first quarter of 2025, a small group of only one dozen IICs accounted for a large portion of all self-injuries on the compound in this period. Patients who chronically self-injure require highly specialized and intensively managed behavioral treatment plans. Because their threat of self-harm is ongoing and often associated with disordered personality dynamics, treatment necessitates enhanced supervision, daily staff therapeutic contact, and closely monitored medication compliance, all of which in turn exacerbate staffing and bed capacity challenges. The Mental Health department, in collaboration with CCDOC, works actively to create specialized treatment settings for these individuals, as evidenced by the development of the Therapeutic Tier in Division 9 (a specialized maximum security housing setting), and the Alternative Behavior for Life Experience (ABLE) Program developed specifically for treatment of these individuals. A new Behavioral Health Unit is planned for next quarter to increase access to the specialized care needed by this group of individuals.

Cermak remains committed to providing services for IICs in the least restrictive setting possible, aiming to minimize repeat admissions to the Psychiatric Specialty Care Unit (PSCU). When Cermak is unable to meet the observational and treatment needs of these individuals, they are transferred to John H. Stroger Hospital (JSH) or nearby medical facilities. In such cases, Cermak collaborates with psychiatric staff at JSH to coordinate the care of high-acuity, high-risk self-injuring IICs during their emergent medical treatment.

Level of Care- P2 IICs represent the lowest acuity level individuals on the MH caseload. Many are relatively stable and may require only psychopharmacological and case management services for milder depressive and adjustment reactions. Recent expansion of the P2 caseload may be among the most identifiable effects of the PFA on SMI individuals. More data is needed to determine whether this trend is enduring.



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

Cermak MH provides a range of onsite services to IICs, including:
a. MH Screening & Assessment

b. 24-Hour Crisis Intervention & Stabilization

c. Non-Emergency MH Requests

d. PSCU/Infirmary Care

e. Residential Treatment Unit Care

f. Intensive Case Management

g. Outpatient Level Psychiatric Services

h. Therapeutic Treatment Services

- Individual counseling and supportive psychotherapy
- Group counseling and psychoeducation
- Community reintegration/discharge planning

IICs with similar care MH levels are housed together across the compound and triaged into three levels of care: P4, P3, or P2. Cermak, in collaboration with other disciplines and departments, ensures professional, accessible, equitable, and timely MH services at all levels of care. Services are statutorily driven and are provided in accord with the National Commission on Correctional Health Care (NCCHC) Jail Standards. In 2024, Cermak achieved institutional certification from NCCHC, and now is poised to apply for the MH Specialty Certification to attest to the quality of MH services available on this campus.

Program	Description and Goals
P4 Psychiatric Specialty Care Unit (PSCU) (acute care)	5% of the MH caseload. Units provide care to IICs manifesting: • Suicidal requiring constant/close observation in suicide-resistant setting • Agitated/aggressive, requiring close monitoring to prevent injury to self/others • Disorganized and refusing treatments • Manifesting persistent non-lethal self-injury
P3 Residential Treatment Unit (Intermediate care)	25% of MH caseload. Units provide care to IICs who: • Typically reside in supportive settings outside of corrections (e.g., residential programs, intermediate care facilities, halfway houses, and sober living homes) • Benefit from daily contact with MH staff • Require functional capacity restoration, monitored treatment adherence
P2 Outpatient care	70% of MH caseload. Units provide care to IICs who: • Are in remission or recovered from illness episodes, are able to perform activities of daily living • Refrain from self-injury, comply with treatment plans from by MH staff • Benefit from interventions designed to promote self-sufficiency and prosocial behavior • Manifest a relatively low symptom burden
P2 DIV 9 Tier 1D Therapeutic Tier	2% of MH caseload (subgroup of P2 population). Unit provides care to IICs who: • Benefit from group support in therapeutic community setting for higher functioning IICs charged with serious felonies • Are separated from outside sources of emotional support while facing extended prison terms • Commit to prosocial community goals while offering peer support This program was initiated in February 2024 and has been successful, showing a dramatic reduction in participant disciplinary actions. Its popularity with IIC's is illustrated by the program's wait list for admission and positive feedback.
P3 RTU Tier 4G Enhanced Support Unit (ESU)	2% of MH caseload (subgroup of P3 population). This unit provides care to IICs who: • Are considered clinically fragile, including those who suffer from longstanding SMI as well as those who are lower-functioning or of advanced age. • Unit focus is on supportive care, including medication adherence, personal hygiene, and activities of daily living

P3 RTU Tier 5E Alternative Behavior for Life Experience Unit (ABLE)	<1% of MH caseload (subgroup of P3 population). This units provides care to IICs who: • Engage in chronic, repetitive aggressive or self-injurious behavior. • Unit focus is on therapeutic group and individual programming with support and behavior management, including medication adherence, and symptom and behavioral self-management skills development.

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

The Cermak Mental Health department is staffed by Psychiatrists, Psychologists, Physician Assistants, Master's degree and licensed Mental Health Specialist Supervisors and staff, Psychiatric Social Workers, two Advanced Practice Nurses (APN) and administrative support. In addition, the department is in process of undergoing reorganization to include unlicensed Master's level Milieu Workers to enhance development of additional group programming with P3 and P2 patient populations.

The department leadership consists of a Divisional Chief of Correctional Psychiatry, Chief Psychologist, and MH Director. Currently these positions are staffed by qualified Cermak staff who hold permanent appointments. The Cermak MH departmental team provides 24/7/365 care for patients.

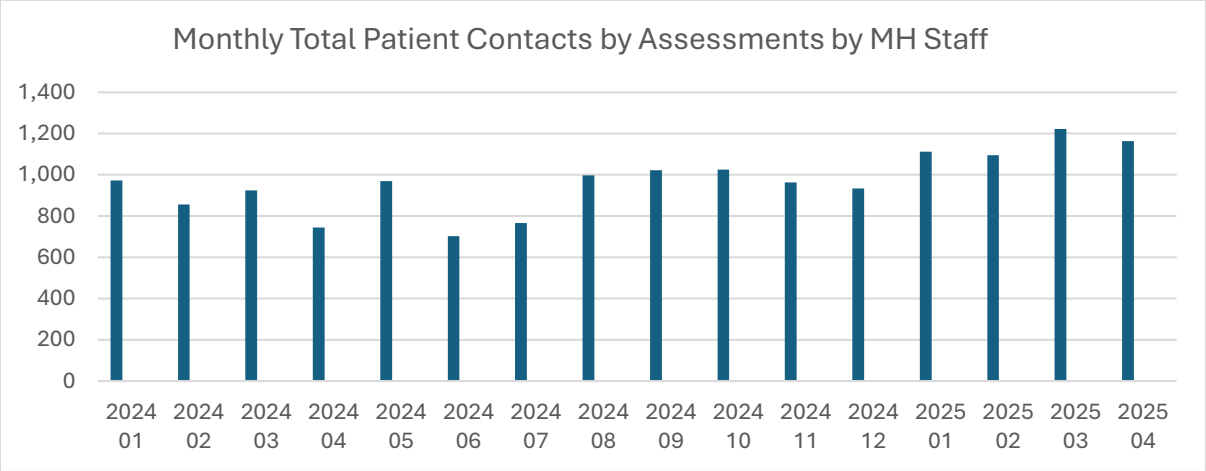
	Total	Filled	Offer Made	Unfilled	Vacancy Rate minus Offer Pending
Advanced NP	2	2	0	0	0%
Psychiatrists	14	11	3	0	0%
Physician Assistants	5	5	0	0	0%
Psychiatric Social Worker	6	4	1	1	17%
Activities Therapist II	4	3	0	1	25%
Psychologists	5	3	1	1	20%
Milieu and Group Treatment Facilitator	15	0	1	14	93%
Mental Health Supervisor	6	5	0	1	17%
MHS III	46	38	0	8	17%
Total	103	71	6	26	25%

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

The primary goal of a successful mental health program in the jail is to ensure IICs have access to appropriate care, including evaluation, diagnosis, and services that meet standardized care requirements. Additionally, patient safety, particularly through effective suicide detection and prevention, is a key focus.

Cermak achieved full accreditation from the National Commission on Correctional Healthcare (NCCHC) in August 2023, recognizing its high compliance with national standards and commitment to providing efficient, high-quality mental health services while minimizing patient risks.

Cermak promptly refers detainees with positive mental health or suicidal ideation scores from intake screenings to the appropriate care level. 96% of male and 94% of female IICs requiring mental health services are identified at intake. In addition, the high frequency of patient contact by MH staff attests to the importance of careful monitoring of patients at Cermak. The table below shows the total number of mental health contacts undertaken by mental health staff between 2024 and the present month.



Cermak ensures timely, clinically appropriate treatment for IICs with serious mental illness, including regular visits with Qualified Mental Health Professionals. IICs can request MH services through the Health Care Request process, with 98% of non-urgent requests seen within 72 hours. Treatment plans are tailored to IICs' diagnoses, and Individual Behavioral Management Plans are created for those requiring intensive resources.

Cermak provides 24/7 mental health coverage, including remote and in-person consultations, ensuring timely access to psychiatric care and therapy across the facility. IICs also have access to infirmary psychiatric care, with psychiatrists seeing patients within 24 hours of admission to the PSCU. Cermak ensures that IICs receive acute psychiatric care comparable to inpatient treatment. Involuntary psychotropic medication petitions, a key treatment tool, allow for the medication of acutely ill patients over their objection, as regulated by the Illinois Mental Health Code. In 2024, 36 petitions were filed by Cermak Psychiatry. Cermak also provides comprehensive crisis services to manage psychiatric emergencies, promptly implementing physician orders for medications and

lab tests. Additionally, IICs receiving psychotropic medications are regularly monitored by psychiatry staff for response and potential side effects.

Goal	Description of intervention
Blood monitoring of psychotropics	Care sets in the EMR have been modified to order Lithium or Depakote blood levels automatically when these medications are ordered by Cermak providers. Hemoglobin A1C, and Lipids are similarly ordered to monitor safe administration of psychotropics.
Safe monitoring of antipsychotic medications	The AIMS test, a specialized physical examination performed to assess potential medication side effects, is also part of the care set for all patients on antipsychotic medications prescribed by Cermak providers. This monitors safe administration of antipsychotic medications.

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

Not applicable.

#6 - Information on how care provided in this program serves the best interests of the patient-recipient of care as well as the community where the patient-recipient of care resides.

Jails and prisons have long served as a vital bridge to mental health services in the community for underserved and marginalized populations. As the largest single-site provider of mental health care in Illinois, Cermak delivers a broad range of services. Upon entering the facility, many individuals in custody present with acute mental health needs exacerbated by factors such as housing instability, violence, lack of social support, and poverty—conditions that elevate the risk of decompensation within a highly structured correctional environment. These individuals require immediate and intensive stabilization.

Cermak's foremost priority is patient safety. Each person is thoroughly evaluated at intake, with a specific focus on identifying suicide risk. Throughout their time in care, individuals undergo regular screenings and assessments to monitor their mental health, ensuring continuous support. In addition, IICs are involved in multidisciplinary treatment team meetings, where they contribute to their treatment plans, including post-release reintegration strategies.

Cermak's mental health reentry initiatives are designed to provide a seamless transition for those released from the Cook County Department of Corrections. This includes ensuring discharge medications are available at a preferred pharmacy, coordinating with family and community support networks, and arranging for ongoing mental health care in a suitable community setting. When housing instability is a concern, Cermak's Psychiatric Social Workers work diligently to address immediate housing needs, facilitating a smooth and successful reintegration process.

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

Cermak evaluates its success in ensuring continuity of care by the extent to which preexisting mental health conditions are identified and addressed during intake and throughout an individual's time in custody, followed by a seamless transition upon release. Patient care is coordinated and closely monitored from admission to discharge, with services provided in accordance with prescriber recommendations, clinical orders, and evidence-based practices. Providers adhere to clinical protocols aligned with national guidelines for the treatment of chronic mental health conditions.

Effective healthcare for incarcerated individuals requires collaboration with the broader Cook County Health system and community resources. Cermak ensures that collateral health information from community providers is obtained and verified. The facility, as part of the CCH system, benefits from a shared electronic health record, ensuring seamless communication with all CCH affiliates and clinics.

Although Cermak is a congregate setting rather than a hospital, it is crucial that incarcerated individuals have unrestricted access to hospital and specialty care when necessary. Upon their return to the jail, patients are promptly evaluated by qualified Cermak staff, and any recommendations from external care providers are assessed for appropriateness within the correctional setting. Cermak ensures that health information is transferred with the patient to outside clinical settings and that summaries of all specialty care visits, along with recommendations, are incorporated into the patient's health record to facilitate the implementation of ordered services.

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

Cermak developed clinical patient safety practices that allowed the organization to come into compliance with all provisions of the Agreed Order between the U.S. Department of Justice and Cook County in April 2018. More recently, the jail has been awarded accreditation by the National Commission on Correctional Healthcare following the site visit in April 2023.

Practices include:

Program	Description and Goals
Interagency Collaboration	Weekly interagency management meetings between Cermak MH Unit Directors and CCDOC Divisional leadership.
Suicide Prevention	Monthly Interdisciplinary Suicide Prevention Committee meetings in which institutional statistics are reviewed and updated. Suicide Risk Screening and Assessment are included at all face-to-face points of service. All IICs in restrictive housing settings are rounded on three times a week to identify those at risk
Therapeutic Community	A therapeutic tier for enhanced programming and creation of a therapeutic community was established in Division 9.

Enhanced Support Unit (ESU)	An enhanced support unit in RTU serves the most psychologically fragile SMI patients within the jail.
Alternative Behavior for Life Experience (ABLE) Unit	ABLE Unit provides a safe and supportive therapeutic environment for IICs with the most severe issues of aggression and self-injury on the compound. The treatment model focuses on life skill and emotional self-control development through daily group and individual intervention.
Incentive Programs	An incentive system in the RTU-Rehabilitative Units promotes accountability and prosocial behavior. An incentive program in the P4 Level of Care in PSCU serves a similar function for the most psychiatrically impaired patients within the jail.
Post-Release Care	Coordination Has been established between CCH and retail pharmacies for post-discharge medications; medications are ordered for IICs to pick-up at the pharmacy of their choice upon release.
Opioid Treatment Program/MAT	The Opioid Treatment Program (OTP) provides medically supervised detoxification services for all IICs suffering from opioid, benzodiazepine, and other drug withdrawal, and continuation of Methadone maintenance for IICs receiving this service in the community. Opioid receptor blocking medications (Suboxone, Vivitrol) are also prescribed to IICs with opioid addiction disorders. IICs receive Narcan training and are issued Narcan upon release. This program is instrumental in lowering rates of fatal overdose in the community in the critical first month following release. The OTP program has earned its ongoing accreditation from NCCHC and is licensed by SAMHSA. It is considered a nationally distinguished program.
Post Critical Incident Interventions	The Psychological First Aid Program provides onsite intervention following all Sentinel Events at the jail.
Critical Services	Around the clock crisis intervention services are provided 24/7/365 days for all IICs. MH staff also participate in training correctional staff in Crisis Intervention Team (CIT) techniques.
CQI	A robust Continuous Quality Improvement program assesses access and effectiveness across a broad service delivery model.
CCSO Staff Training	MH Training is provided for all new Correctional staff as well as refresher 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.

1. **Community Reintegration and Liaison Services**: Psychiatric Social Workers (MSWs) coordinate services with community agencies and CCSO staff.
2. **Collaborations for Care**:

    a. Work with CCDOC programs for coordinated release of IICs to nursing and intermediate care facilities.
    b. Refer IICs to community partners like Trilogy, Heartland Alliance, Bobby Wright Clinic, and the Collaborative Bridges.
    c. Previously coordinated with Thresholds Justice Team. Partnership ended due to grant funding issues.
3. **Court Program Collaboration**: Partner with Circuit Court of Cook County programs (MH Court, Veteran's Court, Drug Court, etc.), and support the Adult Redeploy Project.
4. **Veterans Affairs Transition**: Coordinate care transitions for VA patients upon release.
5. **Discharge and Housing Coordination**:
    a. Coordinate discharge medications and appointments for IICs with the Justice Advisory Council (JAC) and provide housing referrals for homeless IICs on Electronic Monitoring.
    b. Review patient medical records for appropriate site placement (A Safe Haven, Henry's Sober Living).
6. **Community Resource Center (CRC)**: Collaborate with CRC to link at-risk released IICs to financial, medical, behavioral health, and housing resources.
7. **Safety and Justice Challenge**: Participate in the Population Review Committee to strategize on jail population reduction, pretrial stay length, and addressing social inequities and MH needs.
8. **Jail Diversion Program**: Work with the Fitness/Jail Diversion Program to divert individuals with serious MH needs to Madden Medical Center for immediate care.
9. **DHS Collaboration**: Coordinate with the Department of Human Services (DHS) for transfers to and from DHS-run hospitals for fitness restoration.
10. **Family and Legal Coordination**: Communicate with family, community providers, attorneys, and probation officers regarding IICs' treatment and discharge plans.
11. **Internal CCDOC Collaboration**: Coordinate with CCDOC internal programs and External Operations for continuity of care and specific program placements upon release.
12. **Clinical Coordination**: Communicate with Cermak staff about IICs' clinical treatment needs.

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

Cermak is the exclusive health care provider for IICs at Cook County Jail, working closely with CCSO's Department of Programs and leadership to expand services and advocate for IICs. Service scope is determined collaboratively, guided by the DOJ Agreed Order, NCCHC standards, available resources, and operational needs.

Cermak evaluates the effectiveness of the MH program by:

1. **Provision of Suitable Services**: Services are provided across the care continuum (P4, P3, and P2 levels) on-site.
2. **Provision of Accessible Services**: All IICs can access MH services at any time during detention, reducing barriers to care and recidivism, regardless of ability to pay.

3. **Provision of Acceptable Services**: Services are aligned with individualized treatment plans based on patients' needs and goals.
4. **Ensuring Continuity of Services**: Patients can move between service levels as needed, with 24/7 coverage for all MH needs, including crisis care, medication management, and residential treatment.
5. **Provision of Safe Services**: Patient safety is prioritized, particularly in suicide risk assessments, and self-injury data is tracked and analyzed.

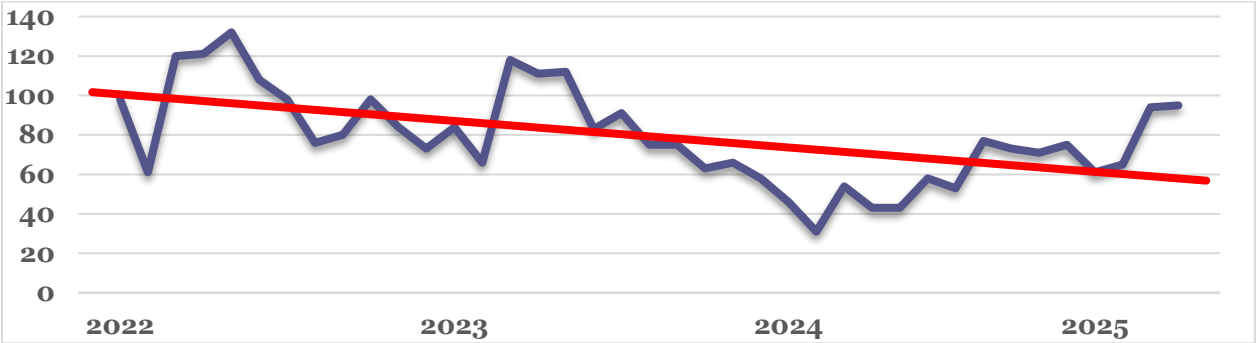


Figure 1 SELF-INJURIES CCDOC 2022-2025

A key goal of the Cermak MH program is to reduce self-injury and suicide among detainees. IICs with serious suicide attempts are housed in closely monitored, suicide-resistant Psychiatric Special Care Units (P4 care). The MH Department assesses risk during all encounters and implements safety measures when elevated risks are identified. Daily huddles among primary care, nursing, and MH teams review self-injury incidents from the previous 24 hours.

As can be seen from the Figure above, in 2023, the incidence of self-injury in the jail declined in the run-up to the enactment of the Pretrial Fairness Act, which officially began in August 0f 2023. It must be noted that there was a decline in jail census in the months leading up to the official start date of the ACT as judges in Cook County began to comply with its provisions in advance of the official start date. By 2024, the self-injury rate had fallen to 1.7 incidents per day. This has risen to 2.4 per day in 2025, as the P3 population fell to This was also reflected in a corresponding decline in self-injury during that period.

Since implementation of the Act, the number of patients charged with less serious offenses presenting into the jail system has risen, with a higher number of individuals experiencing revocation of their prelease status due to housing issues, medication noncompliance, and related inconsistencies in support from family and community. This is seen in the increase in self-injury over the past eighteen months. For example, in the first four months of 2025, self-injuries in the jail have jumped from 1.9 per day in 2024 to 2.5 per day, with twelve individuals responsible for 49 of the self-injuries in this period. The new Behavioral Health Unit is designed to address this specific population of patients in Cermak.

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

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 remains steadfast in addressing the urgent and routine mental health needs of IICs, navigating the unique challenges posed by the correctional setting while trying to ensur seamless transition to community reintegration. A key priority is identifying and overcoming barriers to service access.

Notable initiatives include:

1. Ensuring prompt and thorough mental health screenings and assessments at intake, with individualized treatment plans designed to meet clinical objectives and adapted when necessary to better support patient progress.
2. Maintaining a rigorous Suicide Detection and Prevention program, which activates institutional resources when heightened risks are identified, safeguarding the well-being of patients.
3. Rebuilding face-to-face provider access and programming, which was limited during COVID, by addressing staff attrition and normalizing scheduling and patient movement across the facility. This has resulted in improved direct patient interactions, contributing to enhanced treatment outcomes.
4. Successfully keeping readmission rates to intensive treatment settings (P3 and P4) below national averages, while maintaining positive treatment outcomes in alignment with national guidelines and jail standards.

#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.

The Mental Health (MH) Department's mission has long been focused on meeting the immediate and pressing mental health needs of IICs within the correctional facility. However, reentry services have historically been less robust. Currently, the department operates with a team of three Psychiatric Social Workers (MSWs) at only 50% capacity, tasked with providing linkage services for nearly two thousand IICs on the MH caseload. With three MSW positions now posted for recruitment, increasing staffing levels and expanding linkage services would significantly enhance successful community reintegration, ultimately reducing recidivism. To achieve this, the department requires a full complement of skilled MSWs to meet the growing demand for these critical services.

One critical tool for recruiting and retaining talented professionals in public sector medical and psychiatric fields has been educational loan repayment programs, such as the National Healthcare Corps Student Loan Repayment Program. Unfortunately, correctional healthcare organizations have been excluded from eligibility for this program in recent years. There is hope that such programs will once again be accessible to correctional healthcare providers, particularly as the Governor's FY2024-25 budget includes a $3 million appropriation for scholarships and loan repayment under the Illinois Equity and Representation in Health Care Act. This funding represents a promising opportunity to alleviate the financial burden of healthcare education for those working in correctional settings. Strengthening the healthcare workforce to better reflect,

represent, and understand the patients it serves will be a vital step in addressing many of the challenges outlined in this report.

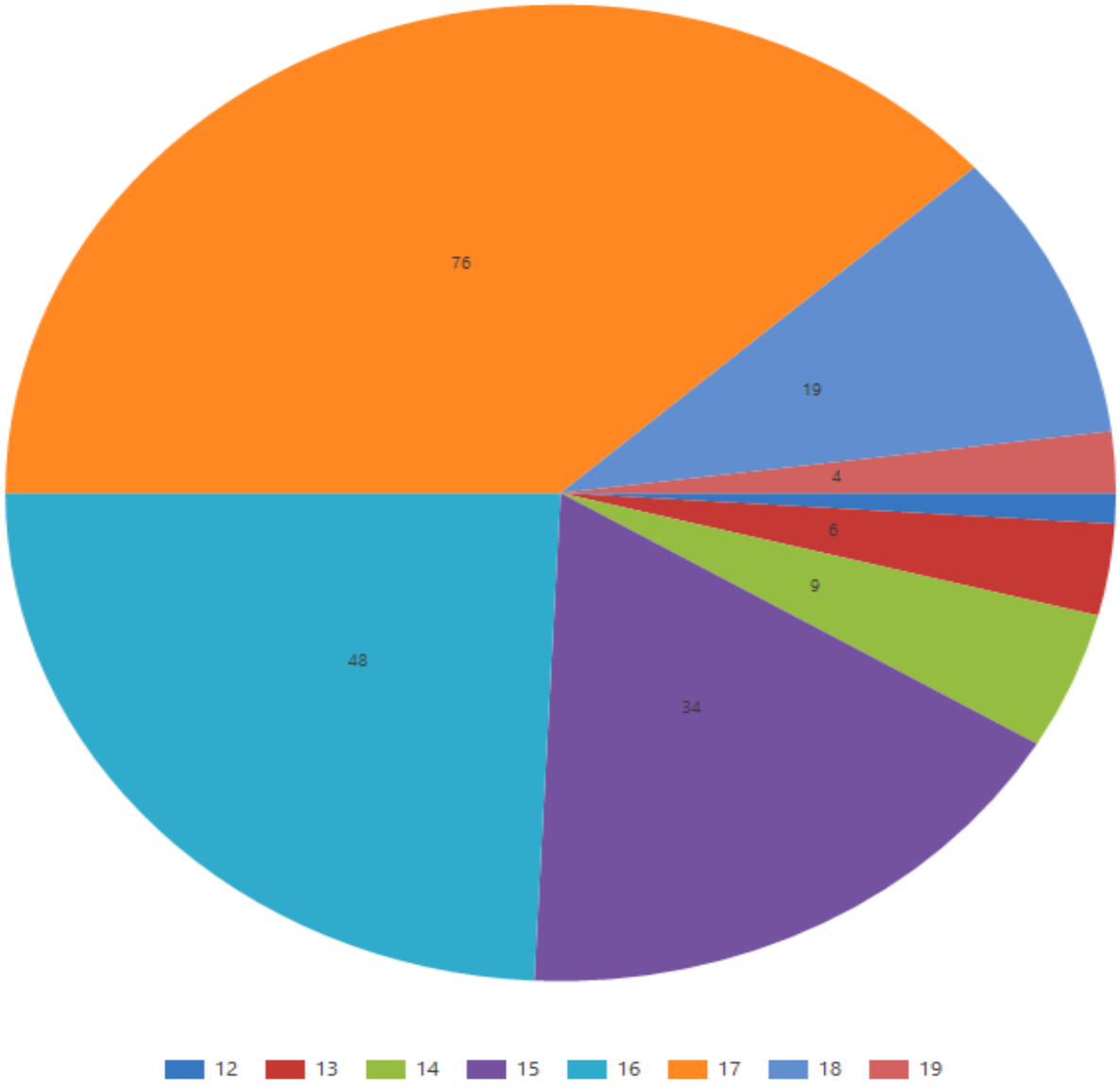
#14 - Any additional information regarding whether patients receive follow up care at a John Stroger Hospital including medication management as a part of aftercare.

IICs prescribed psychotropic medications while in detention at CCDOC are assessed to determine whether they will need 30-day prescription orders upon release. Prescriptions can be picked up at Stroger outpatient pharmacy or a retail pharmacy of the individual's choice. Cermak coordinates with CCH to e-prescribe IICs' psychotropic and other medications upon discharge from CCDOC. Psychiatric social workers schedule appointments with outpatient clinics (including injection clinic for those who take long-acting psychotropic medications administered via injection) for patients who leave CCDOC custody.

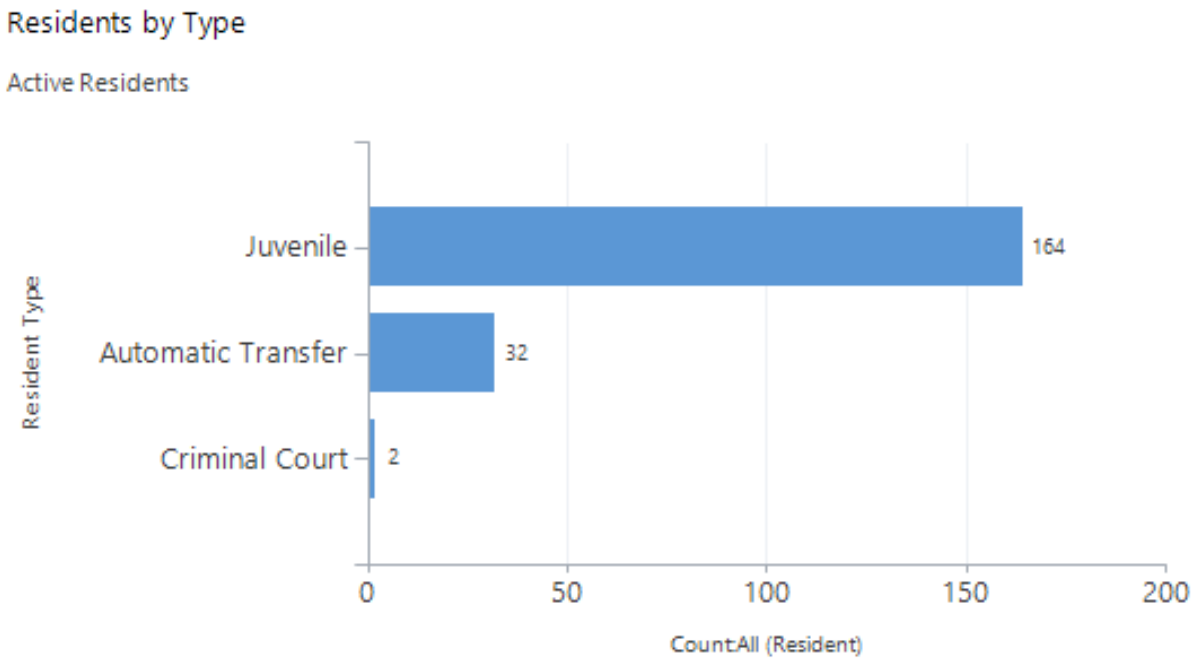
Cermak Health Services – Juvenile Justice Behavioral Health

#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 19 years old. The current age breakdown (5/19/25) is as follows:



The majority of youth at the JTDC are being held on juvenile charges with a smaller percentage being charged as adults (5/19/25):



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 (for boys only). 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 the 6-month reporting period, Behavioral Health Services at the JTDC have placed an average of 56% of the population on MHFU status. For the previous reporting period the average was 61% of the population, and for the same period of time in 2024 (November 2023-May 2024) the mean was 64%.

Mental Health Population	Reporting period average
Mean Active Treatment Cases	104
Mean JTDC Population	187
Percent JTDC Population Active Individual Treatment Cases	56%

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 its 3-year re-accreditation survey by NCCHC. It was a highly successful audit with a finding that the JTDC was 100% in compliance with NCCHC standards over the last 3 years. The JTDC received its official NCCHC certificate of accreditation June 17, 2022. The next 3-year site review is going to take place June 26th and 27th 2025. Preparations are currently underway and Cermak is confident the survey will be a success.

In September of 2024, 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 January 2025, they found that Medical and Mental Health Services Exceed all requirements of the AOIC standards.

Section 6: Medical/Mental Health Services	
6.1 Medical Professional	Exceeds
6.2 Health Screening	Exceeds
6.3 Medical Examination	Exceeds
6.4 Medical Care and Treatment	Exceeds
6.5 Pharmaceuticals	Exceeds
6.6 Medical Isolation	Exceeds
6.7 Suicide Prevention and Intervention	Exceeds
6.8 Notification and Consent	Exceeds
6.9 Medical Records and Information	Exceeds
6.10 Internal Review	Exceeds

In July of 2024, The Illinois Department of Juvenile Justice (IDJJ) conducted an audit of the JTDC. The IDJJ inspection report, published in January 2025, noted,

> *The facility was found to be compliant with County Detention Standards. There were several areas of strength noted, many of which are indicative of juvenile justice best practices. In particular, the volume of medical and mental health services available to youth exceeds county detention standards. The facility has 24-hour nursing coverage and excellent mental health resources.*

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 Linkage and Discharge 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 multidisciplinary 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 a Psychiatrist.

JTDC Behavioral Health staff conduct daily Clinical Rounds of all JTDC residential areas ("pods") to identify and address concerns as early as possible. 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 incident reports and any major rule violations. Analysis of the data suggests that when the volume of clinical rounds is increased, there is a corresponding decrease in number 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 and licensed clinicians in the state of Illinois. The JTDC Behavioral Health Program does not employ contractors or vendors to provide services.

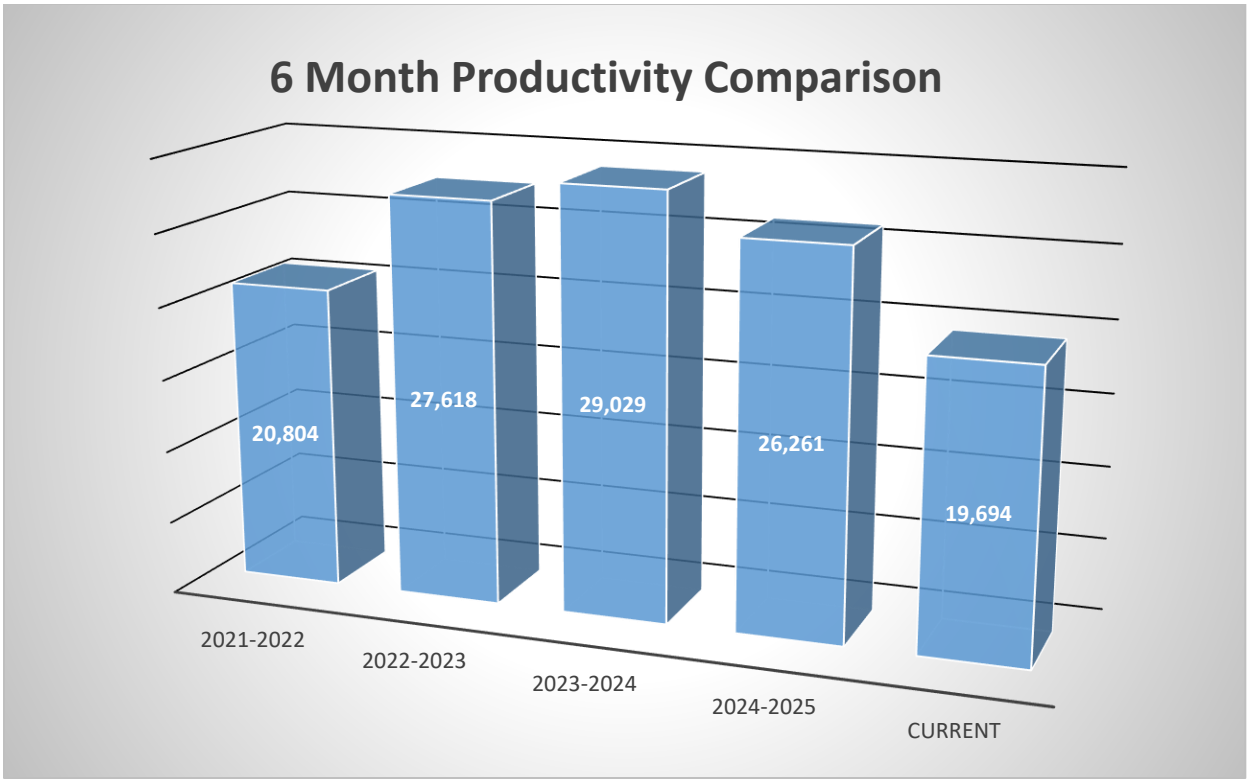
Operational and clinical leadership of the Department is carried out by the Juvenile Justice Behavioral Health Director and the Chief Psychologist.

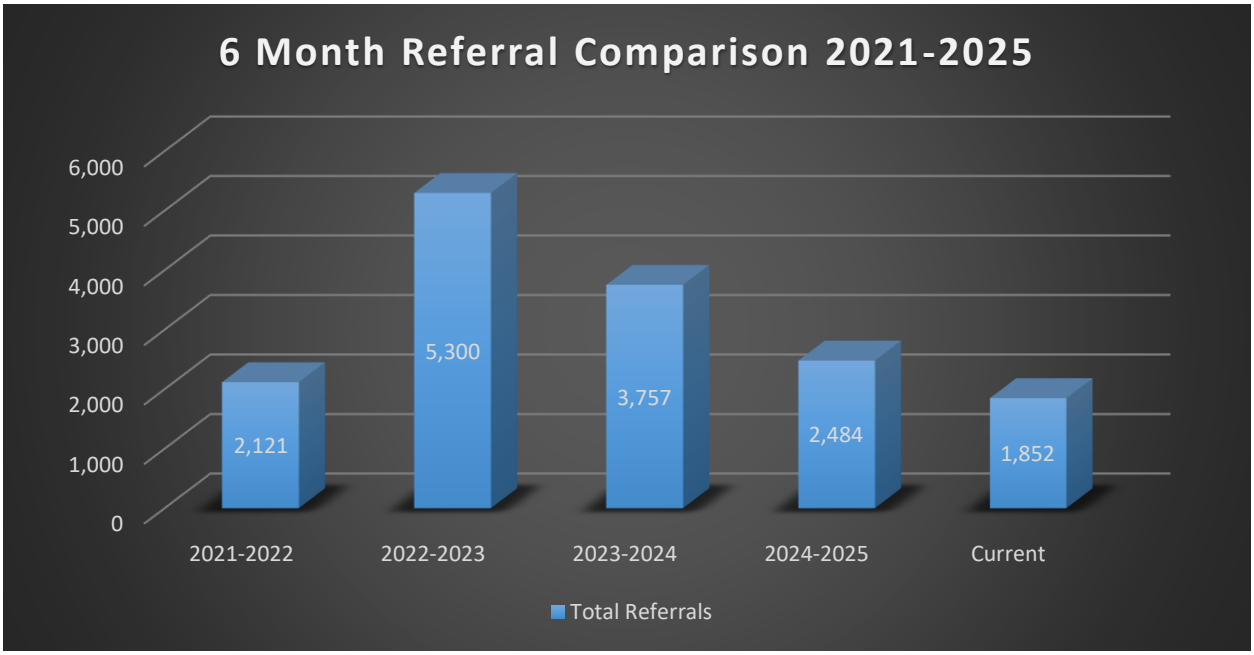
Cermak BH staff at the JTDC (FTE) presently includes (as of 5/1/25):

	In Plan	Current Vacancies
Juvenile Justice Behavioral Health Director	1	0
Chief Psychologist	1	0
Administrative Analyst - III	1	0
Psychiatrists	1.3	0
Psychologists	6	1
Postdoctoral Fellows	1	0
Psychiatric Social Workers	2	2
Mental Health Specialists	10	5
Expressive Arts Therapist	.2	0
Grand Total	23.5	8

For the current 6-month reporting period, total behavioral health encounters and clinical activities decreased when compared with the same time period 4 years ago (20,804 in 2022). There was a decrease in overall productivity when compared to subsequent reporting periods, which is likely due to an increase in position vacancies. It should be noted that 4 Mental Health Specialists will be onboarding in May/June 2025 and interviews are being conducted for other vacancies.

There was an increase in the number of referrals received by the MH department in 2023 which has significantly decreased over the last 18 months.


6 Month Productivity Comparison
20,804
27,618
29,029
26,261
19,694
2021-2022
2022-2023
2023-2024
2024-2025
CURRENT


6 Month Referral Comparison 2021-2025
6,000
5,000
4,000
3,000
2,000
1,000
0
2,121
5,300
3,757
2,484
1,852
2021-2022
2022-2023
2023-2024
2024-2025
Current
Total Referrals

#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 JTDC were found to exceed state standards.
- Adherence to established protocol / practice guidelines outlined in the CCH Health Policy Manual and the American Academy of Child and Adolescent Psychiatry:
    - Administration of the Mental Health Intake Screening and Initial Treatment Plan to all new residents 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 reassessments for all residents on suicide precautions
    - Initial assessments for youth receiving behavioral room time
    - Weekly multidisciplinary staffing for all residents on MHFU
    - Response to all routine referrals within 24 hours. Routine referrals are made via the sick call form or by speaking directly to JTDC staff or Mental Health staff during rounds
    - 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	11/1/24 to 4/30/25
Mental Health Intake Assessments	571
Routine Mental Health Referrals	1,852
Individual Therapy Sessions	1,508

#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 focus 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 and 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.

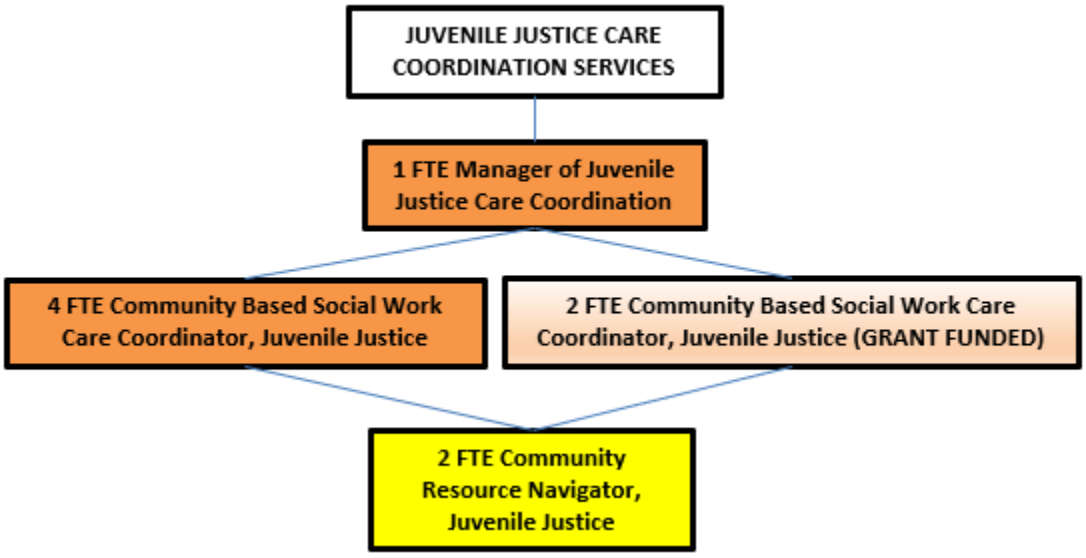
Cook County Health (CCH) entered into a Memorandum of Understanding (MOU) with the Office of the Chief Judge (OCJ) on July 17, 2018. Per the MOU, which was based in part upon recommendations from Chapin Hall, it is the intent of the OCJ to create an integrated Behavioral Health delivery system that improves 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 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 Resource Navigators, the Community Based Social Work Care Coordinators have the ability to effectively connect youth to outpatient CCH-based and other community behavioral health services. The following diagram represents the structure of the care coordination team:



The JJCC Team has the ability to effectively connect youth to CCH and community based behavioral health services in order to help youth and their families to navigate the health care delivery system.

- The team takes referrals from various sources, including youth and family requests, probation, court, juvenile justice systems, law enforcement, and identified medical homes.
- Referrals include screening and assessment of youth to work towards effective coordination of services in the community to address identified needs, including social determinants (homelessness, food insecurity, transportation needs, *etc*.) of health.
- The goal of care coordination is to reduce barriers that interfere with the ability to interface with community-based providers through the use of education and supportive services and linking referred youth to behavioral health and other community-based programs (mentoring, vocational programs).
- This team works to enroll families of justice involved youth in Medicaid, as needed, and meet with youth and families in the community, in their homes, and at identified provider locations to best aid in successful utilization of the health system.

JJCC Referrals

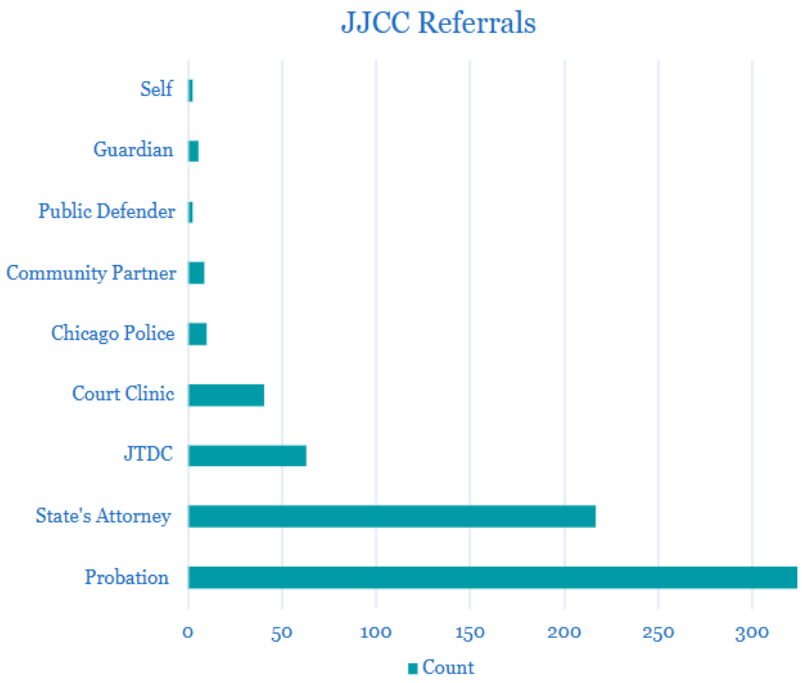
52 Active Referrals

(June 2020 – April 2025)

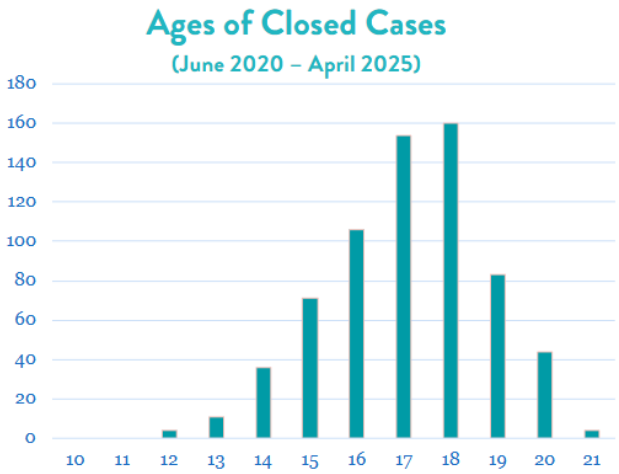
675 referrals closed through this time

Totals for top referral sources:

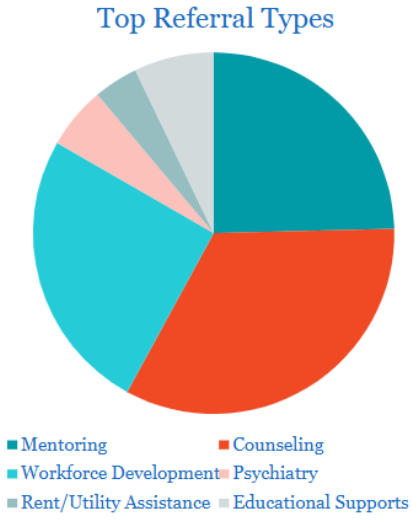
- Probation 324
- State's Attorney 217
- JTDC 63
- Court Clinic 41



Other Case Details

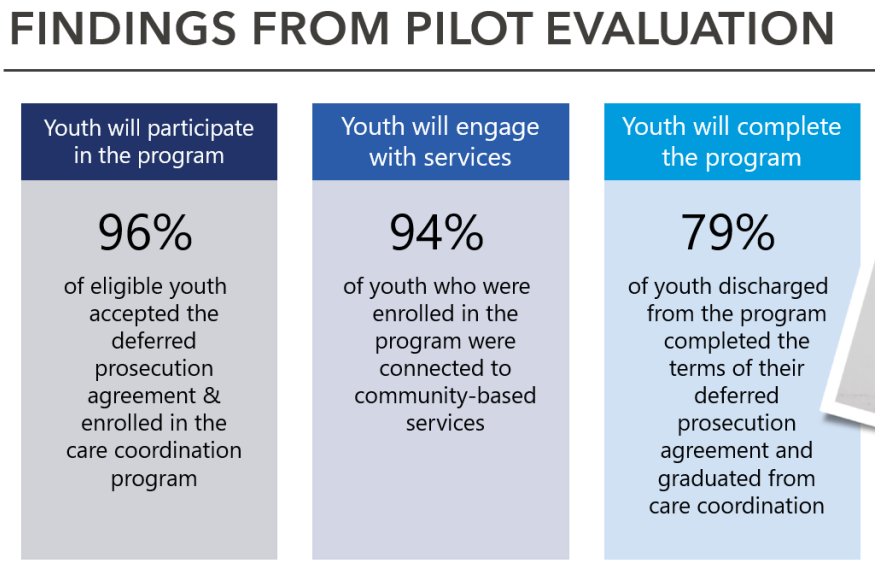


June 2020-April 2025 Top Referrals



In 2023, the JJCC was awarded American Rescue Plan Act (ARPA) funding to expand its involvement with the Cook County Deferred Prosecution Program. Through a partnership with the Office of the Chief Judge, the JJCC was asked to provide additional care coordination coverage for suburban Cook County. In Q4 2023, CCH onboarded these care coordinators who began taking referrals in Q1 2024.

Outcomes for the JJCC's Deferred Prosecution referrals are being independently evaluated by Chapin Hall. Preliminary recidivism findings are incredibly 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 standing goals of our Juvenile Justice Behavioral Health Programs 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
- Hip Hop HEALS

In late 2020, CCH was awarded a Justice and Mental Health Collaboration Program (JMHCP) grant through the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

The Justice and Mental Health Collaboration Program (JMHCP) supports cross-system collaboration to improve public safety responses and outcomes for individuals with mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who come into contact with the justice system.

JMHCP offers grants to help entities prepare comprehensive plans to implement collaboration programs that target qualified individuals and promote public safety and public health. Specifically, per the authorizing statute, grants awarded under this program shall be used to create or expand:

- Programs that support cooperative efforts by public safety officials and service providers (at any point in the system) to connect individuals with MI or CMISA with treatment and social services
- Mental health courts or other court-based programs
- Programs that offer specialized training for public safety officials and mental health providers in order to respond appropriately to individuals with MI or CMISA
- Programs that support intergovernmental cooperation between state and local governments to address enhanced support to individuals with MI or CMISA

In September of 2021, the CCH Juvenile Justice Behavioral Health team began organizing JMHCP grant funded deliverables and to date have provided 135 hours of training to over 800 justice system participants.

Training/Activity Name	Requested by	ate of Reque	ate Schedule	Date Held	Duration	of Participan	Population Trained
Introduction to Care Coordination	Office of the Chief Judge	9/1/2021	10/1/2021	10/1/2021	1 hour	15	Juvenile Court Judges
What are Mental Illness, Substance Use Disorder, and Co-Occuring Disorders?	Cook County Juvenile Justice Behavioral Health Clinical Steering Committee	9/1/2021	12/1/2021	12/1/2021	2 hours	15	Cook County Juvenile Justice Stakholders
C4 De-Escalation Training	JTDC Cermak MH	11/5/2021	2/8/2022	2/8/2022	2 hours	19	Mental Health Clincians (JTDC)
What is C4/SASS?	NU Court Clinic	11/8/2021	2/17/2022	2/17/2022	2 hours	15	Forensic Court Clinic Clinicians
C4 De-Escalation Training	NU Court Clinic	11/8/2021	6/2/2022	6/2/2022	2 hours	15	Forensic Court Clinic Clinicians
C4 De-Escalation Training	Public Defender's Office	11/8/2021	4/5/2022	4/5/2022	2 hours	20	Attorneys (Public Defenders Office)
What is C4/SASS?	Public Defender's Office	11/8/2021	20-Jun	20-Jun	2 hours	20	Attorneys (Public Defenders Office)
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) Learning Session #1 (LS1) Day 1	JTDC Cermak MH	9/22/2022	11/7/2022	11/7/2022	8 hours	20	Mental Health Clinicians (JTDC and JJCC)
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) Learning Session #1 (LS1) Day 2	JTDC Cermak MH	9/22/2022	11/8/2022	11/8/2022	8 hours	20	Mental Health Clinicians (JTDC and JJCC)
Think Trauma Module 1	Office of the Chief Judge	6/16/2022	11/17/2022	11/17/2022	1.5 hours	13	Juvenile Court Judges
Think Trauma Module 2 (Part 1)	Office of the Chief Judge	6/16/2022	12/1/2022	12/1/2022	1.5 hours	7	Juvenile Court Judges
Think Trauma Module 2 (Part 2)	Office of the Chief Judge	6/16/2022	12/8/2022	12/8/2022	1.5 hours	12	Juvenile Court Judges
SPARCS Learning Communtiy Call #1	JTDC Cermak MH	9/22/2022	12/13/2022	12/13/2022	1 hour	20	Mental Health Clinicians (JTDC and JJCC)
Think Trauma Module 3	Office of the Chief Judge	6/16/2022	12/15/2022	12/15/2022	1.5 hours	13	Juvenile Court Judges
SPARCS Learning Community Call #2	JTDC Cermak MH	9/22/2022	1/17/2023	1/17/2023	1 hour	20	Mental Health Clinicians (JTDC and JJCC)
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) Learning Session #2 (LS2) Day 1	JTDC Cermak MH	9/22/2022	1/30/2023	1/30/2023	8 hours	20	Mental Health Clinicians (JTDC and JJCC)
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) Learning Session #2 (LS2) Day 2	JTDC Cermak MH	9/22/2022	1/31/2023	1/31/2023	8 hours	20	Mental Health Clinicians (JTDC and JJCC)
SPARCS Learning Community Call #3	JTDC Cermak MH	9/22/2022	2/14/2023	2/14/2023	1 hour	20	Mental Health Clinicians (JTDC and JJCC)
SPARCS Learning Community Call #4	JTDC Cermak MH	9/22/2022	3/7/2023	3/7/2023	1 hour	20	Mental Health Clinicians (JTDC and JJCC)
SPARCS Learning Community Call #5	JTDC Cermak MH	9/22/2022	3/28/2023	3/28/2023	1 hour	20	Mental Health Clinicians (JTDC and JJCC)
SPARCS Learning Community Call #6	JTDC Cermak MH	9/22/2022	4/18/2023	4/18/2023	1 hour	20	Mental Health Clinicians (JTDC and JJCC)
SPARCS Learning Community Call #7	JTDC Cermak MH	9/22/2022	5/9/2023	5/9/2023	1 hour	20	Mental Health Clinicians (JTDC and JJCC)
SPARCS Learning Community Call #8	JTDC Cermak MH	9/22/2022	5/30/2023	5/30/2023	1 hour	20	Mental Health Clinicians (JTDC and JJCC)
Compassion Fatigue	Stakeholders	9/19/2023	9/19/2023	9/19/2023	2 hour	33	CCH, Court Clinic, JTDC
Crossroads Intro to Antiracism	Stakeholders	8/9/2023	11/7 & 11/8/23	11/7 & 11/8/23	8 hours	22	CCH, JTDC
Crossroads Intro to Antiracism	Stakeholders	8/9/2023	11/14 & 11/16/23	11/7 & 11/8/23	8 hours	18	CCH, JTDC
Introduction to Antiracism Training Debrief	JTDC Cermak MH	11/16/2023	1/30/2024	1/30/2024	1.5 hours	37	Mental Health Clinicians (JTDC and JJCC)
Employee Spring Wellness Event	JTDC Cermak	1/1/2024	3/19/2024	3/19/2024	2 hours	40	JTDC Cermak (MH, Medical, and Dental)
Think Trauma	NU Court Clinic	12/15/2023	3/15/2024	3/15/2024	4 hours	20	Forensic Court Clinic Clinicians
Antiracism and Equity Committee	JTDC Cermak MH	1/30/2024	4/2/2024	4/2/2024	1.5 hours	15	Mental Health Clinicians (JTDC and JJCC)
Trauma-Focused CBT (TF-CBT)	JTDC Cermak MH	2/22/2024	May-October 2024	6/4/2024	11 hours	24	Mental Health Clinicians (JTDC and JJCC)
Antiracism and Equity Committee	JTDC Cermak MH	1/30/2024	5/7/2024	5/7/2024	1.5 hours	10	Mental Health Clinicians (JTDC and JJCC)
Antiracism and Equity Committee	JTDC Cermak MH	1/30/2024	6/4/2024	6/4/2024	1.5 hours	7	Mental Health Clinicians (JTDC and JJCC)
Employee Summer Wellness Event	JTDC Cermak	1/1/2024	7/30/2024	7/30/2024	2 hours	40	JTDC Cermak (MH, Medical, and Dental)
Antiracism and Equity Committee	JTDC Cermak MH	1/30/2024	8/21/2024	8/21/2024	1.5 hours	6	Mental Health Clinicians (JTDC and JJCC)
Hip Hop Heals	JTDC Cermak MH	10/30/2023	9/11/2024	9/11/2024	3 hours	23	Mental Health Clinicians (JTDC and JJCC)
Hip Hop Heals	JTDC Cermak MH	10/30/2023	9/18/2024	9/18/2024	3 hours	23	Mental Health Clinicians (JTDC and JJCC)
Hip Hop Heals	JTDC Cermak MH	10/30/2023	9/25/2024	9/25/2024	2 hours	23	Mental Health Clinicians (JTDC and JJCC)
Antiracism and Equity Committee	JTDC Cermak MH	1/30/2024	10/16/2024	10/16/2024	1.5 hours	7	Mental Health Clinicians (JTDC and JJCC)
NCCHC Sleep Webinar + Wellness Event	JTDC Cermak MH	9/1/2024	10/30/2024	10/30/2024	1 hour	17	Mental Health Clinicians (JTDC and JJCC)
Think Trauma 2.0- Train the Trainer	Stakeholders	6/1/2024	11/19/2024	11/19/24-11/21/24	17 hours	30	Mental Health Clinicians (JTDC and JJCC), JTDC, Probation
Holiday Wellness Event	JTDC Cermak MH	10/15/2024	12/18/2024	12/18/2024	2 hours	22	Mental Health Clinicians (JTDC and JJCC)
Spring Wellness Event	JTDC Cermak MH	1/1/2025	4/16/2025	4/16/2025	2 hours	27	Mental Health Clinicians (JTDC and JJCC)

#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 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 budgeted 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.

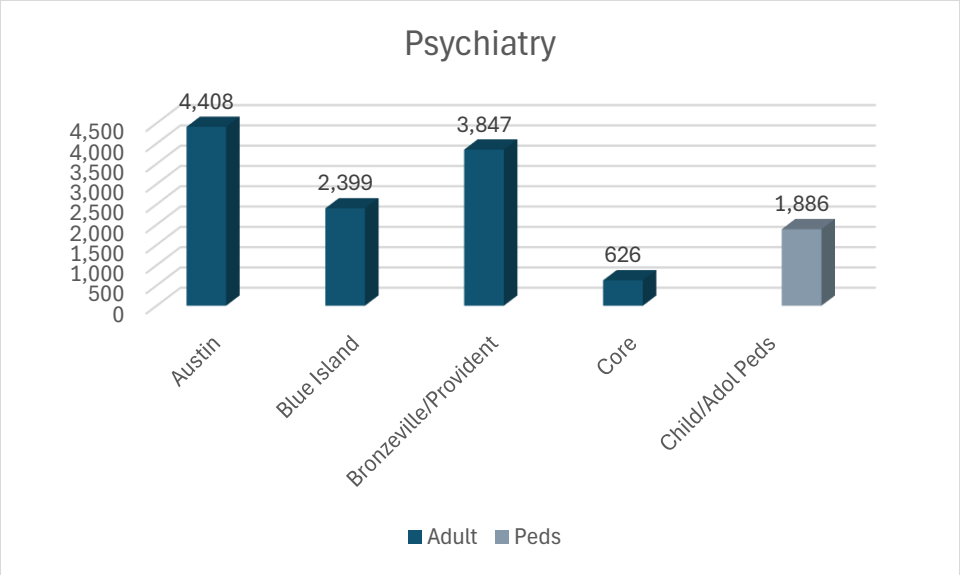
Youth who were taking psychotropic medications at the JTDC are provided with 30 days' worth of their medications. JTDC coordinates with JSH that youth's psychotropics (as well as medications prescribed for physical problems) are e-prescribed to the agreed-upon locations.

Department of Psychiatry

1. Project overview

b. Division	Program/ Clinic	Worksite
Adult Psych	Bariatric Clinic	JSH
	Endocrinology	JSH
	HIV-BH	Core Ctr.
	Injection	Austin Psych/Bronzeville Psych/ Blue Island
	Medication Management	Austin Psych/Bronzeville Psych/ Blue Island
	Neuropsychiatry	Bronzeville Psych/JSH
	Pain Clinic	Blue Island/ JSH
	Psychotherapy (Individual/ Group)	Austin Psych/Bronzeville Psych/ Blue Island/JSH
	Inpatient Consultation Medication	JSH/ Provident
	Inpatient Consultation Inter-Disciplinary Training	JSH
	Medical Student Teaching/ Training	JSH/Provident
Child & Adolescent Psych	Psychotherapy (Individual/ Group)	JSH
	Telepsychiatry Adolescent/Young Adult Clinic	JSH
	Endocrinology (Peds)	JSH
	Positive Parenting Program (Triple P)	JSH/ Provident
ER Psych	ER Consultation	JSH/ Provident
	Inter-disciplinary Training Medical Student	JSH

a. Project activities: The department of Psychiatry is comprised of five clinics: Austin, Blue Island, Bronzeville/Provident, Core, and John Stroger Hospital. The Psychiatry Clinics provides an array of services totaling more than 13,000 visits over the last six months of that 14% were with children, adolescents, or young adults. The following table lists the division and programs.



13,166 Total Patients

Reporting Period Nov. 1, 2024-April 30, 2025

2. The department of Psychiatry collaborates with Thresholds at Provident & JSH ER. Thresholds assists in complex referral placement of patients requiring psychiatric hospitalization to private and public facilities. By offering tele-psychiatry services, we can expand access to psychiatric care, even amid a shortage of providers. This approach also significantly reduces no-show rates, improving continuity and efficiency of care. We have a 25% reduction in transfers through the reassessment process and an 8-hour reduction in patients waiting to be transferred due to an expedited transportation process

Psychiatry Initiatives:

- Clinical Triage & Stabilization Center (CTSC). A 23-hour psychiatric crisis stabilization unit designed to provide immediate care for individuals experiencing acute behavioral health crisis. It will assist in stabilizing individuals in distress and prevent unnecessary hospitalizations, ED visits, reduce arrest, and improve patient experience.

- Suicide Risk and Gold Gown Initiatives. Dr. Watts met with all medical and surgical departments and their trainees in 2024 to ensure knowledge around suicide risk-assessment, decision-making capacity and addressing elopement.

- Alcohol Screening and Brief Intervention—as part of our ACS Trauma designation, we worked in 2025 with Trauma Department on screening process, referrals, and brief interventions for patients with traumatic injuries and co-morbid substance us

- Hospital-based opioid initiative—from support of Opioid Settlement Funds, we have just created an inpatient addiction medicine consultation service that will provide better care to hospitalized patients with OUD, reduce AMAs related to substance withdrawal,

increase patients' access to care after discharge, and reduce length of stays. As part of this initiative, we have a new system-wide methadone policy and an upcoming nursing training course on management of opioid withdrawal.

- Consultation-Liaison Psychiatry participated in Burn Service multidisciplinary rounds and Trauma Service's multidisciplinary rounds.

Behavioral Health

A) Expansion of Long-Acting Injection (LAI) Clinics:
This project involves expanding the clinics that provide long-acting injection treatments for psychiatric conditions. These injections are designed to provide sustained release of medication over an extended period, reducing the need for frequent oral medication.

B) Expansion of Neuro-psych Clinic to cover Inpatient and Outpatient Pediatric Services:
This initiative aims to expand the existing neuro-psych clinic to provide services for both inpatient and outpatient pediatric populations. This expansion will enhance access to specialized neurological and psychiatric care for children and adolescents.

C) ACT Linkage Team—with funding from ARPA contract, CCH has partnered with Thresholds in mid-2024 to create an ACT Linkage project which links persons with severe mental illness who are frequent utilizers of emergency and inpatient care to care teams in the community. These care teams help patients with stable/structured housing, medication treatment, case management, and advocacy

D) Novel Treatment for Persons with OUD—Dr. Vergara-Rodriguez and Dr. Watts obtained a new NIDA CTN grant to participate in a nationwide multi-site clinical trial for persons with OUD, combining popular GLP-1 agonists with existing buprenorphine to treat opioid addiction. Recruitment/enrollment is expected to start by the end of 2025.

E) FIT Program (Families in it Together):
The FIT Program, also known as Families in it Together, is an initiative focused on supporting families of individuals with mental health issues.

F) Triple P (Positive Parenting Program):
The Triple P program is a well-known evidence-based positive

parenting program. This initiative aims to implement and expand the program, which provides parents with skills and strategies to promote positive behavior and well-being in children with chronic health/ behavior conditions.

G) Behavior Health Pediatric Observation Beds at JSH:
This project involves establishing two behavioral health pediatric observation beds at JSH. These beds are now in use and are dedicated to assessing and providing short-term care for children and adolescents experiencing acute psychiatric crises.

Future Plans & Sustainability:

A) Improve recruitment, particularly recruitment of prescribing clinicians.
B) Integrate best practice clinic model through department case conference series.
C) Develop Telepsychiatry services within ACHN and explore resuming adult outpatient psychiatry services at JSH main campus and other sites.
D) Consider additional services and initiatives, including an Intake and Assessment Clinic.

Substance Use Disorder Programs

All data are reported for the 6 months from November 2024 – April 2025 unless otherwise noted.

1. Population served:

The Medications for Addiction Treatment and Recovery Support Services Program at Cook County Health serves patients with opioid use disorder (OUD) and other substance use disorders (SUD)s in all areas of our health system, including ambulatory health centers; Stroger Hospital and Provident Hospital emergency departments & inpatient units, Clinical Triage and Stabilization Center (CTSC); 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 / unique patients served (Nov 2024 - Apr 2025

Program	Population Served	Reporting Period total
Ambulatory and Community Health Network (ACHN)	Throughout Chicago and suburban Cook County	468 patients
Bridge Clinic	Throughout Chicago and suburban Cook County	160 patients
Stroger Emergency Department	Patients at Stroger ED	274 patients
Stroger Inpatient	Patients at Stroger Inpatient	325 patients
Provident Emergency Department	Patients at Provident ED	103 patients
Provident Inpatient	Patients at Provident Inpatient	87 patients
Cermak SUD Post-Release Care Coordination	Cook County Jail detainees (during incarceration or post-release) with SUD served by the SUD care coordination team	1,846 patients
Drug court partnership	Clients of Maywood and 26th/California ACT and (W)RAP drug courts	77 clients
Recovery homes partnership	Clients referred to navigator from throughout Chicago and suburban Cook County	133 clients
Sanctuary Housing Pilot	Clients referred to low barrier recovery-oriented housing pilot	22 new referrals, 22 housed
Naloxone Vending Machines & Naloxone Boxes	Patients and visitors of Stroger, Provident, Englewood, Core, Austin, Belmont Cragin, Blue Island, Cottage Grove, GMC, Morton, North Riverside, Prieto, and Robbins	3,099 total kits dispensed
Austin Methadone Pilot	Patients wanting integrated methadone/opioid use disorder care, primary care, and wraparound services at Austin health center	32 referred, 20 engaged*
*launched 3/25/25. Reporting 3/25/25-5/20/25		

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 access at Bridge clinic. Recovery support provided by recovery coaches who are certified alcohol and drug counselors (CADCs). Warm linkages to partnering treatment providers and social service providers.	American Society of Addiction Medicine National Practice Guidelines 2020[1] SAMHSA Treatment Improvement Protocol 63[2] Peer-based recovery support services[3] Hand-off to treatment services upon discharge[4]
Stroger and Provident emergency departments (EDs) & Inpatient Units & CTSC	In the hospital settings, team members identify patients with opioid and other substance use disorders (SUD), collaborate with providers to initiate MAT when appropriate, and connect patients directly to internal and external treatment and wraparound services upon discharge from these acute care settings. At the JSH Emergency Department, the team is comprised of Recovery Coaches with social workers on the inpatient unit. At Provident (launched 7/7/24), the ED and inpatient is covered by a team of recovery coaches and a lead recovery coach.	Screening, Brief Intervention and Referral to Treatment (SBIRT)[5] Peer-based recovery support services[3] Warm Hand-off to treatment services upon discharge[4]
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	Peer based recovery support services[3] Re-entry needs assessment developed by the Substance Abuse and Mental Health

[1] The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder – 2020 Focused Update
[2] https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf
[3] Stack E, Hildebran C, Leichtling G, Waddell EN, Leahy JM, Martin E, Korthuis PT. Peer Recovery Support Services Across the Continuum: In Community, Hospital, Corrections, and Treatment and Recovery Agency Settings - A Narrative Review. J Addict Med. 2022 Jan-Feb 01;16(1):93-100. doi: 10.1097/ADM.0000000000000810. PMID: 33560695; PMCID: PMC8339174.
[4] Patel E, Solomon K, Saleem H, Saloner B, Pugh T, Hulsey E, Leontsini E. Implementation of buprenorphine initiation and warm handoff protocols in emergency departments: A qualitative study of Pennsylvania hospitals. J Subst Abuse Treat. 2022 May;136:108658. doi: 10.1016/j.jsat.2021.108658. Epub 2021 Nov 8. PMID: 34774397.
[5] Babor TF, McRee BG, Kassebaum PA, Grimaldi PL, Ahmed K, Bray J. Screening, Brief Intervention, and Referral to Treatment (SBIRT): toward a public health approach to the management of substance abuse. Subst Abus. 2007;28(3):7-30. doi: 10.1300/J465v28n03_03. PMID: 18077300

	barriers to community care including addressing transportation, insurance, and housing.	Administration (SAMHSA) GAINS center[6]
Drug court partnership	A recovery coach (peer in recovery) is embedded 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[7] Peer-based recovery support services[3]
Recovery homes partnership	A regional recovery housing information system and navigator intervention to enable real-time identification of vacancies and linkage to recovery homes for individuals with SUD who seek recovery-oriented housing.	Recovery residences as an evidence-based practice[8]
Sanctuary Housing Pilot	Low-barrier, recovery-oriented housing for CCH patients with SUD who lack stable and recovery-promoting housing.	A novel intervention, based on housing first principles[9]
Austin Methadone Pilot	With treatment partner, offering methadone co-located at Austin health center for integrated and coordinated comprehensive care.	American Society of Addiction Medicine National Practice Guidelines 2020[1] SAMHSA Treatment Improvement Protocol 63[2]

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

The program is administered by the Director of Recovery Support Services, Attending Physician VII-Behavioral Health, and Division Chief, Psychiatry. This team collaborates with leaders from across CCH including the Chief Behavioral Health Officer and Office of Behavioral Health colleagues; Dept. Chairs from Family Medicine and Psychiatry and their faculty; leadership from Complex Care Coordination and Center for Health Equity and Innovation; and members from multiple departments including County Care, Cook County Department of Public Health, and Correctional Health.

[6] Osher, F., Steadman, H. J., & Barr, H. (2003). A Best Practice Approach to Community Reentry From Jails for Inmates With Co-Occurring Disorders: The Apic Model. Crime & Delinquency, 49(1), 79–96. https://doi.org/10.1177/0011128702239237

[7] Access to Medications for Addiction Treatment for Persons Under Community Correctional Control (asam.org)

[8] Society for Community Research and Action—Community Psychology, Division 27 of the American Psychological Association (2013). The role of recovery residences in promoting long-term addiction recovery. *American journal of community psychology*, *52*(3-4), 406–411. https://doi.org/10.1007/s10464-013-9602-6

[9] Substance Use Outcomes Among Homeless Clients with Serious Mental Illness: Comparing Housing First with Treatment First Programs | Community Mental Health Journal

Table 3: SUD programs, Internal patient-facing team members, and External partners		
Program	**Internal team members**	**External partners**
ACHN	Recovery coaches, lead recovery coach, recovery coach coordinators, medical providers, nurses, LCSWs, SUD program nurse, and care coordination team	n/a
Bridge clinic	Recovery coach, recovery coach coordinator, and medical providers	Lighthouse Institute of Chestnut Health Systems: Evaluator WestCare Foundation of Illinois: Outreach specialist
Stroger ED	Recovery coach coordinator and medical providers	Family Guidance Center: Recovery coach
Stroger Inpatient	LCSWs and addiction medicine physicians	n/a
Provident ED & Inpatient & CTSC	Lead Recovery coach and recovery coach	Haymarket Center: Recovery coach
Cermak SUD Post-Release Care Coordination	Recovery coach coordinator and community health worker	Family Guidance Centers, Inc.: Peer specialist
Drug court partnership	Recovery coach	Office of the Chief Judge, Cook County Problem Solving Courts: Project oversight committee
Recovery homes partnership	n/a	Family Guidance Centers, Inc.: Navigators A Safe Haven, Brighter Behavior Choices Inc., Gateway Foundation, Hardin House, Healthcare Alternative Systems (H.A.S.), Henry's Sober Living, Life House, Lutheran Social Services of IL, Oxford House, Phoenix Recovery Services, Rosecrance, Solstice: Recovery homes Lighthouse Institute of Chestnut Health Systems: Evaluator Illinois Department of Human Services/Division of Substance Use Prevention and Recovery and Chicago Department of Public Health: Oversight committee members
Sanctuary Housing Pilot	Program nurse (partial FTE)	Phoenix Recovery Support Services: Housing unit and staff
Austin Methadone Pilot	Addiction Medicine physician (partial FTE)	Family Guidance Centers, Inc.: Opioid Treatment Program staff, equipment, and operations

4. Key performance indicators:

Table 4: SUD program key performance indicators and outcomes (Nov 2024 - Apr 2025)		
Program	Key Performance Indicator	Outcome
ACHN	Number of unique patients served	468 patients
ACHN	Number of engagement episodes with recovery coach	1,832 engagement episodes
ACHN	Number of outreach attempts by recovery coach	3,195 outreach attempts
ACHN	Number of medical providers prescribing medications for opioid use disorder (OUD) and alcohol use disorder (AUD)	60 OUD providers, 90 AUD providers*
ACHN, Stroger, Provident, and Core	Number of ACHN health centers dispensing naloxone for overdose prevention, number of naloxone kits dispensed in vending machines/distribution boxes	11 health centers, 3,099
ACHN, Stroger, Provident, and Core	Number of fentanyl, xylazine, and benzodiazepine test strips dispensed	175 fentanyl, 106 xylazine, & 82 benzodiazepine test strips
Bridge	Number of unique patients served	160 patients
Bridge	Number of outreach attempts by recovery coach/CHW	698 outreach attempts
Stroger ED	Number of referrals to ED recovery coaches for patients with high-risk substance use	402 referrals
Stroger ED	Number of patients provided with brief intervention by recovery coach	274 patients
Stroger ED	Number of patients who accepted referral post discharge	156 patients
Provident ED	Number of referrals to ED recovery coaches for patients with high-risk substance use	133 patients
Provident ED	Number of patients provided with brief intervention by recovery coach	103 patients
Provident ED	Number of patients who accepted referral post discharge	30 patients
Stroger Inpatient	Number of referrals for patients with high-risk substance use	698 referrals
Stroger Inpatient	Number of patients provided with brief intervention	325 patients
Stroger Inpatient	Number of patients accept referral post discharge	207 patients
Provident Inpatient	Number of referrals for patients with high-risk substance use	124 patients
Provident Inpatient	Number of patients provided with brief intervention	87 patients
Provident Inpatient	Number of patients accept referral post discharge	44 patients
Cermak SUD Post-Release Care Coordination	Cook County Jail detainees (during incarceration or post-release) with SUD served by the SUD care coordination team	1,846 patients

Cermak SUD Post-Release Care Coordination	Number of unique patients who completed a needs assessment	1,257 patients
Cermak SUD Post-Release Care Coordination	Number of outreach attempts by recovery coach coordinator and CHWs	1,518 outreach attempts
Drug court partnership	Number of clients served	77
Recovery homes partnership	Numbers of referrals to the recovery home navigator	133
Recovery homes partnership	% of referred individuals successfully linked to a recovery home or an accepted alternative care setting.	66% (n=88)
Sanctuary housing pilot	Number of patients referred to the Sanctuary	22 new referrals, 22 housed**
Sanctuary housing pilot	% of referred individuals successfully placed	45% (n=10)**
Austin methadone program	Number of patients referred to Austin methadone program	32
Austin methadone program	% of referred individuals successfully receiving services	63% (n=20)^
*Data for 1st Quarter 2025 only (Jan-March)		
**The 22 referred and 22 housed during the reporting period overlap but are not the same cohort. The Sanctuary serves 15 individuals at a time. Of the 22 new referrals in the reporting period, 10 are/were housed at Sanctuary.		
^launched 3/25/25. Reporting 3/25/25-5/20/25		

5. Quality measures:

There are no contracts involved in the drug court partnership.

Table 5: Deliverables of Contracts and Vendors for SUD Program		
Program	**Vendor**	**Expectations**
Bridge	WestCare Foundation of Illinois	Provide Community outreach and SUD treatment services
Bridge	Lighthouse Institute of Chestnut Health Systems	Program evaluator
Stroger ED and inpatient	Family Guidance Center, Inc.	Recovery coach/warm handoff coordinator & Peer recovery support specialist
Provident ED	Haymarket Center	Recovery coach staffing
Cermak SUD Post-Release Care Coordination	Family Guidance Center, Inc.	Peer outreach specialist staffing
Recovery homes partnership	Family Guidance Centers, Inc.	Recovery home navigator

Recovery homes partnership and Sanctuary Housing	Lighthouse Institute of Chestnut Health Systems	Qualitative and quantitative analyses of recovery home coordinated capacity project
Sanctuary Housing Pilot	Phoenix Recovery Support Services	Operationalize and maintain staffing and facilities for Sanctuary pilot. Outcome reporting: Weekly: # of referrals/week, # of people currently in the program Monthly: Duration of stay for each resident currently in the program, Submission of anonymized intake & progress reports
Stroger Addiction Medicine/SUD consult service	Amergis	Addiction Medicine physician for direct patient care as part of the interdisciplinary Inpatient addiction medicine consult team; develop policies and protocols for the team
Ambulatory health centers	Vaya	SUD Program Nurse for staff training, quality improvement and assurance, and direct patient care
Austin methadone pilot program	Family Guidance Services, Inc.	Nurse team and care coordinator, medication, and all supplies for operationalizing the Opioid Treatment Program co-located at Austin

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 expertise with recovery and the systems our patients interface with and are reflective of the demographics of our patients served. 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. Recovery Support Services team members focus on providing wrap around support and on reducing vulnerability of overdose by addressing social determinants of health, such as referrals to housing, transportation, and food security resources.

Two patient success stories highlight the ways in which patients are served:

A participant in Drug Court had made tremendous strides in reaching most of his recovery goals, with the exception of securing safe and stable housing. The Peer Specialist supported the patient to obtain a Housing Authority of Cook County (HACC) voucher through probation and then linked the patient to Cook County Health's Housing Navigation program for support finding a unit and landlord that accepted the HACC voucher. The participant is in the process of moving in, with the help of the Peer Specialist to navigate organizations that support obtaining furniture and

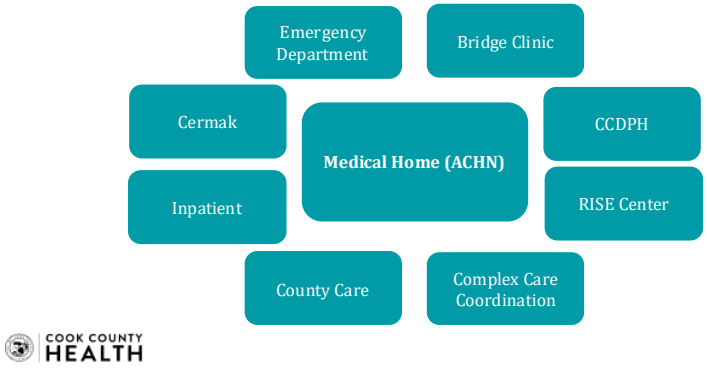
furnishings. Through this transition, the Peer Specialist will support the participant to utilize recovery skills, including finding new recovery supports in his new community once he moves, to maintain his sobriety.

An individual looking for support to start buprenorphine called our Bridge clinic. The Recovery Coach completed the screening and scheduled the patient to get a telehealth appointment to start medication. During the conversation, the Coach identified the patient also had housing challenges and sent a referral to the housing team for support. The individual expressed gratitude for the care provided, but also for the compassionate, non-judgmental support provided throughout the call. The individual expressed gratitude and said, "It's been so helpful talking to you—can you help my brother?!" And handed the phone to her family member who also got connected to services.

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 (i.e.- Stroger ED, Cermak Health Services) and linking them to long-term, community-based services for SUD care in ACHN and/or 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.

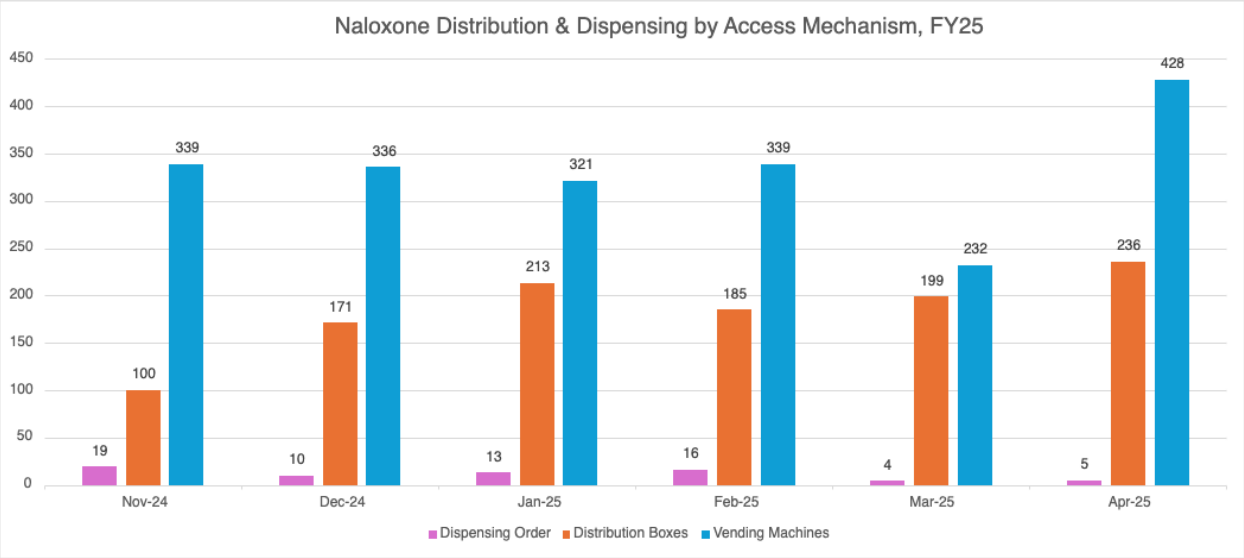
Figure 2. CCH Substance Use Disorder Program System-Level: No Wrong Door



8. Overview of effectiveness / impact of the program:

The SUD team embraces continuous quality assurance through data monitoring and evaluation. An example includes the system's efforts to increase access to naloxone, an opioid overdose reversal medication. In April, the effort expanded to the Morton East School-based Health Center. Over 3,000 (N=3,099) kits were dispensed across CCH during the reporting period (see graph

below). This initiative was accepted as a poster presentation at the CCH 2025 Patient Safety & Experience Week poster fair.



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 (IDHS-SUPR), Statewide Opioid Response	SFY25 $1.3M SFY26 $1.2M	ACHN, ED, and Inpatient staff	SFY25 ends June 2025 SFY26 will end June 2026
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 (5 years with 2 no cost extensions)	Drug court partnership, Recovery home partnership	Ends September 2025 (2 no cost extension years)
DOJ FY22 COSSUP	$1,600,000 over 3 years (4 years with no cost extension)	Drug court partnership, CCH Cermak SUD Post-Release Care Coordination team, Recovery Home	Ends September 2026 (1 no cost extension year)

		Navigator, and Sanctuary Housing Pilot	
FY25 Opioid Remediation and Abatement Funds	$800,800 to Stroger for FY25 $552,253 to ACHN for FY25 $703,500 to Cermak for FY25	Stroger: Inpatient Addiction Medicine Consult Service (addiction medicine physician & peer recovery support specialist) ACHN: Safe Opioid Prescribing initiative (registered nurse), long-acting injectable buprenorphine (pharmacy purchases) Cermak: Equipment for Opioid Treatment Program and long-acting injectable buprenorphine	Ends with FY25, conditional approval for continuing in FY26

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.

During this report period, we saw a significant increase in patients served in Provident Hospital's acute care settings, particularly on the inpatient unit. From November 2024-April 2025, our team received 124 consults for patients with substance use disorder on the inpatient setting (compared to 36 consults May – October 2024). We attribute this growth to an additional team member and to focused internal promotion of our team's services.

In March, we launched the Austin Methadone Pilot Program. This is a partnership with Family Guidance Centers, to integrate Opioid Treatment Program services into the Austin Health Center. Patients can access methadone, care coordination, primary care, and behavioral health in one setting. This program serves as a smooth glidepath for patients leaving Stroger Hospital or Cook County Jail who want to or wish to receive methadone, and the integration is especially helpful for patients with significant physical, mental, and/or social health challenges.

Cermak Health Service's Opioid Treatment Program was recognized in the National Commission on Correctional Healthcare's newly published Jail Guidelines for the Medical Treatment of Substance Use Disorder. Cermak served as a case study in this national guideline.

In mid-February, our PEER program expanded its reach to a 3rd courtroom. 40 participants in this additional court room are newly receiving support from the Peer. The Peer Support Specialist provides intensive supports to participants in the problem-solving courts to access community recovery supports including 12-step services, employment, and housing, as well as providing critical direct recovery support.