

#21 – 1189

Resolution to Assess Needs and Improve the Quality and Effectiveness of
Behavioral Health Care Provided by Cook County Government

Cook County State's Attorney's Office
Behavioral Health Services Report



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Executive Summary

In response to Cook County Resolution #21-1189: RESOLUTION TO ASSESS NEEDS AND IMPORVE THE QUALITY AND EFFECTIVENESS OF BEHAVIORAL HEALTHCARE PROVIDED BY COOK COUNTY GOVERNMENT, the Cook County State’s Attorney’s Office (CCSAO) has compiled the following report. This report outlines the various ways the CCSAO makes referrals to behavioral and mental health services. Each section of the report works to address the questions outlined in the Behavioral Health Services Quarterly Report template. It should be noted that the CCSAO is not a direct provider of behavioral or mental health services.

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SENIORS AND PERSONS WITH DISABILITIES UNIT: Mental Health Writs, Civil Commitments and Involuntary Treatment

(1) General Information

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

Mental Health Writs

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

Complainants are commonly friends or family members concerned for the respondent and familiar with the respondent’s needs and medical history. Complainants initiate the Mental Health Writ process by calling the Cook County State’s Attorney’s Office, visiting the Daley Center or Markham Courthouse. When a complainant is seeking to file a Mental Health Writ, the CCSAO conducts intake that includes party names, mental health history and past medical treatment of the respondent. Following intake, an Assistant State’s Attorney meets with the complainant to discuss the case and evaluates whether filing for a Mental Health writ is appropriate.

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

The CCSAO does not currently have a comprehensive tracking system for the number of requests for writs or the number of writs issued. However, between January 1, 2021 and June 4, 2021 140 complainants physically came to the Daley Center seeking a Mental Health Writ, this number does not include phone calls received inquiring about the process or seeking to initiate a writ over the phone.

Civil Commitment and Involuntary Treatment

Civil commitment means involuntary commitment to a mental health facility or hospital. Involuntary treatment means court-ordered mental health treatment, meaning medication or electroconvulsive therapy.

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

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

Across all three categories, Mental Health Writs, Civil Commitment and Involuntary Treatment, the CCSAO saw over 5,000 cases between 1/1/2020 and 12/31/2020.

(2) Overall Program Goals

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

The goal of Mental Health Writs, and subsequent orders for psychological evaluation, is to provide family, friends, or parties concerned for the health and safety of individuals with mental illness with a temporary, legal mechanism for connecting individuals to psychiatric evaluation services. A Mental Health Writ provides a legal response to an immediate mental health crisis that connects individuals to treatment and services when the individual may be unwilling to do so voluntarily, due to a serious mental illness.

The hope is that the evaluation addresses an immediate mental health crisis and connects individuals with treatment or care to continue managing their mental illness or, in some cases, begin managing their mental illness for the first time.

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

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

Any hospital in Cook County can be a service provider, but the CCSAO recommends individuals utilize hospitals with a dedicated mental health unit in the event a respondent needs to be treated on an in-patient basis. Complainants can identify a specific hospital they wish to have the respondent taken to, this is typically the case if the respondent has an established relationship with a physician or primary care provider. The CCSAO has a point of contact for every hospital in Cook County and information about whether or not that hospital has in-patient psychiatric treatment facilities.

When a specific hospital is not identified by the complainant, the CCSAO works with the complainant to determine where they would like the respondent to go based on the respondent's needs, location, proximity to family, friends or other support networks, insurance coverage, etc.

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

The CCSAO measures success based on whether a Mental Health Writ is approved by a judge and a subsequent order for involuntary psychiatric evaluation is issued. Then, success is measured by whether the order is successfully executed within the 72-hour time frame. Successful execution of the order includes the complainant coordinating with law enforcement to ensure the respondent is transported to a hospital and connected with mental health care to address an immediate mental health crisis.

To ensure Cook County residents are aware of and able to access this resource appropriately, the CCSAO coordinates with a crisis coordinator at NAMI Chicago, the Chicago Police Department (CPD) and CPD's Crisis Intervention Team (CIT) on community outreach and education. The CCSAO also conducts community outreach events through our Community Justice Centers and Community Engagement teams where information about the Mental Health Writ process is made available.

Training of Assistant State's Attorneys (ASAs) is also a key performance indicator of the CCSAO's ability to effectively support individuals seeking Mental Health Writs.

The CCSAO does not currently track the number of community outreach or training events hosted on this topic. However, the unit averages one to two training or community outreach events per month.

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

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

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

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

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

(7) Continuum of Care

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

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

(8) Best Practices in Programming

Information on the best practices in this type of programming

The CCSAO Mental Health Writ process follows the standards and practices laid out in Illinois law, specifically the Mental Health and Disabilities Code (405 ILCS 5/3-) that establish the standards and requirements for involuntary evaluation and admission to in-patient psychiatric care.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has established "National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit" which includes guidelines to use involuntary emergency interventions only as a last resort, except to initiate life-saving services for attempts in progress or to initiate active rescue to secure the immediate safety of the individual at risk.

(9) Meetings and Coordination on Patient Identification

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

The CCSAO Seniors and Persons with Disability Unit meets weekly with a Crisis Coordinator at NAMI Chicago, CPD + CPD's CIT Team to discuss what is working well within the Mental Health Writ process, to troubleshoot any issues or prospective issues.

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

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

With respect to the Mental Health Writ, program effectiveness is demonstrated by successfully securing and executing a court order for psychological examination.

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

(11) Program Costs and Funding Sources

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

Five full time ASAs in the Seniors and Persons with Disabilities Unit, and one part time ASA, are funded as part of the CCSAO operating budget. Beyond the Mental Health Writ process, attorneys handle all civil commitment and treatment cases filed in Cook County, of which there were more than 5,000 across these three areas in 2020.

One ASA is also designated to handle Agreed Outpatient Treatment cases. Three ASA also handle criminal cases involving seniors and persons with disabilities and these attorneys are on-call to answer questions from the 24/7 CCSA) Felony Review Unit when cases involving seniors or persons with disabilities arise.

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

(12) Additional Information for Committee's Understanding

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

None

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

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

The Daley Center and Markham Courthouse are currently the only two sites in Cook County where residents can file Mental Health Writs. The CCSAO has worked to train ASAs in every district to be able to process these writs and facilitate the Mental Health Writ process for complainants and is actively working to expand the program

within current staffing levels. No additional ASA positions have been designated for this work to date, but the volume of requests we have received for assistance with the writ process is the busiest it has ever been.

We need assistance from the County to ensure Cook County residents are aware of the resources available to them, their friends or family members, should they experience a mental health crisis.

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

Any additional information if patients receive follow up care at a Cook County hospital including medication management as a part of aftercare

Additional treatment or services beyond the evaluation and any court-ordered involuntary commitments are determined by a physician and the participant. Depending on the participant, that care may or may not be through Cook County Hospital.

JUVENILE BUREAU

While the CCSAO, Juvenile Justice Bureau (JJB) does not directly interact with service providers, the JJB is a pivotal facilitator of Cook County court-involved youth receiving a myriad of transformative services.

Child Protection Division

Children involved in Child Protection proceedings receive service intervention via the Department of Children and Family Services (DCFS), and its designated agencies. These services are determined based on the child's individual evaluation and personal needs, which includes addressing issues related to the reason the child's family encountered the Child Protection Court. Some of these services include individual and family counseling, educational services, victim/offender sex offender counseling, educational intervention, and independent living skills.

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

Juvenile Justice Division

Like in the Child Protection Division, Juvenile Justice Division ASAs do not directly engage with court-involved youth or engage in direct service provision with youth. However, many juveniles, who have been arrested, are assessed for, and receive service intervention through one of the interventions listed below, at some point during their contact with Juvenile Court.

Diversion

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

Juvenile Probation

Youth who have been adjudicated delinquent by the court may also receive service intervention through the Juvenile Probation Department. These services are recommended after interviews with the youth and family after

adjudication and prior to sentencing by the court. Such services can include substance abuse counseling, sexual offender treatment, employment, therapy, or other services.

Deferred Prosecution

(1) General Information

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

Youth charged with non-violent Class 4 to Class 1 felonies, and who are not previously adjudicated, are eligible for juvenile deferred prosecution. The CCSAO Juvenile Justice Division refers youth to one of three programs that utilize a care coordination model of service delivery.

Each program works with its own network of service providers. They refer the youth to pre-vetted agencies, who provide a range of services specifically for youth.

(2) Overall Program Goals

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

The goal of Juvenile Deferred Prosecution is to provide an alternative to criminal prosecution and connect youth to services that address root causes and unmet needs driving delinquent behavior. These services can range from alleviating food insecurity, to parenting, anger and trauma management, substance use disorder treatment, family counseling, and/or educational assistance.

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

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

Juvenile Deferred Prosecution utilizes the three following care coordinators: (1) Lurie Children's/Strengthening Chicago's Youth/TASC, (2) Cook County Health, (3) Lawndale Christian Legal Services. In turn, these care coordinators make referrals for services.

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

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

(5) Quality measures or Expectations for Contracts

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

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

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

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

CCSAO deferred prosecution programs make referrals to care coordinators that can connect individuals with services that meet their needs and seek to provide direct care to participants within the communities. Healthy communities and individuals are created through healing or addressing root-causes and unmet needs. The Juvenile

Justice Bureau works to facilitate connections to services that support defendants through deferred prosecution. Deferred prosecution provides an alternative to criminal charges that seeks to address root-causes and, in turn, prevent future involvement with the criminal justice system.

(7) Continuum of Care

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

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

(8) Best Practices in Programming

Information on the best practices in this type of programming

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

(9) Meetings and Coordination on Patient Identification

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

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

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

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

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

(11) Program Costs and Funding Sources

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

ASAs in the Juvenile Justice Bureau are funded as part of the CCSAO operating budget.

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

(12) Additional Information for Committee’s Understanding

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

None

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

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

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

Several funding opportunities are currently underway; the CCSAO is serving as lead agency, with the Circuit Court of Cook County, to pursue grant funding through Redeploy Illinois. This grant provides up to \$1 million in funding to court systems to the court systems to reduce its commitments to the Illinois Department of Juvenile Justice (IDJJ) by 25% annually. In lieu of incarceration, post-adjudicated, high-risk youth will be referred to high-quality service providers in the youth’s community. The planning grant committee is chaired by the Presiding Judge of the Juvenile Justice Division of the Circuit Court of Cook County and the Chief of the Juvenile Justice Bureau for the CCSAO. The committee is comprised of representation from every Juvenile Court partner, including Juvenile Probation, the Law Office of the Cook County Public Defender, and the Juvenile Temporary Detention Center.

Additionally, the CCSAO is working with the Illinois Justice Project, [CPD Chicago Police Department](#), Lurie’s Children’s Strengthening Chicago’s Youth, and the Circuit Court of Cook County to pursue funding through Cook County government for restorative and transformative service initiatives for its diversion and deferred prosecution programs.

Behavioral health, trauma care, and counseling services are expensive.

The deferred prosecution model is a wrap-around model, meaning the court involved youth AND their family are eligible to receive services. With Lurie’s funding in jeopardy for fiscal year 2022, we are hoping that the funds being presently offered by Cook County can keep these important initiatives going.

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

Any additional information if patients receive follow up care at a Cook County hospital including medication management as a part of aftercare

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

VICTIM WITNESS UNIT

(1) General Information

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

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

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

The Unit has served in excess of 200,000 crime victims, witnesses, or homicide survivors in the past 24 months. The bulk of these cases are in an appellate or post-conviction status and do not receive extensive case management services from the Unit. All charged adult and juvenile felony and misdemeanor domestic violence cases receive at least one service referral. Many receive multiple referrals for concrete service needs including, but not limited to, financial assistance, job support, medical care as well as mental health referrals.

(2) Overall Program Goals

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

Comprised of 54 staff, the Victim Witness Unit provides court related services and limited case management to crime victims, witnesses, and their families. The Unit boasts one program – the VICCTM (Victim Intervention for Clinical and Community Treatment of Multiple-victimized persons) Program, comprised of four, master’s level, licensed mental health specialists. Referrals come from existing charged cases. Each Specialist in this program carries between 20 and 60 cases. The goals and key performance measures of the VICCTM Program include:

Objective	Performance Measure
INFORMATION & REFERRAL	
# 90 clients will receive referrals to other victim service providers.	# of clients provided with referrals to other victim service providers.
# 90 clients will receive referrals to other services, supports, and resources.	# of clients provided with referrals to other services, supports, and resources.
PERSONAL ADVOCACY/ACCOMPANIMENT	
# 2 clients will receive advocacy/accompaniment to emergency medical care.	# of clients provided with advocacy/accompaniment to emergency medical care.

<p># 9 clients will receive individual advocacy (e.g., assistance applying for public benefits).</p>	<p># of clients provided individual advocacy (e.g., assistance applying for public benefits).</p> <p># of times staff provided individual advocacy (e.g., assistance applying for public benefits).</p>
<p># 15 clients will receive assistance intervening with an employer, creditor, landlord, or academic institution.</p>	<p># of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution.</p> <p># of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution.</p>
<p># 15 clients will receive child or dependent care assistance.</p>	<p># of clients provided with child or dependent care assistance.</p> <p># of times staff provided child or dependent care assistance.</p>
<p># 90 clients will receive transportation assistance.</p>	<p># of clients provided with transportation assistance.</p> <p># of times staff provided transportation assistance.</p>
<p># 30 clients will receive interpreter services.</p>	<p># of clients provided with interpreter services.</p> <p># of times staff provided interpreter services.</p>
<p># 15 clients will receive employment assistance (e.g., help creating a resume or completing a job application).</p>	<p># of clients provided with employment assistance (e.g., help creating a resume or completing a job application).</p> <p># of times staff provided employment assistance (e.g., help creating a resume or completing a job application).</p>

<p># 15 clients will receive education assistance (e.g., help completing a GED or college application).</p>	<p># clients provided with education assistance (e.g., help completing a GED or college application).</p> <p># of times staff provided education assistance (e.g., help completing a GED or college application).</p>
<p># 15 clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education).</p>	<p># of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education).</p> <p># of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education).</p>
EMOTIONAL SUPPORT OR SAFETY SERVICES	
<p># 90 clients will receive crisis intervention.</p>	<p># of clients provided with crisis intervention.</p> <p># of crisis intervention sessions provided by staff.</p>
<p># 90 clients will receive individual counseling.</p>	<p># of clients provided with individual counseling.</p> <p># of individual counseling sessions provided by staff.</p>
<p># 15 clients will receive emergency financial assistance.</p>	<p># of clients provided with emergency financial assistance.</p>
SHELTER/HOUSING SERVICES	
<p># 9 clients will receive relocation assistance.</p>	<p># of clients provided with relocation assistance.</p>
<p># 9 clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing)</p>	<p># of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing)</p> <p># of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing</p>

	(e.g., accompanying client to apply for Section 8 housing)
CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE	
# 90 clients will receive criminal advocacy/accompaniment.	# of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment.
Objectives for BOTH the primary and any partner organizations are required activity.	
TRAININGS	
# 3 staff will receive training on trauma and/or vicarious trauma	# of staff trained # of trainings held
# 3 staff will receive other training that increases staff knowledge (e.g., undeserved victim populations) <i>(optional)</i>	# of staff trained # of trainings held

In addition to the VICCTM Program, the VW Unit offers homicide support groups throughout the county, that are open to all homicide survivors throughout Cook County. The goals of these support groups are to provide safe, supportive environments for homicide victims to share their story, facilitate connections to tools or services, and be in community with others who understand what they have experienced.

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

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

The Victim Witness Unit relies on four master's level, full-time, licensed mental health specialist employed by the CCSAO and referrals to the following agencies (The VW unit makes service referrals to hundreds of agencies and programs throughout Cook County. The following is a summary, but not exhaustive list as the Unit is always seeking ways to expand and improve partnerships with service providers to whom we can refer victims of crime):

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

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

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

(5) Quality measures or Expectations for Contracts

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

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

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

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

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

(7) Continuum of Care

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

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

(8) Best Practices in Programming

Information on the best practices in this type of programming

Best Practices in victim services requires a trauma informed approach. According to the Substance Abuse and Mental Health Services Administration concept of a trauma-informed approach, "A program, organization or system that is trauma-informed realizes the widespread impact of trauma and understands the potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to resist re-traumatization." The mission of the SAO Victim Witness Assistance Unit is to deliver the highest quality of services to victims and witnesses in the areas of advocacy and court support. Our outreach efforts are immediate, and our response is respectful, professional, thorough, and consistent. As soon as a case is brought into the system, a Victim Specialist begins to reach out to victims and their families. These Specialists provide information and assistance to help victims of crime better understand the criminal justice system and their rights as victims. The services and referrals provided by these Victim Specialists help ease the trauma of crime victimization. For victims who have experienced multiple victimization and suffer intense traumatization characterized by the presence of symptoms across numerous domains, intense, wraparound attention is critical. This function will be served by the Mental Health Specialists.

Whether as the result of a property crime or a vicious, violent assault, the experience of victimization leaves psychological scars both small and large. By its very nature, an incident of crime is an "out of the ordinary," disorienting, and confusing experience, challenging the psychological and physical integrity of victims. The challenge to one's physical and psychological integrity leads to trauma and symptoms associated with trauma. Multiple incidents of victimization compounds victim suffering and diminishes their capacity to heal without intervention. In addition to the personal, individual impact of trauma, many victims live in high risk, highly vulnerable areas of the county rife with community violence and diminished resources. Not only do these conditions impede opportunities for healing, they further exacerbate trauma's impact, increasing individual and community risk and reducing individual and community recovery. Experience and training have made Victim Specialists keenly aware of the deleterious impact of trauma on individuals, families, and communities.

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

(9) Meetings and Coordination on Patient Identification

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

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

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

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

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

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

With respect to the VICCTM program and Family and Friends Support Network, program effectiveness is demonstrated by meeting the goals established in the service plans developed in concert with participants.

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

(11) Program Costs and Funding Sources

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

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

Grant funders include:

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

Grant funding provides for the following staff within the Victim Witness Unit:

- 21 Victim Specialists
 - Victims of Crime Act (VOCA) funding through ICJIA: \$1,375,000 with a \$406,453 match from the CCSAO
- 3 Mental Health Specialists (focusing on multi-victimization)
 - VOCA funding through ICJIA: \$282,416
- 1 Human Trafficking Coordinator (Victim Specialist)
 - Justice Assistance Grant (JAG) funding through ICJIA: \$124,350
- 1 Internet Crimes Against Children Coordinator (Victim Specialist)
 - Office of Juvenile Justice and Delinquency Prevention (OJJDP) funding-\$422,004
 - This funding fully funds the ICAC Coordinator, one full-time ASA, and one part-time ASA
- 1 Sexual Assault Specialist (SA Multidisciplinary Team)
 - VAWA funding through ICJIA: \$306,537 with a \$167,943 match from the CCSAO
 - This funding and match fully funds a Victim Specialist, a Assistant State's Attorney, and an Investigator position
- 1 Sexual Assault/DV Victim Specialist
 - IL Attorney General's Office: \$21,670 with a \$74,876 match from the CCSAO
- 1 Child Sexual Abuse Specialist—
 - IL Attorney General's Office: \$18,600
 - IL Department of Children and Family Services: \$38,69
 - CCSAO: \$61,433

(12) Additional Information for Committee's Understanding

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

None

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

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

Meaningful Criminal Justice reform requires fully equipped communities across the county. While the CCSAO and criminal justice partners institute policies and programs designed to reduce the number of persons of color within county and state penal institutions and programs, these measures will remain severely limited without resourced communities. In addition to sustainability of traditional community

institutions such as schools, libraries, health providers, and accessible government services, long term successful criminal justice reform requires a “rethinking” and “reform” of comprehensive mental health services including community mental health centers. Broad access to state of the art services including: medication, brain based interventions, substance abuse treatment, dual diagnosis programs, traditional psychotherapy, psychoeducational programs, groups, and trauma informed service are essential to both heal the damage done by institutional racism, ravaged families, and pernicious access to illicit and illegal substances. Failure to fully support and enrich traditional community-based institutions and re-forming the mental health service system will undermine the current efforts to enact criminal justice reform.

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

Any additional information if patients receive follow up care at a Cook County hospital including medication management as a part of aftercare

None—Not Applicable or would be determined by direct service providers.

SEXUAL ASSAULT AND DOMESTIC VIOLENCE DIVISION

(1) General Information

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

The Sexual Assault and Domestic Violence (SADV) Division of the CCSAO refers serves survivors of sexual assault throughout Cook County. The SADV Unit may refer individuals who have been identified as a victim or complaining witness on a pending criminal case and are individual, and who may be in need of additional support throughout the criminal justice process or have expressed an interest or need for counseling or advocacy, to the Chicago Rape Crisis Hotline or the IL Domestic Violence Hotline.

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

(2) Overall Program Goals

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

The SADV Division prosecutes sexual assault and domestic violence cases in Cook County. The Assistant State’s Attorneys may, and often do, refer victims on their cases to rape crisis centers or domestic violence organizations. Individual and group therapy to provide support, trauma recovery, and coping mechanisms are some of the behavior health services provided by these organizations. Services provided by rape crisis centers or domestic violence organizations may also include legal advocacy, case management, and various other supports. Additionally, the hotlines provide crisis intervention for survivors needing immediate help dealing with trauma or other crises.

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

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

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

Domestic Violence Service Providers:

- The Hotline
- Apna Ghar
- A New Direction
- Arab American Family Services
- Between Friends
- The Center for Advancing Domestic Peace
- Casa Central
- Catholic Charities of Chicago
- CAWC Connections for Abused Women and their Children
- Center on Halsted
- Centro Romero
- Chicago Children’s Advocacy Center
- Family Rescue
- Healthcare Alternative Systems
- Howard Area Community Center
- Howard Brown Health
- Kan-Win
- Life Span
- Metropolitan Family Services
- Mujeres Latinas en Accion
- Neapolitan Lighthouse
- Sarah’s Inn
- Shalva
- South Suburban Family Shelter
- Un Nuevo Despertar
- Wings
- Proviso Children’s Advocacy Center
- La Rabida Children’s Advocacy Center
- Children’s Advocacy Center of North and Northwest Cook County
- Pillars Community Health
- YWCA Evanston/North Shore

Sexual Assault Service Providers:

- Proviso Children’s Advocacy Center
- La Rabida Children’s Advocacy Center
- Children’s Advocacy Center of North and Northwest Cook County
- Chicago Children’s Advocacy Center
- Resilience
- YWCA of South Chicago
- Pillars Community Health
- Mujeres Latinas en Accion
- Northwest CASA
- Life Span

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

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

(5) Quality measures or Expectations for Contracts

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

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

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

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

Healthy communities and individuals are created through healing or addressing of trauma, as well as the engagement of victims in the criminal process to hold those offenders accountable. The SADV Unit works to facilitate connections to services that support victims in their healing and empower them to participate in an arduous criminal process so that they can continue to seek justice for the harm done to them.

(7) Continuum of Care

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

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

(See also Questions 6 and 8.)

(8) Best Practices in Programming

Information on the best practices in this type of programming

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

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

(9) Meetings and Coordination on Patient Identification

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

All referrals made by the CCSAO go through appropriate hotline numbers or directly to a service provider, depending on the location and needs of the survivor. Warm handoffs directly to the service provider may occur when the provider is partially housed within one of the courthouses. At 555 W Harrison, this occurs by walking a survivor down to the advocates when needed.

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

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

More information about how SADV cases move through the criminal justice system and case outcomes in Cook County can be found via dashboards on the Cook County State's Attorney's Office website.

<https://www.cookcountystatesattorney.org/resources/sexual-assault-and-domestic-violence>

(11) Program Costs and Funding Sources

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

Services are free for the survivors, most service providers for rape crisis centers and domestic violence programs receive their funding via Illinois Criminal Justice Information Authority (ICJIA) grants, Violence Against Women Act (VAWA) and Victims of Crime Act (VOCA).

(12) Additional Information for Committee’s Understanding

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

None

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

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

Growth is needed within offender services within domestic violence, as many victims often decide not to participate in the prosecution of offenders because they do not want their partner to have a conviction, lose their job, or be incarcerated. Offender services, such as Partner Abuse Intervention Programs, only currently exist for low-income offenders post-conviction through the County’s Social Services Department. More funding for PAIP programming or other offender services is needed to keep survivors safer.

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

Any additional information if patients receive follow up care at a Cook County hospital including medication management as a part of aftercare

None/Not Applicable or would be determined by direct service providers.

ALTERNATIVE PROSECUTION AND SENTENCING UNIT: Diversion

The Cook County State’s Attorney’s Office facilitates 9 types of diversion programs, through which individuals may be referred to mental and behavioral health services. These programs may be offered pre-plea or post-plea. The pre-plea programs include: (1) Misdemeanor Deferred Prosecution Program, (2) Drug Deferred Prosecution Program, (3) Chicago Prostitution and Trafficking Intervention Court, (4) Restorative Justice Community Court, (5) Branch 9—First Time Felony Offender Deferred Prosecution, (6) SEED—Felony Drug Distribution Diversion, (7) Unfit Misdemeanant Diversion. The post-plea diversion programs include the Problem Solving Courts (8) Mental Health Treatment Court, (9) Drug Treatment Court, (10) Access to Community Treatment, and (11) Veterans Treatment Court

The Office of The Chief Judge has indicated they will be reporting on the Problem Solving Courts and, as such, they have been omitted from this report (#7, 8, and 9). Branch 9 (#5) does not offer referrals to behavioral health services—unless a participant explicitly requests a referral from pre-trial services— and has also been omitted from this report. We are happy to provide additional information upon request.

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

(5) Quality measures or Expectations for Contracts

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

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

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

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

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

(7) Continuum of Care

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

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

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

(8) Best Practices in Programming

Information on the best practices in this type of programming

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

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

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

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

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

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

(11) Program Costs and Funding Sources

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

There are 15 Assistant State's Attorneys in the Alternative Prosecution and Sentencing Unit, 13 are funded as part of the CCSAO's operating budget, two are funded through the MacArthur Safety and Justice Challenge, and one is funded through a Bureau of Justice Assistance Adult Discretionary Drug Court Program.

The assessments required for successful completion of the program, and any services the participant may be referred to beyond the assessment are subject to the cost of care established by the provider and may be covered by private or state insurance.

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

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

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

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

Any additional information if patients receive follow up care at a Cook County hospital including medication management as a part of aftercare

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

Misdemeanor Deferred Prosecution Program (MDPP)

(1) General Information

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

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

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

490 individuals have participated in MDPP in the last 24 months with 345 successful completions.

(2) Overall Program Goals

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

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

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

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

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

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

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

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

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

(9) Meetings and Coordination on Patient Identification

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

Not Applicable

(12) Additional Information for Committee's Understanding

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

None

Drug Deferred Prosecution Program (DDPP)

(1) General Information

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

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

Participants are identified by Alternative Prosecution and Sentencing Unit ASAs prior to a defendant's Preliminary Hearing. Individuals are identified based on their charge and criminal history and the program is offered to individuals who meet the following eligibility criteria:

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

1,788 individuals have been referred to DDPP in the last 24-month cycle (6/1/2019-6/1/2021) with 2,183 individuals participating and 1,612 successful completions of DDPP program during that time. The number of participations can outpace the number of referrals as cases may have been initiated before the 24-month period, but individuals could have had a return court-date within the 24-month period to close their case.

(2) Overall Program Goals

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

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

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

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

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

- TASC (Treatment Alternatives for Safe Communities)
- Westcare
- South Suburban Council
- Healthcare Alternative Systems (HAS)
- HRDI

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

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

(9) Meetings and Coordination on Patient Identification

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

Not Applicable

(12) Additional Information for Committee's Understanding

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

None

Chicago Prostitution and Trafficking Intervention Court (CPTIC)

(1) General Information

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

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

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

97 individuals have participated in CPTIC over the last 24-month cycle with 50 successful completions of the program.

(2) Overall Program Goals

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

The goal of CPTIC is to address the needs of individuals charged with prostitution, connect them with services that can help them find resources and supports that reduce (and hopefully eliminate) a need to rely

on sex work as a primary source of income. The CCSAO understands that most individuals engaging in sex work have experienced trauma, both within and outside of sex work. Connecting these individuals to appropriate services is an important part of CPTIC.

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

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

The CCSAO currently relies on TASC (Treatment Alternatives for Safe Communities) as the service provider and system navigator for CPTIC. In the past, we have worked with the following service providers:

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

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

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

Participants in CPTIC work with the service provider to establish four goals they hope to achieve throughout the program. With the understanding that individuals engaging in sex work may be struggling with a variety of unmet needs and root causes, the goals work to promote stability broadly in hopes of reducing (and ultimately eliminating) reliance on sex work as a primary source of income.

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

(9) Meetings and Coordination on Patient Identification

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

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

(11) Program Costs and Funding Sources

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

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

(12) Additional Information for Committee’s Understanding

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

None

Restorative Justice Community Court (RJCC)

(1) General Information

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

The Restorative Justice Community Court (RJCC) originated in North Lawndale and is a community-based, location-specific program available to emerging adults (aged 18-26) with a nonviolent criminal history that uses a restorative approach to repairing harm caused by the defendant directly and within the community more broadly. The RJCCs expanded in August of 2020 and now have locations in North Lawndale, Avondale and Englewood. The largest volume of cases and participants are individuals who live in North Lawndale.

Participants are identified by Alternative Prosecution and Sentencing Unit ASAs prior to a defendant's Preliminary Hearing. Individuals are identified based on their charge and criminal history and the program is offered to individuals who meet the following eligibility criteria:

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

67 individuals have been referred to RJCC in the last 24-month cycle (6/1/2019-6/1/2021) with 109 participants and 58 successful completions in the RJCCs during that same time. The number of participants is larger than the number of referrals as cases may have begun prior to the 24-month period, but individuals were still actively engaged in RJCC programming during that time.

(2) Overall Program Goals

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

The goal of Restorative Justice programs is to resolve conflict, repair harm and seek justice through restorative conferences and peace circles involving family members, friends, others affected by the crime, and the community. Victims have the opportunity to directly address the defendant, express how they were

hurt and what they need to heal from the crime. Conversely, defendants and the community have the opportunity to explore how the community failed to support individuals or contributed to conditions that may have led to criminogenic behaviors in the first place.

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

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

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

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

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

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

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

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

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

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

(7) Continuum of Care

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

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

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

(9) Meetings and Coordination on Patient Identification

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

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

(11) Program Costs and Funding Sources

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

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

(12) Additional Information for Committee’s Understanding

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

None

Supporting Education and Employment Development (SEED)—Drug Distribution Diversion

(1) General Information

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

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

SEED has been in development through the SJC partnership for over a year, but officially began operations in December 2020. In the first year of the program, SEED has identified a capacity of 100 participants. As of May 31, 2021 the program saw 75 referrals to the program with 53 offers extended for participation. 46 of those 53 offers have been accepted thus far.

(2) Overall Program Goals

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

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

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

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

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

Heartland Health and Human Services is the designated service provider for SEED programming, providing wrap-around services and case management. Funding for Heartland was made possible through the Safety and Justice Challenge.

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

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

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

(5) Quality measures or Expectations for Contracts

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

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

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

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

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

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

(9) Meetings and Coordination on Patient Identification

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

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

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

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

The Heartland Alliance has established a program evaluation plan that is set to begin quantitative and qualitative data collection July 2021. The Illinois Criminal Justice Information Advisory Council will also be conducting an evaluation and is working in partnership with the SEED working group and Heartland Alliance to avoid duplication of efforts and contribute to a robust long-term evaluation of the program.

(11) Program Costs and Funding Sources

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

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

The current contract will end on March 22, 2022. A new contract will be developed with new funding from Cook County, MacArthur and other sources to be identified. (12) Additional Information for Committee's Understanding

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

SEED is not a Restorative Justice program nor under the RJCC umbrella.

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

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

The SEED working group has developed several manuals and documents regarding project development and evaluation that can be made available upon request.

Misdemeanor Triage Program for Persons with Serious Mental Illness

(1) General Information

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

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

The program is currently in its pilot stage and is offered in three misdemeanor courtrooms in Chicago and one courtroom in Maywood, with hopes for further expansion. Approximately 115 individuals have been served through the Misdemeanor Triage Program since its inception in 2018.

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

(2) Overall Program Goals

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

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

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

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

The provider partners in this initiative are the Westside Community Triage and Wellness Center (WCTWC), who serve as the Mobile Crisis Response Team, Madden Mental Health Center (DHS) serves as an inpatient provider partner.

(4) Key Performance Indicators

Key performance indicators measuring the results of the program

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

(5) Quality measures or Expectations for Contracts

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

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

(9) Meetings and Coordination on Patient Identification

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

The CCSAO has been conducting trainings among justice system agencies, and has met with representatives from the Mayor's Office and Chicago Department of Public Health to share updates and work to expand the Misdemeanor Triage program.

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

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

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

Given the newness of the program, no evaluation has yet been conducted. While crisis response interventions may be offered at other points throughout the continuum of care, this is the first opportunity for a warm handoff to be made in the courtroom.

(11) Program Costs and Funding Sources

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

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

(12) Additional Information for Committee's Understanding

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

The Misdemeanor Triage Working Group completed a program manual in May of 2021 that we are happy to provide the County Board, for more information upon request.

Unfit Defendants

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

another BCX once the treatment provider reports the defendant has been restored, to confirm fitness and that criminal proceedings can resume.

If a defendant seeks an opinion, outside of the Cook County Forensic Clinical Services, that the defendant is unfit to stand trial, insane at the time of the incident, or unable to understand Miranda warnings because of mental capacity/illness, our office may ask for a BCX to be conducted by Forensic Clinical Services on that particular issue of unfitness, sanity or ability to understand Miranda Warnings.