

**COOK COUNTY GOVERNMENT
BEHAVIORAL HEALTH SERVICES QUARTERLY REPORT**

Name of Department Cook County Sheriff's Office (CCSO)/Cook County Department of Corrections (CCDOC) Department of Behavioral Health

Contact Person Name: Becky Levin

Contact Person E-Mail: Rebecca.Levin@ccsheriff.org

Contact Person Phone Number: 312-636-7456

Please provide responses to the items below in as much detail as possible, if applicable to your entity, on behavioral health initiatives, programs, and activities. Relevant attachments may be submitted as part of your response.

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

The table below provides general information on the various behavioral health programs offered at the Cook County Sheriff's Office (CCSO) through the Cook County Department of Corrections (CCDOC), including population served by each program, how program participants are identified and the number of participants in each program for the last 24 months ending May 31, 2021. We have provided both the number of unique bookings that have participated in the program as well as the number of unique individuals. We have also attached zip code data on CCDOC program participants to demonstrate where our patients reside when outside of the CCDOC.

Cook County Department of Corrections (CCDOC) Department of Behavioral Health				
Program	Population Served	How patients are identified	Unique bookings	Unique people
Sheriff's Men's Residential Programming Report (SMART)	Male detainees at the Cook County Jail with substance abuse and co-occurring disorders	This is a court-ordered program	797	797
The Therapeutic Healing Recovery Initiative for Vitality and Empowerment (THRIVE)	Female detainees at the Cook County Jail who suffer from addiction.	This is a court-ordered program	372	338

Mental Health Treatment Center (MHTC)	Male detainees at the Cook County Jail in need of mental health and substance use treatment, criminal risk reduction and intervention, vocational skills training and education services.	MHTC is a voluntary program. Individuals may request to be in the program or CCSO data team identify candidates based on assessment at intake.	642	629
Sheriff's Opioid Addiction Recovery Program (SOAR)	Cook County Jail detainees who are recovering from opioid addiction.	SOAR participants are either court-ordered to the program or volunteer to participate.	233	232
The Sheriffs' Anti-Violence Effort (SAVE)	Male detainees at the Cook County Jail between the ages of 18 and 25 who are likely to be victims of violence or to perpetuate violence.	Participants volunteer for the program.	485	467

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

Cook County Department of Corrections (CCDOC) Department of Behavioral Health	
Program	Description & Goals
SMART	The Cook County Department of Corrections (CCDOC) Sheriff's Men's Residential Treatment Program is a modified therapeutic community treatment program for substance abuse and co-occurring disorders. It is dedicated to helping detainees learn pro-social behaviors designed to reduce substance use and criminal activity. The program seeks to target those struggling with such issues and equip them with the support and tools they need to be successful in the community.
THRIVE	The Therapeutic Healing Recovery Initiative for Vitality and Empowerment program (T.H.R.I.V.E.) was created to support women who suffer from addiction while they are in CCDOC custody. Participation in the program consists of a 90-day curriculum designed to address the biopsychosocial factors related to addiction and incarceration. THRIVE is a court-ordered program but judges have the discretion to give sentences that are longer or shorter than the recommended 90 days. Programming is aimed towards detainees with non-violent drug-related charges who have a history of substance abuse, trauma and/or mental illness. THRIVE programming uses evidence-based treatment aimed at establishing thought patterns and habits that prevent future substance use.
MHTC	The Sheriff's Office Mental Health Treatment Center (MHTC) opened in 2014 and offers a holistic array of services including substance abuse and mental health treatment, vocational skills training, educational services, fine arts programming, and comprehensive discharge planning. The goal of the program is to empower justice-involved individuals diagnosed with a substance abuse and/or clinical mental health disorder with the development of a support system to ease their transition back into the community and aid their long-term recovery.

<p>SOAR</p>	<p>The Cook County Sheriff's Opioid Addiction Recovery (S.O.A.R.) Program was created to address the particularly high opioid overdose death rate for people recently released from incarceration. SOAR participants have recently transitioned from the Cook County Jail to the electronic monitoring program. The SOAR program is dedicated to helping detainees recover from opioid addiction and transition into the community with supportive wraparound services. SOAR is a step-down program available to individuals who have completed a 90 day in-custody drug treatment program, either SMART or THRIVE. Participants are linked to community resources through an individualized case management re-entry plan. The case manager assists participants with addressing their needs and achieving identified goals. Services can include but are not limited to educational services, vocational training, employment, religious services, medical services, substance abuse services and mental health services. In the summer of 2020, SOAR merged with the SMART and THRIVE programs, so SOAR eligibility is now determined by SMART and THRIVE program staff. Participants either voluntarily participate in the program or are court ordered to participate in SOAR.</p>
<p>SAVE</p>	<p>The Cook County Sheriff's Anti-Violence Effort (SAVE) is a voluntary program that targets 18 to 25-year-old males who are likely to be victims of violence or to perpetuate violence. The cohort-based programming is grounded in an effective form of psychotherapy known as cognitive behavioral therapy, widely recognized as an evidence-based component to effective rehabilitation. SAVE is designed to install positive social norms and values in participants. Motivated participants are provided with the tools and support they need to reintegrate into some of the Chicago communities most impacted by violence.</p> <p>The SAVE program consists of two components. During the first component SAVE participants are housed together on a single tier. While in custody, participants are provided with daily individual therapy and programming based on and related to cognitive behavior therapy, anger management, and life skills. Upon discharge, participants are linked to intensive case management services and partner agencies in the community. Both SAVE staff and community partners offer support to participants as they transition to the community.</p>

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

The Department of Behavioral Health is comprised of various mental health and substance abuse programs including SMART, THRIVE, MHTC, SAVE, and SOAR. Each of these programs is staffed with mental health professionals with clinical training. In total we have 14 Licensed Clinical Mental Health Professionals within the Department including Licensed Clinical Psychologists, Licensed Social Workers (LSW), Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), and Licensed Clinical Professional Counselors (LCPC). Additionally, we have 5 individuals who are Certified Alcohol Drug Counselors (CADC). The Department of Behavioral health staff work with clients from a variety of backgrounds and have experience working with the most vulnerable populations and providing a variety of services such as specialized mental health and substance abuse treatment, trauma informed care, anti-violence, case management, and re-entry care coordination.

With the exception of two SMART staff whose positions are funded by a grant from the Illinois Criminal Justice Information Authority (ICJIA), all CCDOC Department of Behavioral Health staff are funded

through the general CCSO operating budget. There is no overlap in funding for CCDOC Department of Behavioral Health staff.

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

The CCDOC tracks performance indicators on a schedule that best reflects the population served which are most often detainees at the Cook County Jail. Thus, as detainees enter and leave the jail on a regular basis, the CCSO looks at a variety of metrics and population characteristics of the targeted population and tracks those indicators over time. Below is a table that describes the key performance indicators measured for each program and the most recent outcomes within the specified timeframe.

Program	Key Performance Indicators	Timeframe	Outcomes
SMART	Re-Booking Rates Active Participants	1/1/17- 12/31/20	The recidivism rate was lower in treatment group at 30, 60 and 180 days from discharge ($p > 0.05$)
THRIVE	Re-Booking Rates DASS 42 Pre/Post Assessment	4/1/17- 12/31/20	THRIVE participants had lower recidivism rates at 30, 60 and 90 day mark. ($p < 0.05$) Those who scored <i>Extremely Severe</i> for depression at intake (pre) decreased significantly at Discharge (post). The differences from pre to post were statistically significant in the categories of depression, anxiety and stress.
MHTC	Re-Booking Rates	4/1/17- 12/31/20	MHTC participants had lower recidivism rates 30, 60,90, 120, 150 and 180 day mark. ($p > 0.05$) Participants who had at least 90 days of programming were less likely to be rebooked.
SOAR	Links to Community Treatment (Court Ordered Participants) Services Received (Volunteer Participants)	6/1/2018 - 1/22/21 6/1/2018 – 2/1/21	40 of 56 court ordered participants have been linked to community agencies. 62 of the 259 volunteer participants were provided with 339 services. (Services are provided based on need, so not everyone is provided each service)
SAVE	Re-Booking Rates Standing in Community	5/13/16 – 12/31/20	SAVE participants return to CCSO custody at a lower rate than the comparison group at 60, 150, and 180 days Of the 1,214 participants ever enrolled in the program, 663 were active in the community 68% of participants who have remained active SAVE participants post release in the community have not been re-booked on a violent offense.

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

The CCDOC behavioral health programs do not have contracts with outside agencies, but our behavioral health programs do work with the community partners regarding referrals for service and providing continuity of care once a detainee is released. We often utilize a Memorandum of Understanding (MOU) to formalize our partnership with community agencies. See below for the MOUs that the CCDOC programs are currently working under.

MOUs	MOU Expectations
Roseland	Collaboration between CCSO and Roseland to provide reentry planning services for detainees scheduled to be released
Heartland Alliance/READI	Collaboration between CCDOC and Heartland Alliance to identify CCSO detainees who would benefit from READI Chicago services (Rapid Employment and Development Initiative).
Illinois Department of Employment Services (IDES), Chicago Cook Workforce Partnership, and Central States SER Jobs for Progress.	This MOU between IDES, the Partnership, SER and the CCSO SAVE program is a collaboration between stakeholders to provide post-release Workforce Innovation and Opportunity employment services to SAVE participants.
Westside Health Authority	Collaboration between the CCSO SAVE program and the Westside Health Authority to provide comprehensive post-release supportive services to SAVE participants.

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

For each of the programs within the Department of Behavioral Health (SAVE, SMART, THRIVE, SOAR, and MHTC) each client is assessed on an individual basis by a clinician. Based on that clinical assessment or intake a treatment plan is developed to assist the client with working toward their treatment goals. Additionally, our case managers and re-entry care coordinators work to develop a client centered re-entry plan to assist the individual with successful reintegration into the community. The re-entry plan addresses the individuals clinical, medical, educational, employment/vocational, individual, community, and familial needs.

Our SMART and THRIVE programs typically rely on support from the judiciary and community, including local community organizations, and treatment facilities such as recovery homes for our participants once they are discharged from our custody. These entities provide community re-entry services and wrap around services which are essential to the recovery of our clients. Community support is encouraged to maintain ongoing recovery.

One of the biggest components of our SOAR and SAVE program is the community component. We identify appropriate community partners for individuals in these programs to work with upon discharge. We rely on community partners to work hand in hand with CCDOC staff to provide treatment, wrap around services, and resources. Additionally, family and community support are encouraged to promote ongoing improvement and recovery.

In our SAVE program, we specifically match individuals in custody to community providers from the communities that they will reside in post release. We connect the providers with the men in custody through programming at CCDOC to foster relationships between the provider and the patient while in custody.

With all programs we try to keep community in mind when making recommendations so that individuals are paired with the most appropriate services geographically and culturally.

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

The Department of Behavioral Health is comprised of various mental health and substance abuse programs including SMART, THRIVE, MHTC, SAVE, and SOAR. Each of these programs addresses the continuum of care by assessing client individual needs and wants and creating re-entry plans to assist the individual with successful transition to the community. Additionally, we make referrals to a variety of community agencies for community reentry services including, housing, substance abuse treatment, mental health, medical, educational, employment/vocational services, etc. Furthermore, all programs offer intensive case management and re-entry care coordination which allows individuals to meet with case managers either in person or via phone to provide as much support as possible. Moreover, we facilitate alumni groups for each of the Behavioral Health Programs where individuals who are alumni of our programs are invited to remain connected to our clinical staff and treatment team. Finally, we also utilize "in reaching" programming where we engage community agencies to come to the jail to begin providing their services to individuals while still incarcerated. This allows rapport to be built between the community provider and the program participants which will increase the likelihood of continued engagement in their program post release.

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

The Department of Behavioral Health is comprised of various mental health and substance abuse programs including SMART, THRIVE, MHTC, SAVE, and SOAR. Each of these programs is based on best clinical practices. We use the latest research, trauma informed care and practices, and are informed on appropriate jail-based standards. Examples of evidenced based programming include the Thinking For Change Curriculum (used for MHTC) and Stephanie Covington's Addiction Recovery Materials for justice involved women (used for THRIVE). In addition, many of our programs use a cognitive behavioral therapy approach to reframe faulty cognitions as a way to improve behavior. We comply with ethical standards such as utilizing informed consent and appropriate disclosures of information. Clinical staff are provided with daily clinical supervision, attend trainings, and seek peer consultation as needed.

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

The CCDOC has multiple partner agencies in the community that contribute to the success of individuals leaving our custody. We work with many community stakeholders who assist us with wrap around

services, continuum of care services, and supervision and monitoring of our participants. We work very closely with the Circuit Court of Cook County, Cook County Public Defenders, Cook County State's Attorneys, and Cook County Health and Hospital System. We also work closely with The City of Chicago and are a part of multiple task forces. Additionally, we rely on the support of many community agencies. Recently we have partnered with CCHHS and the BJA to address the Opioid Epidemic by linking those who leave our custody to SUD treatment. We continue to partner with a variety of services to provide treatment and resources to our population. For example, we have partnered with St. Sabina to address violence in the community, UIC to address medical concerns, Rethink Relink to provide wrap around community services Habilitative Systems, Haymarket, and Above and Beyond, and TASC, Amita Health to provide Mental Health and Substance Abuse treatment, Chicago Book to Women in Prison for Book donations and Kolbe House for Re-entry Support and Resources to support with community reintegration. We value our community partnerships and work hard to meet with our partners on a consistent basis.

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

The CCDOC behavioral health programs are unique in that they are directed toward CCDOC jail detainees and individuals on electronic monitoring. Although there are other behavioral health services available to individuals in the community, CCDOC is the only agency uniquely positioned to offer behavioral health services directly to those who are detained in the jail or on electronic monitoring. As indicated in our answer to Question #4, various items are evaluated as performance indicators for each CCDOC program. Participants in all CCDOC programs trend toward outperforming a comparison group (if available) made up of individuals with similar characteristics. Individuals who are detained by the CCDOC either within the jail or on electronic monitoring are already classified as a vulnerable population. Additionally, the population served with CCDOC is overwhelming persons of color who experience behavior health disparities. The CCDOC Department of Behavioral Health aims to work with these individuals to help address health needs related to behavioral/mental health and substance use disorder and ultimately assist individuals find the care they needed for rehabilitation.

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

The major costs associated with the CCDOC Department of Behavioral Health programs are primarily staff time. The table below represents staff salaries and benefits for March – May 2021. Most CCDOC Department of Behavioral Health staff salaries are covered under the CCSO general operating budget, however currently there are 2 SMART staff whose salaries and benefits are covered by the ICJIA Residential Substance Abuse Treatment Act (RSAT) grant.

CCDOC Program	# of FT Staff	Funding Source: CCSO Operating Budget	Funding Source: Other specified	Total Funds for Staff salaries + benefits (3/1/21-5/31/21)
SMART	11	\$157,248.32	ICJIA RSAT grant: \$35,889.84	\$193,138.16
THRIVE	11	\$215,971.88	NA	\$215,971.88
MHTC	8	\$184,278.78	NA	\$184,278.78
SOAR	We no longer have staff that exclusive work with SOAR. In the summer of 2020, SOAR merged with the SMART and THRIVE programs The SOAR staff work within either the THRIVE or SMART program.			
SAVE	10	\$184,413.60	NA	\$184,413.60

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

We have no additional information to add on CCDOC behavioral health programs at this time.

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

The CCDOC Department of Behavioral Health provides mental and behavioral health programming to detainees in coordination with Cermak Health Center of Cook County. Having this programming at the CCDOC is a practical and effective way to reach detainees of the Cook County Jail, as no other entity has such a direct connection to CCDOC-involved individuals. The CCDOC mental and behavioral health programs are rooted in evidence-based practice. Our clinicians are regularly assessing the department's program methods and outcomes, and are kept apprised of the latest research regarding justice-involved individuals, so that they may adjust or change their approach in order to provide the best care to all CCDOC program participants.

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

Detainees of the Cook County Jail receive medical services from Cermak Health Services of Cook County.

**COOK COUNTY GOVERNMENT
BEHAVIORAL HEALTH SERVICES QUARTERLY REPORT**

Name of Department Cook County Sheriff's Office (CCSO) Community Resource Center
Contact Person Name: Becky Levin
Contact Person E-Mail: Rebecca.Levin@ccsheriff.org
Contact Person Phone Number: 312-636-7456

Please provide responses to the items below in as much detail as possible, if applicable to your entity, on behavioral health initiatives, programs, and activities. Relevant attachments may be submitted as part of your response.

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

The Community Resource Center (CRC) most often serves individuals with some connection to the Cook County Sheriff's Office (CCSO); however, all members of the public may reach out to the CRC, regardless of their involvement in the criminal justice system. Participants are typically referred from electronic monitoring, the Cook County Department of Corrections, the CCSO evictions social service team, Sheriff's police or identified through outreach calls made to returning citizens.

Since the CRC opened on September 20, 2020, CRC staff have assisted 3,332 individuals. Given the CRC is a new entity of the CCSO, zip code data on CRC clients is not yet available. We hope to have this information to submit in future quarterly reports.

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

The Community Resource Center (CRC) is a virtual supportive services initiative created and launched in 2020 by Sheriff Tom Dart, in direct response to the increase in critical situations caused by the COVID-19 pandemic, to connect individuals to resources in their communities. The CRC aims to leverage new and existing community partnerships to provide linkages to members of the community to address an individual's unique mental health, substance abuse, housing, mortgage/rental assistance, trauma, domestic violence, and/or employment and financial needs, regardless of his/her/their involvement in the justice system. What makes the CRC unique is how the Center functions as a hub for anyone who is in need of assistance, no matter what assistance is needed. Together, the CRC staff have experience in many areas including case management, evictions, domestic violence/survivor support, counseling, substance use, and advocacy. The Center is only operating virtually at this time but plans to operate from a physical space in the near future.

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

The CRC executive director has a Master of Arts (MA) and is a Licensed Clinical Professional Counselor (LCPC). The Deputy Director has a Doctorate in Psychology, substance abuse counseling certification, and co-occurring disorder counseling certification. The direct services staff include 2 Master of Social Work (MSW), 1 Master of Science in Criminal Justice, 2 MAs, 1 MA in Clinical Mental Health Counseling, 1 MS in Mental Health Counseling, 2 MA in Forensic Psychology. All clinical staff have some level of certification or licensure which include a Certified Alcohol Drug Counselor (CADC), LCPC, Licensed Social Worker (LSW), and Licensed Professional Counselor (LPC). All positions are funded by the general CCSO budget or grant funded. There is no overlap in funding for CRC positions with other programs at the CCSO.

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

The CRC was launched recently in September of 2020 and is already tracking many variables each week on number of individuals called, those accepting services, and types of calls made. Listed below are the current key performance indicators that the CRC has been tracking and data collected during the specified timeframe.

Key Performance Indicators	Timeframe	Outcomes
Total Outreach Calls	9/20/20-5/28/21	13,046
New Individuals called weekly		9,721
# of individuals who accept services		1,530
# of referrals made		1,106

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

The CCSO behavioral health programs do not have contracts with outside agencies, but our behavioral health programs do work with the community partners regarding referrals for service and providing continuity of care once a detainee is released. We often utilize a Memorandum of Understanding (MOU) to formalize our partnership with community agencies. See below for the MOUs that the CRC has with community partners.

MOUs	MOU Expectations
MADO Health	MADO Health will work with CCSO to help provide residential mental health and substance abuse treatment services to individuals referred by the CRC.
Treatment Alternatives for Safe Communities (TASC)	TASC will work with the CCSO to provide specialized case management services to individuals referred by the CRC. This could include screening, clinical assessments, referrals, placement into community-based services, and client advocacy.

Illinois Health Practice Alliance (IHPA)	Data sharing between CCSO and IHPA for the purpose of identifying individuals with mental health and substance use disorder treatment needs and providing linkages to services for such individuals.
Roseland Community Hospital	Collaboration between CCSO and Roseland to provide reentry planning services for detainees scheduled to be released.

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

As an agency that provides services to individuals who have had contact with the CCSO, the CRC is often the only social service provider perfectly placed within the CCSO to assist an individual who may be in a vulnerable state. For example, our clinical staff are uniquely positioned to assist electronic monitoring (EM) participants when a person is in urgent need of support, but movement approval is pending. In such a situation, the CRC can reach out to CCSO colleagues that manage the EM program to help come up with resolution. The collaboration between our CRC clinicians and CCSO sworn partners is an ideal model to assist CCSO-involved individuals including those impacted by evictions, domestic violence survivors and other victims of violence and crime. Having the CRC embedded in the CCSO has helped address the needs of survivors of violence and other crimes much sooner than an outside agency, allowing for support and healing to begin as soon as possible. Once the CRC began developing the capacity to address the wide range of needs of individuals who come into contact with the CCSO, it made sense to ensure that all Cook County residents could benefit from these services, and the program is now promoted widely to anyone who needs it.

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

As an agency that provides care coordination and linkage services for individuals in need of a multitude of services related to housing insecurity and contact with the justice system, the CRC explicitly initiates the continuum of care chain for those we serve.

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

CRC staff take a trauma-informed, strength-based approach to service delivery, working in collaboration with participants to identify risk and needs based on his/her desired outcome. The Risk-Needs-Responsivity framework is used to assess risk level, need, and target interventions/guide case management. This evidence-based approach aligns well with the CRC's mission to change the conversation related to justice involvement, victimization, and eviction from one of deficiencies and failures to one of empowerment, strength and solution focused.

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

The CRC has regular partner meetings with state, city and county government partners in addition to community partners. Listed below are the partners the CRC has met with during the time period from March-May 2021.

- Weekly meetings with Office of the Chief Judge and Safer Foundation to discuss service delivery and linkage for the Frequently Impacted (FI) population identified as part of the Safety and Justice Challenge (SJC) initiative.
- Monthly SJC FI work group meetings.
- Weekly meetings with Chestnut Institute to address Justice Community Opioid Innovations Network (JCOIN) Study pilot operations and logistics.
- Meetings with Smart Policy Works, IHPA, and Heartland Alliance Health (HAH) collectively or separately to discuss partnership and rapid cycle testing of partnership and data sharing.
- Outside agency meetings to build partnerships with providers, includes Kolbe House Ministries, Inner Voice, Catholic Charities, Chicago Prison Outreach, Pacific Garden Mission, Connections for the Homeless, MADO Health, Cook County Health's Center for Health Equity and Innovation, CPD CIT team, City of Chicago – Mayor's Office of Violence Reduction, and A Little Bit of Heaven.
- Meetings related to evictions: Cook County Legal Aid for Housing & Debt, Chicago Mayor's Office and Department of Housing, Housing Action Illinois, Neighborhood Building Owners Association.

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

The CRC is uniquely positioned to assist vulnerable populations who are facing struggles of any kind. Launched during the global COVID-19 pandemic, the CRC hit the ground running working with vulnerable individuals to address concerns relating to housing, employment, healthcare and much more. The CRC also works with victims of crime and domestic violence as well as recently released jail detainees and those individuals on CCDOC electronic monitoring. To our knowledge, there is no other entity in Cook County that is set up to be a comprehensive information hub to link vulnerable individuals in need to the correct services available. Regarding impact, the CRC started in September of 2020 and although it is still early to be assessing program outcomes, weekly call reports produced by the CRC reflect that hundreds of outreach calls are made each week to individuals, many of which are linked to services. In time, as the CRC grows, we hope to provide more compelling evidence of the need and effectiveness of the CRC when it comes to connecting vulnerable populations of Cook County to available services in their community.

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

The costs associated with the CRC are primarily related to staff time. There are 18 full-time CRC staff. The table below represents staff salaries and benefits for March – May 2021. Most CRC staff salaries are covered under the CCSO general budget, however currently there are 4 staff whose salaries and benefits are covered by the Coronavirus Supplemental grant.

Funding	# of CRC Staff	Salary + Benefits (3/1/21-5/31/21)
CCSO general operating budget	14	\$286,560.54
ICJIA Coronavirus Supplemental Grant	4	\$59,356.08
TOTAL	18	\$345,916.62

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

In October 2020, the CRC was awarded a grant from the Illinois Criminal Justice Information Authority (ICJIA) to assist returning citizens with emergency housing. Four grant staff have been working in the CRC since February-March 2021 respectively to build partnerships with providers and assist individuals leaving CCDOC custody in need of resources, with emphasis on housing. Grant funds are to be used for staff, supplies, and housing provider fees.

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

Setting aside calls to the CRC from the general public, all of the linkages and referrals the CRC passes on are to individuals who have involvement with the Cook County Sheriff's Office. The CRC, as an entity of the CCSO, is the logical party to provide these links to community organizations and has a responsibility to those involved with CCSO to guide them to the service/assistance they need. The CRC should be the natural first stop for information for the CCSO-involved population. No other organization can fulfil this role as efficiently and effectively. As the CRC becomes more established and builds more relationships with community partners, we hope to be able to support stronger, healthier communities throughout Cook County.

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

The CRC does refer individuals to the Cook County Health and Hospital System (CCHHS), however there is no guarantee that they will seek services there.

**COOK COUNTY GOVERNMENT
BEHAVIORAL HEALTH SERVICES QUARTERLY REPORT**

Name of Department Cook County Sheriff's Office (CCSO) Treatment Response Team (TRT)
Contact Person Name: Becky Levin
Contact Person E-Mail: Rebecca.Levin@ccsheriff.org
Contact Person Phone Number: 312-636-7456

Please provide responses to the items below in as much detail as possible, if applicable to your entity, on behavioral health initiatives, programs, and activities. Relevant attachments may be submitted as part of your response.

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

Participants who are served by the Cook County Sheriff's Treatment Response Team (TRT) are typically identified by a Cook County Sheriff's police officer as an individual in need of mental health services or via citizen calls to the 911 call center. In the past 24 months ending May 31, 2021, TRT has referred a total of 474 clients.

See below for a breakdown of where TRT clients reside.

# of TRT Participants	Area of Residence
235	Unincorporated Cook County
44	15 th District
105	Other, Chicago
63	Other, Suburban Cook
16	Ford Heights
11	Other

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

The Cook County Sheriff's Office Treatment Response Team or TRT is a Co-Responder Virtual Assistance Program consisting of licensed social workers and clinicians who are developing innovative ways to deal with the underlying mental health issues that affect our citizens. The program offers our Sheriff's Police, and our county, with 24/7 access to on-staff, licensed social workers and clinicians to assist when mental-health related calls are made by citizens. This team is available via phone and tablet interaction, day or night, to assist the individual in need directly while also providing follow-up support when necessary. By utilizing a mental health clinician via tablet or phone, our Sheriff's Police are able to ease tensions on the scene and offer help, when needed. This immediate connection from the social worker deescalates the situation, gives the police on scene the necessary time to better understand the issue, and allows for the police to decide on the best course of action.

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

TRT is comprised of master level social workers and mental health professionals who are available 24 hours per day, 7 days per week. All TRT staff hold credentials as either a Licensed Social Worker (LSW), Licensed Professional Counselor (LPC), Certified Alcohol Drug Counselor (CADC), Licensed Clinical Social Worker (LCSW) or Licensed Clinical Professional Counselor (LCPC). TRT staff have over 50 years of combined experience serving vulnerable populations in Cook County. TRT staff positions are covered by the CCSO general operating budget. There is no overlap in funding.

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

Key Performance Indicators	Timeframe	Outcomes
# of Referrals	6/2019-5/2021	474
# of Referrals Engaged in Services	6/2019-5/2021	434
# of Current Active Cases	2019-2021	100

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

The CCSO behavioral health programs do not have contracts with outside agencies, but our behavioral health programs do work with the community partners regarding referrals for service and continuity of care. We often utilize a Memorandum of Understanding (MOU) to formalize our partnership with community agencies. See below for the MOUs that the TRT program has with community partners.

MOUs	MOU Expectations
Above and Beyond	CCSO and Above and Beyond to collaborate in order to provide substance abuse treatment service to TRT program participants.
Haymarket	CCSO and Haymarket to collaborate in order to provide substance abuse treatment service to TRT program participants.
Miles Square Health (U of I Health)	CCSO and Miles Square to collaborate in order to provide substance abuse treatment service to TRT program participants.

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

TRT clients work with TRT clinicians in creating, implementing and completing treatment goals. Clients and their loved ones are included in the recovery process. Clients are provided with other tools and resources to avoid experiencing another crisis which might involve law enforcement. Clients are matched with community partners that provide the services identified between the client, TRT and

existing medical providers. TRT provides community outreach to known overdose "Hot Spots". Education includes Narcan/Naloxone training and harm reduction principles.

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

TRT addresses the continuum of care by assessing with the client what service they are interested in receiving and what is the least restrictive level of care to achieve their treatment goals. Clients moved through different levels of care to address the different stages of recovery they are in. The TRT utilizes a bio-psycho-social model of intervention to provide the client with the most support possible.

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

TRT follows the best practices and research from both the field of social work and law enforcement. The TRT is rooted in policy and procedure with diligent oversight and on-going training. The TRT is offered as a voluntary program for individuals and their loved ones who are experiencing mental duress, mental illness and/or substance abuse disorders. Clients sign a release of information and a consent to work with the TRT. The release and consent can be revoked at any time. TRT staff are provided with LCSW clinical supervision daily and monthly training on best practices.

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

TRT meets monthly/quarterly with the following partners to address the overdose epidemic and ongoing mental health crisis in Cook County:

- Chicago High Intensity Drug Trafficking Area (HIDTA)
- Cook County Health and Hospital System (CCHHS)
- Cook County Department of Public Health (CDPH)
- The Westside Opiate Task Force
- Chicago NAMI
- UI Health at Miles Square

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

Although there are many social service agencies throughout Cook County who aim to address mental/behavioral health and substance use disorder, TRT is unique as it offers the Sheriff's police a direct internal resource to go to when they encounter individuals who may be of need of

mental/behavioral health resources. This co-responder model has been successful at deescalating behavioral health related calls to police, providing support to individuals with mental/behavioral health needs, and referring individuals to appropriate community services when needed. TRT has even tracked that a large majority of their clients engage in services after referrals are given to them, which demonstrates that the follow up services that TRT is providing is linking individuals to the care that they need.

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

The major costs associated with TRT consist primarily of staff salaries. There are 10 full-time TRT staff. The table below represents staff salaries and benefits for March – May 2021. All TRT staff salaries are covered under the CCSO general operating budget.

# of TRT Staff	Salary + Benefits (3/1/21-5/31/21)
10	\$224,041.55

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

TRT clients can receive UBER health transportation to all treatment related appointments as well as UBER virtual travel vouchers.

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

As our entire state moves to a more equitable approach to addressing mental and behavioral health emergencies, TRT is exploring ways to expand and grow their services. With the implementation of both the new national 9-8-8 suicide prevention and mental health crisis lifeline along with the passage of Community Engagement and Supportive Services Act (CESSA) in the state of Illinois, the CCSO and the TRT hopes to be at the forefront of guiding the state’s response to mental health emergencies in Cook County. We envision that with both 9-8-8 and CESSA, opportunities will grow for mobile mental health crisis units and co-responder models like TRT as Illinois grows its capacity and expertise to respond to mental health emergencies. TRT hopes to not only expand their co-responder model but collaborate with other partners in the state on the 9-8-8 and CESSA implementation so that those in mental health crisis receive the appropriate care in the most efficient manner.

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

TRT clients are given transportation benefits via UBER health transportation/travel vouchers for all treatment related appointments and referred to relevant providers which includes providers at the Cook County Health and Hospital System (CCHHS).