



COOK COUNTY SHERIFF'S OFFICE
3026 South California Avenue
Chicago, Illinois 60608

To: Honorable John P. Daley, *Chairman*
Cook County Board of Commissioners, Finance Committee

From: Bradley Curry, *Chief of Staff*
Cook County Sheriff's Office

CC: Annette C.M. Guzman, *Budget Director*
Department of Budget & Management Services

Date: November 12, 2020

Re: Request for Information from FY2021 Department Budget Hearing

The following information is provided in response to questions posed at our department's hearing held on November 5, 2020 to discuss the FY2021 Executive Budget Recommendation.

I. Request ID#1210-01

Commissioner Daley asked for the percentage of the 72% on EM for violent offenses who committed a second crime.

Response:

In order to understand more about the rate of new offenses for EM participants, it is most helpful to examine the population over a period of time, rather than at one point in time. Between March 15 and October 26, 2020, there have been 6,183 different bookings on EM. 4,101 (66%) of these had a violent lead charge. Of these 4,101 bookings, 188 (4.6%) were re-incarcerated due to a new arrest while on EM.

II. Request ID#1210-02

Commissioner Johnson asked for the measures the Sheriff's Office uses to capture the impact of behavioral, mental, and substance abuse programs offered at the jail.

Response:

The Cook County Department of Corrections (CCDOC) offers a variety of programs to individuals in custody. Each of these programs are evaluated by the Sheriff's Office of Research in a standardized way, with some variation in the specific tools or methods used based on the stated goals of the program and on the population each program serves. Below are descriptions of the key metrics used by the Office of Research to evaluate program efficacy for three major programs: THRIVE, SAVE, and MHTC.

Re-bookings and Comparison Groups

One goal of nearly all CCDOC programs is to reduce the frequency with which program participants return to custody on a new charge. That being said, the Research Office is careful not to set expectations that program

participants will *never* return to the jail, so re-booking evaluations instead focus on how many program participants are re-booked within a certain time period (30, 60, 90, 120, 150, 180, and 365 days) following a release to the community.

Additionally, comparison groups are generated through a statistical technique called propensity score matching. Comparison groups are designed to be statistically similar to a given program's demographic in numerous observed characteristics, such as charge type, charge severity, gender, age, booking date, participation in detox, participation in other jail programs, and prior bookings.

Re-booking rates among program participants are then compared to that of the comparison group to determine whether participation in the program resulted in a detainee being less likely to return to CCDOC custody at the same rate as detainees who did not participate. For example, of those with at least 30 days of follow-up in the community, 5% of THRIVE participants were re-booked within 30 days compared to 10% from a comparison group.

SAVE program participants return to CCDOC custody at a lower rate than the comparison group at each follow-up period (30, 60, 90, 120, 150, and 180 days). The differences are statistically significant at each time interval. Furthermore, because one of SAVE's focuses is violence prevention, analyses of this program also focus on re-bookings for charges the Sheriff's Office considers violent, specifically for SAVE participants who stay in contact with program staff and community partners upon release. 76% of participants who had been in good standing in the community had not been re-booked on a violent offense as of December a.

Pre- and Post- Assessment Tools

Another aim of CCSO programs is to lessen the depression and anxiety that often accompanies the experience of incarceration. One way to measure that is the use of validated assessment tools. In October 2017, the THRIVE program began administering the Depression Anxiety Stress Scales (DASS 42) assessment at intake (pre-) and at 60-days of participation (post-). 203 participants who have enrolled in programming since October 1, 2017 have completed both a pre- and post- assessment. Most notably, 44% scored between *Moderate to Extremely Severe* for anxiety upon intake (pre-), which decreased to 25% at discharge (post-). The differences from pre- to post- were statistically significant in all three categories.

Community Engagement

CCDOC programs have built-in community engagement components and allocate resources to maintaining contact between program participants and staff after the participants are released. Contact may consist of requests for assistance, referrals to community services, updates on employment or education status, etc. Contacts between program participants and staff are tracked and reported as a metric of engagement.

III. Request ID#1210-03

Commissioner Degnen asked how did the Sheriff's Office zero out the Planned Benefit Adjustment account in FY2021 on page O-3.

Response:

This funding is for the Roll Call bonus and differential pay per Board-approved Collective Bargaining Agreements. This funding was transferred to the Planned Salary Adjustment account.

IV. Request ID#1210-04

Commissioner Miller requested a list of where the Sheriff's mental health services starts and end versus where Cermak's mental health services start and end.

Response:

Behavioral health programs in the Department of Corrections are focused on setting up detainees for post-release success and interrupting the cycles of violence, mental health issues, substance abuse disorders and incarceration. We offer these vital programs to supplement and support the services offered by Cermak, which utilizes a medical model of mental health services, different and separate from the behavioral health services offered through Sheriff's Office programming.

Cermak provides services to those they have identified as being on their mental health case load (approximately 40% of the average daily jail population). They provide intake assessments/screenings, psychiatry, and individual and group counseling to a limited number of detainees with intermediate and acute mental health needs. They also provide medical discharge services by ordering medications and coordinating aftercare services in hospital settings for our acute and chronically ill patients.

Sheriff's Office in-custody programs and services are offered to some individuals on the mental health case load, but primarily to those who are considered General Population and are not receiving any type of mental health or re-entry services from Cermak. Our mental health services focus on behavioral health interventions, such as group and individual counseling as well as case management, referrals to specialty courts and resources for individuals at bond court, and discharge services.

We have also developed an "in-reaching" component of community programs that connects detainees with community services providers while in custody to help strengthen rapport and trust between the patient and provider to support post release connections to care in the community. We use our data to connect individuals from identified neighborhoods with the service providers in those areas so there are strong connections to assist with re-entry.

Below is an example of the difference between Cermak Mental Health Services and CCDOC Services:

- Patient #1 (Not engaged in CCDOC programming)
 - Enters DOC and receives intake medical and mental health assessment from Cermak Health Services
 - Identified as P2/M2
 - Meets with psychiatrist at least once every 90 days for medication assessment
 - Receives 1 "community group a month" with other P2 detainees in the division they are housed in. Community groups are typically 1 hour
 - Discharged with medications available to be picked up at Stroger
- Patient #2 (Engaged in CCDOC programming)
 - Enters DOC and receives intake medical and mental health assessment from Cermak Health Services
 - Identified as P2/M2
 - Interviewed and recruited to participate in MHTC programming
 - Housed with a cohort of other MHTC participants
 - Attends cognitive behavioral treatment programming 5 days a week at the MHTC (therapeutic environment with classrooms, counselors, and dedicated correctional staff)
 - Participates in creative expression programming to develop self-confidence, expand interests in prosocial behaviors, learn additional coping skills to support recovery
 - Meets with re-entry coordinator to develop individualized treatment plan that includes housing, food and clothing shelters, assistance with gaining state ID, and employment services)
 - Meets with psychiatrist at least once every 90 days for medication assessment

- Connected with community agencies and members who participate in CCDOC jail in reaching services
- Discharged with medications available to be picked up at Stroger
- Receives calls from staff post release to check in with client
- Invited to attend alumni meetings
- Has access to transportation services for court, medical and MH appointments, job interviews, etc.

V. Request ID#1210-05

Commissioner Miller asked for information on the expertise of Sheriff staff who are providing mental health services.

Response:

At minimum, staff who provide mental health services are required to possess a bachelor's degree from an accredited college or institution in Counseling, Psychology, Social Work, Social Sciences or a closely related field. They are also required to have at least two years of full time professional work experience in the mental health field and at least one year of full time professional work experience in conducting mental health assessments for adults and providing case management services in a racially and ethnically diverse environment. Many of our staff have also earned master's degrees in Counseling, Psychology, Social Work, Social Sciences or a closely related field. Lastly, some of our staff hold additional certificates such as Certified Alcohol and Drug Counselor (CADC) and are licensed as professional counselors or social workers.

The clinical supervisors for the SMART, THRIVE and MHTC programs are all Licensed Clinical Professional Counselors (LCPC) or Licensed Clinical Social Workers (LSW). Keyuana Muhammad, PsyD, a Director of Behavioral Health Services, is a Psychologist. The Executive Director of Programs is also a Psychologist with a Doctorate in Clinical Psychology. Any master's level counselors working towards their licensure receive appropriate supervision based on Illinois state requirements.

VI. Request ID#1210-06

Commissioner Miller asked what the \$1.7 million increase in Professional Development fees in FY2021 is related to on page O-51.

Response:

This funding is for the Uniform Allowances per Board-approved Collective Bargaining Agreements. The increase is because in FY20 this obligation was paid out of FY19 surplus funds.

VII. Request ID#1210-07

Commissioner Anaya asked how the cost of the length of stay in the detention center compares to the cost of electronic monitoring.

Response:

Based on our budgeted numbers, the cost of EM is approximately \$25 per day versus nearly \$200 per day in the CCDOC. This does not include any facilities costs.

VIII. Request ID#1210-08

Commissioner Anaya asked for a list of certifications Sheriff staff have that are providing programming to inmates.

Response:

Please see above response to Request ID#1210-05 from Commissioner Miller.

IX. Request ID#1210-09

Commissioner Suffredin asked the Sheriff's Office to provide the financial need to get the TASC program back and operating.

Response:

TASC is planning on resuming virtual support services soon. They will be acting as a virtual support at no cost to the Sheriff's Office. Sheriff's Office staff will be able to call TASC at the point of discharge to provide support if needed.

X. Request ID#1210-10

Commissioner Suffredin asked the Sheriff's Office to provide the number of inmates and cost that are awaiting transfer to the Illinois Department of Corrections.

Response:

There are 273 individuals in our custody awaiting transfer to IDOC. Per the County and their consultants, we cannot bill IDOC because we are already getting reimbursed for salaries and overtime from CRF and FEMA.

As always, please let us know if you have any additional questions.