

PROGRAM NARRATIVE

a) Description of the Issue

Application Agency- Cook County Health (CCH) is applying for COSSAP Category 1: Units of local government, Subcategory 1a: An urban area or large county with a population greater than 500,000. CCH is one of the largest public health systems in the U.S., providing health services regardless of a patient's ability to pay. With over 120,000 inpatient and 160,000 emergency department visits annually, plus care at its 12 health centers, CCH provides over 50% of care for uninsured patients in Cook County, despite there being 65 hospitals systems in the County.¹ CCH provides health care services at the Cook County Jail and Juvenile Temporary Detention Center and operates CountyCare, the largest Medicaid managed care plan in Cook County.

Community- Cook County, Illinois, is a large urban area containing 132 contiguous municipalities, including the City of Chicago, with its 5.2 million residents. Cook County is diverse with a racial/ethnic breakdown of Non-Hispanic White (42%), Latinx (25.6%), Non-Hispanic Black (23.8%), and Asian (7.9%).² In Cook County, 476 (36%) of the 1319 census tracts have a poverty rate over 20%. The proposed service area includes all of Cook County.

Illicit drug impact in proposed service area: According to the Chicago Department of Public Health, there were 13,794 opioid-related Emergency Medical Services (EMS) responses in 2020, a 32% increase from 2019.³ Chicago experienced at least 1,303 opioid related fatalities in 2020, an increase of 57% from 2019.⁴ Eighty-six percent of these fatalities involved illicitly manufactured fentanyl, and 51% involved another substances on top of opioids, such as cocaine or benzodiazepines.⁴ According to the Cook County Department of Public Health, 1,576

¹ "Cook County Health CEO Calls on Other Hospitals to Increase Charity Care." WTTW News, Retrieved from: [news.wttw.com/2019/11/01/cook-county-health-ceo-calls-other-hospitals-increase-charity-care](https://www.wttw.com/2019/11/01/cook-county-health-ceo-calls-other-hospitals-increase-charity-care).

² U.S. Census Bureau. Retrieved from: <https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-total.html>

³ Chicago Health Alert Network 2020 Chicago Opioid Overdose Data brief (2021). Retrieved from: https://www.chicagohan.org/alert-detail/-/alert-details/46669681?p_r_p_categoryId=440394

residents of suburban Cook County died of an opioid overdose from January 2016- June 2020, with 82.9% of these deaths involving heroin and/or fentanyl.⁴ According to the National Drug Early Warning System, in addition to the toll that opioids are taking on our community, methamphetamine use was rising in 2020 in select Chicago areas, cocaine maintains a consistent presence, and there was an uptick in use of LSD in 2020.⁵

Specific Challenges: While the above describes risks and harms of substance use for the general population, it is understood that there are elevated risks for individuals who are involved in the corrections system. Individuals on adult probation in Cook County in 2018 and/or 2019 were fifteen times more likely to die from opioid-related mortality (361 per 100,000) than the general county population (23 per 100,000), largely driven by fentanyl.⁶ While this is a multifactorial phenomenon, there continues to be a gap in access to evidence based substance use disorder (SUD) treatment and recovery support services for many individuals involved in the criminal-legal system. For example, it is estimated that only 1 in 20 justice-involved individuals with opioid use disorder (OUD) referred for SUD treatment were referred for agonist treatment.⁷ These access and mortality inequities are unacceptable, and CCH along with its partners are committed to exploring new ways to partner to address these disparities.

Another challenge in the Cook Count SUD care landscape is the lack of adequate volume of recovery homes. It is estimated that there is recovery housing available for less than 5% of individuals in SUD treatment in Illinois.⁸ Moreover, there is no central coordinated entry system

⁴ Opioid Epidemic in Suburban Cook County (Feb 20210). Retrieved from: <https://cookcountypublichealth.org/wp-content/uploads/2021/10/Opioid-Epidemic-in-Suburban-Cook-County-Report.pdf>

⁵ National Drug Early Warning System's Chicago Metro 2020, Drug Use Patterns and Trends. Retrieved from: <https://ndews.org/publications/site-reports/#archived-chicago>

⁶ Boulger JK, Hinami K, Lyons T, Nowinski Konchak J. Prevalence and risk factors for opioid related mortality among probation clients in an American city. *J Subst Abuse Treat.* 2022 Jun;137:108712. doi: 10.1016/j.jsat.2021.108712. Epub 2021 Dec 24. PMID: 35067401.

⁷ Krawczyk N, Picher CE, Feder KA, Saloner B. Only One In Twenty Justice-Referred Adults In Specialty Treatment For Opioid Use Receive Methadone Or Buprenorphine. *Health Aff (Millwood).* 2017;36(12):2046-2053. doi:10.1377/hlthaff.2017.0890

⁸ Recovery Housing in IL brief: <http://www.dhs.state.il.us/OneNetLibrary/27896/documents/RecoveryHousingEnvironmentalScan.pdf>

that tracks availability of beds and navigating access can be challenging. Through the FY2020 COSSAP program, we have successfully piloted components of a coordinated entry system, and early analysis of pilot data supports expansion of this pilot.

Federal Funding: This proposal builds upon work underway through FY2020 COSSAP and 2020-BRIDGES-0064 CCH, and funds will be leveraged through investments directly made by CCH, Cook County Adult Probation Department, and Cook County Sheriff's Office.

Implementation lessons and challenges from FY2019 COAP also informs the approach taken in this application. This work will also build on and complement current investments, including the system-wide, primary care and team-based medications for addiction treatment and recovery support program that currently is available in all 12 CCH adult-serving health centers, with over 550 patients engaged in the programming at any given time. These initiatives are funded by CCH investments, Illinois Department of Human Services (IDHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA) and will be leveraged in this grant proposal.

The PI is also funded through the Agency for Healthcare Research and Quality for a K12 training grant focused on building a regional learning health system for SUD care for corrections-involved populations. The training in implementation science made available through that program will provide further expertise to guide this project implementation. These efforts build on each other and together create a synergy to bring lasting and sustainable change. The funding through FY2022 COSSAP is critical to the continuation of these innovative efforts and will be essential to moving them from pilot projects to sustained services.

b. Program Design and Implementation

Allowable Uses/Activities

Our four aims, described below, utilize a combination of the following allowable activities:

- Evidence-based substance use disorder treatment, harm reduction services, and recovery support services for pre-trial and post-trial populations. We will optimize recovery housing placement for individuals involved in community corrections through a navigator program and will coordinate access to substance use disorder (SUD) treatment, harm reduction services, and recovery support services for individuals on electronic monitoring or adult probation.
- Recovery housing and peer recovery support services. We will improve linkages to recovery housing and provide recovery support services with a peer recovery coach.
- Embedding social workers, peers, and/or persons with lived experience within the Sequential Intercept Model. We will embed a community health worker and peer recovery coach at Intercept 2, and a peer recovery coach, recovery home navigator, and care coordinator will operate in Intercept 5.

Project Design and Proposed Activities

Cook County Health is a recipient of the FY2020 COSSAP site-based program. Among other successes, through this funding we have accomplished:

- Launch of the Cook County Community Recovery Learning and Action Network (CCCR-LAN) with more than 45 participants from 29 organizations.
- Launch of the Cook County Recovery Home Coordinated Capacity Project to enable expedited placement in recovery housing and a more thorough understanding of barriers. With six recovery home partners, this real-time regional information system has served 36 individuals since its launch in Feb 2021.
- WestCare Foundation is partnering with Heartland Alliance's Midwest Harm Reduction Institute to develop a program model to optimize safe, low-barrier, patient-centered

recovery housing. We anticipate the launch of this low-barrier recovery home on Chicago's South Side in August 2022.

Through this FY2022 funding solicitation, we aim to expand on the above groundwork to accomplish four aims:

Aim 1): Expand the partnerships of the Cook County Community Recovery Learning and Action Network (CCCR-LAN). The current CCCR-LAN consists of 29 partner organizations including criminal justice, state and local government, harm reduction, substance use treatment, public health, and health care. The LAN is modeled after the Institute for Healthcare Improvement Breakthrough Series Collaborative⁹, as a mechanism to foster large-scale rapid improvement by convening appropriate stakeholders, providers, and experts to encourage peer sharing, rapid testing of ideas, and information dissemination. Through the expansion, we will:

- Convene the CCCR-LAN at least biannually. This will be possible through added capacity with a full-time project coordinator.
- Create a CCCR-LAN listserv and bimonthly newsletter for sharing updates among community members.
- In year 2, we will work with CCCR-LAN members to identify if CCCR-LAN should be sustained as a separate entity or should roll into another collaborative convening.

Aim 2): Expand the Cook County Recovery Home Coordinated Capacity Project. The “Coordinated Capacity Project” successfully launched in February 2022. To date we have had 36 referrals with a 22% successful placement rate. One challenge we face is having only a part-time recovery home navigator who has many other responsibilities outside of this project. Through this FY2022 funding, we will:

⁹“The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement: IHI.” Institute for Healthcare Improvement, www.ihi.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx.

- Hire a full-time recovery home navigator dedicated to this project. This will enable more timely responses to client inquiries and more intensive outreach to clients, recovery homes, and referral partners such as hospitals, residential treatment programs, and shelters. With this expanded capacity, we aim to increase our successful placement from 22% to 33%.
- Continue to meet regularly (biweekly at this time) as a project management partnership to work through pilot challenges and move towards expansion and sustainment.
- Our current project includes six recovery home partners. We will expand to 10 by the end of year 1, to 14 by the end of year 2, and to 18 by the end of year 3.
- We will expand our evaluation of the project (please see evaluation narrative).

Aim 3): Expand the scope of CCCR-LAN to include improved access to SUD care for individuals on electronic monitoring. Through the BJA Building Bridges Between Jails and Communities grant (2020-BRIDGES-0064 CCH) CCH developed processes with the Cook County Sheriff’s team to improve SUD care coordination for individuals with a “no place to stay” alert in the electronic monitoring program. This intervention, supported by a community health worker with oversight from both CCH and the Sheriff’s office, launched in Oct 2020. To date, 260 referrals have been placed, with 41% successfully linked to MAT/SUD services. By rolling this portfolio into the work of the CCCR-LAN, we will identify opportunities to optimize effectiveness and reach and develop sustainability plans. To expand this work, we will:

- Present this linkage project at a CCCR-LAN meeting in year 1
- Identify opportunities to measure new outcomes related to linkage. For example, we currently measure successful linkage to SUD treatment. We will begin systematic measurement of related supports such as insurance enrollment, transportation linkage, or primary care engagement.

Aim 4): Implement a data-sharing linkage between County Care and Cook County Adult Probation to improve enrollment in Medicaid and engagement with care coordination services among Adult Probation clients.

As part of an ongoing collaboration between CCH and Adult Probation to develop a Regional Learning Health System for substance use disorder (SUD) care for corrections-involved individuals, County Care made an official data sharing request to Adult Probation in early June 2022, with the goal of optimizing enrollment in Medicaid and engagement in existing care coordination services for Adult Probation clients. Adult Probation estimates that up to 75% of their clients have a substance use disorder, and we anticipate this enhanced service to improve access to and engagement in SUD care for Adult Probation clients.

Through this project, we will:

- Contract with the [REDACTED] to operationalize this data sharing through a privacy preserving record linkage program.
- Develop a project implementation team consisting of representatives from CCH, Adult Probation Department, and County Care to meet regularly to address barriers and identify facilitators of success. This group will develop implementation outcomes (ie- reach, effectiveness, adoption) and a measurement plan, guided by the RE-AIM implementation framework.¹⁰
- Hire a full-time care coordinator to support the coordinated linkage.
- Develop and implement workflows to link eligible individuals to Medicaid enrollment and care coordination services. The care coordinator will receive data, such as contact information for an eligible probation client, but will not be reporting sensitive information, such as substance use disorder diagnosis, to the probation department.

¹⁰ RE-AIM. Retrieved from: <https://re-aim.org/>

- Operationalize regular updating of the data linkage. We have budgeted for monthly updates in years 2 and 3 and will adjust according to project needs.

A potential barrier to implementation is staffing of a full team to complete this work. We are limiting this potential barrier by utilizing several staff members who have already been hired. If those positions were to become vacant again, hiring delays are anticipated, as is the experience everywhere in healthcare at this time. Should this happen, potential strategies include pursuing a budget modification to hire through staffing agencies or contracted partners. We have also limited the number of subcontracts on this application to align with the time intensive and resource intensive contracting processes for local government. Leadership changes at partnering agencies are not anticipated but could happen and could affect the prioritization of these projects. Lastly, a potential barrier successful implementation is that cross sector collaboration around policy change is complex and challenging work. We believe this challenge is surmountable but acknowledge that public health and criminal justice do not always move in tandem. A key strategy to overcome this potential barrier is consistent communication between sectors and collective decision-making.

Coordination with Existing BJA-Funded Sites CCH has received funding from BJA for COSSAP since 2018 (2018-AR-BX-K116; 2020-AR-BX-0074). CCH has been building upon previous BJA initiatives to accelerate our progress with building a data infrastructure that supports coordinated cross-sector responses to reduce overdose deaths.

From 2016 to the present, the Bureau of Justice Assistance funded the Justice and Mental Health Collaborative (2016-MO-BX-0020; 2019-MO-BX-0036; 2020-MO-BX-0010) that allowed CCH to convene government and community stakeholder organizations to engage in a data-driven process to improve treatment of justice-involved individuals experiencing mental and

behavioral health disorders. This group of stakeholders participated in a formal Sequential Intercept Mapping exercise overseen by Policy Research Associates in 2018; undertook high-value projects; and developed mutual understanding and trust. These early relationship-building activities helped set the stage for ongoing cross-sector collaboration and informed the development of the Cook County Community Recovery Learning and Action Network.

As described above in detail, this application builds on the work underway through 2020-AR-BX-0074. This application is not duplicative of other current efforts but rather is informed by the successes and challenges of past projects.

Evaluation Details: The primary goal of the evaluation is to provide meaningful feedback regarding the recovery housing navigation pilot project and its expansion. Specifically, the evaluation will provide information regarding the entire process from the initial client referral to the housing navigator through final placement in a recovery home. The evaluation will also seek to understand the experiences of clients and project partners (e.g., housing navigators, recovery home leadership and front-line staff) involved in the navigation process, with experiences related to both successful and unsuccessful placements being examined. Formative evaluation findings will be shared with project partners through regular meetings to ensure information learned is being used to make real-time improvements to the navigation program. Service outcomes (e.g., referrals and placements made) and qualitative accounts of client experiences will be presented to state agencies and policy makers to help advocate for resources to help expand and sustain the program after grant funding ends.

The most recent US National Drug Control Strategy has emphasized the need to expand recovery supports to address the nation's current drug epidemic¹¹. While there is evidence

¹¹ National Drug Control Study. Retrieved from: <https://www.whitehouse.gov/wpcontent/uploads/2022/04/National-Drug-Control-2022Strategy.pdf>

supporting the effectiveness of recovery housing for those who can obtain a placement¹², we are unaware of any interventions demonstrated to address known barriers to such placement, which include criminal justice involvement and receiving medications for opioid use disorder. The current project presents a system-level solution to this problem that can be replicated in other areas. The evaluation will provide information that can guide other states and regions interested in developing a similar recovery housing navigation system.

CCH and the evaluators have a relationship that pre-exists and will continue beyond the current grant period. Specifically in relation to this project, the Lead Evaluator is working with the Project Director to identify opportunities to leverage evaluation findings as pilot data to help secure future service or research funding that can help to sustain and improve the program or to potentially help demonstrate effectiveness related to client-level outcomes.

Medication-assisted Treatment As part of Aim 3, the community health worker connects individuals on electronic monitoring with various SUD treatments including medications for addiction treatment (also called medications-assisted treatment, or MAT), both within and external to CCH. At CCH, we currently offer all three FDA approved forms of MAT for opioid use disorder at the Cook County Jail, in our 12 ambulatory clinics, and on the inpatient floors and emergency department at Stroger hospital. Buprenorphine and naltrexone are offered directly by CCH, and methadone is offered through a warm handoff to treatment partners (except in the jail, where CCH offers). Our ambulatory centers are staffed with a peer recovery coach, who is also a certified alcohol and drug counselor, and a licensed clinical social worker. Patients are encouraged to engage in external treatment and recovery supports aligned with their goals.

¹² Jason, L.A., Mericle, A.A., Polcin, D.L., & White, W.L. (in press, 2013). The Role of Recovery Residences in Promoting Long-term Addiction Recovery. American Journal of Community Psychology. Posted at www.williamwhitepapers.com

Peer Recovery Services: The peer recovery coach/Certified Alcohol and Drug Counselor (CADC) position proposed in this application is already onboarded at CCH and is part of a team of recovery coaches deployed across CCH, all managed by the Manager of Behavioral Health (LCSW/CADC). Onboarding included a review the evidence-based models used in the engagement and supportive approach at CCH (i.e. trauma informed care, motivational enhancement) and shadowing with seasoned staff. The recovery coach attends a weekly team meeting to review administrative and operational updates/training and meets individually or in small groups weekly to review patients and the appropriate supportive services for clinical training. Once monthly the coaches attend in-service trainings, reviewing various evidence-based practices and topics related to supporting those in early recovery. [REDACTED], the PD for this proposal, serves as the medical advisor for the recovery coach team and supervisor for the Manager of Behavioral Health. At a minimum, peer support services will be evaluated on process metrics of number of patients assessed for entry into care and number of patients served for ongoing care. Recovery Coaches are also evaluated by their coordinators throughout their tenure to ensure adherence to evidence-based practices and engagement.

Multi-Disciplinary Coordinating Body: An aim of our proposed project is to expand the partnerships and scope of the Cook County Community Recovery Learning and Action Network (CCCR-LAN). This multi-disciplinary coordinating body was implemented as part of the FY2020 site-based program, and consists of multiple disciplines (i.e. physicians, social workers, attorneys, probation department staff, public health practitioners) from 29 partner organizations including criminal justice, state and local government, harm reduction, substance use treatment, public health, and health care. In year 2, we will inventory all similar convenings and work with CCCR-LAN members to identify if CCCR-LAN should be sustained as a separate entity after the

grant or if its efforts should roll into another regular meeting. If sustainment is warranted, CCH is committed to working closely with its two local health departments- Chicago Department of Public Health and Cook County Department of Public Health (CCDPH)- to identify a plan for sustainment, as mobilizing community partnerships and action to identify and solve health problems is considered one of the ten core public health functions.

Sustainability Plan Cook County Health has a strong record in securing funding for recovery services for substance use disorders, especially opioid use disorders, from a broad range of federal, state, and local funders. CCH has been a BJA recipient of COSSAP funding since 2018 (2018-AR-BX-K116; 2020-AR-BX-0074) and has been awarded SAMHSA grants (H79TI084335; H79TI083122) and DOJ grants (2016-MO-BX-0020; 2019-MO-BX-0036; 2020-MO-BX-0010) to support these initiatives. CCH is dedicated to continuing this important work by applying for funding while enhancing our current capacity to address SUD in the community. Additionally, there are changes underway with Medicaid reimbursement in Illinois, including the upcoming implementation of reimbursement for peer support services, that enable new pathways towards sustainability of team-based, patient-centered, and coordinated care for SUD.

Agreement to work with BJA-selected Researchers If funded, we look forward to working closely with a researcher selected by BJA who may conduct a site-specific or cross-site evaluation in future years. We are committed to maintaining a working relationship with the BJA-supported COSSAP training and technical assistance providers.

Priority Consideration Request In keeping with CCH's mission, two target populations of this proposal are individuals engaged in community correction with the Adult Probation Department or those involved with the Sheriff's electronic monitoring program who have a substance use disorder. Approximately 55% of probation clients in Cook County identify as non-Hispanic

Black¹³, a significant overrepresentation compared to the general Cook County population. There are racial inequities in arrest related to illicit substance use, with non-Hispanic Black men being five times more likely to be arrested for drug-related charges than white men, despite similar rates of SUD¹⁴. We anticipate the linkage to SUD care and recovery support services for individuals on electronic monitoring and the linkage to health insurance enrollment and care coordination for clients of Adult Probation will both contribute to greater access to services for minoritized communities around Cook County.

c. Capabilities and Competencies

Management Structure and Staffing: The project team will be led by the Project Director (PD), who will be responsible for carrying out program activities and will provide oversight and management of the project as well as strategic direction. [REDACTED]

[REDACTED] is an addiction medicine and preventive medicine/public health physician with CCH who serves as a physician leader for the CCH SUD programming and for programs that interface with justice and community partners. She supervises the Manager of Behavioral Health Integration, who manages CCH’s peer recovery coaches. She is the PD for the FY2020 COSSAP site-based program and PD for 2020-BRIDGES-0064 CCH. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

¹³ Boulger J, Hinami K, Lyons, T, Nowinski Konchak J. Prevalence and risk factors for opioid related mortality among probation clients in an American city. *J Subst Abuse Treat.* 2022 Jun;137:108712. doi: 10.1016/j.jsat.2021.108712. Epub 2021 Dec 24. PMID: 35067401.

¹⁴ Mitchell O, Caudy C. Examining Racial Disparities in Drug Arrests, *Justice Quarterly.* 2015;32:2, 288-313, DOI: [10.1080/07418825.2012.761721](https://doi.org/10.1080/07418825.2012.761721)

[REDACTED] has a track record of meeting and exceeding grant deliverables. She will have increased time protected for this project to ensure adequate oversight of expansion. She is an expert in implementation of linkage processes and capacity building for evidence-based SUD treatment.

Recent Relevant Publications:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] She reports to the PD, and is the supervisor of the recovery coach, community health worker, and care coordinator who are to be hired. [REDACTED] has been with CCH for over 10 years, and has managed the substance use disorder team throughout the system for the past 6 years. She is skilled at creating and revising work flows to efficiently utilize all resources to expand access of services while maintaining quality, meeting grant deliverables, and addressing unexpected challenges such as the COVID pandemic.

[REDACTED] will serve as Project Advisor and has led strategic opioid-epidemic related research projects involving

analysis of sensitive data linked through identifiers. His unit, the HRSU, promotes research through provision of an informatics infrastructure under its control. The HRSU leads many cross-agency and cross-sector data integration projects, supported by a comprehensive team of health informatics and clinical research staff.

Partnerships: For CCH to build a successful program, we have collaborated with the following organizations, each of whom have demonstrated their commitment to the goals of this initiative.

Please see attached letters of support from each partner.

- Family Guidance Centers, Inc. (FGC), a not-for-profit behavioral healthcare organization, is a current member of the CCH FY2020 COSSAP project, funding a part-time navigator for the Recovery Home Coordinator Capacity Project. FGC currently works closely with the PD on workflows, metrics, trouble-shooting barriers, and celebrating success.
- The Cook County Adult Probation Department (APD) is a current partner on the CCH FY2020 COSSAP project as an active participant in the CCCR-LAN. The Research Director for the Office of Chief Judge is a mentor for the PD on her K12 research training grant.
- CountyCare is part of the CCH system and is Cook County's largest Medicaid managed care health plan with more than 434,000 members. County Care has worked on numerous projects with the PI and Project Advisor to improve access to care, such as the Flexible Housing Pool which is an active project of Dr. Hinami, project advisor.
- The [REDACTED] will perform the record linkage and honest broker services to enable the County Care and Adult Probation Department data linkage. [REDACTED] has worked with CCH (PD and Project Advisor) on numerous similar projects, including the data linkage that enabled an estimation of opioid-related mortality among adult probation clients.

- The Cook County Sheriff's Department currently partners with CCH on a pilot partnership to link a subset of individuals on electronic monitoring with housing insecurity to substance use disorder treatment and recovery support services.

Effective Communication and Coordination: Team members at CCH have worked collaboratively for many years, with established paths for effective communication. As a recent change to enable more effective coordination, the PI and both Project Advisors are all now situated within the Center for Health Equity and Innovation's Health Research and Solutions Unit. The PI has weekly (██████████) and biweekly (██████████) project update meetings. ██████████ participates in the supervision of the database administrator and analyst. ██████████ supervises the recovery coach and community health worker, and will supervise the care coordinator. This uniformity of reporting within one unit strengthens our ability to efficiently trouble shoot challenges.

To implement CCH FY2020 COSSAP, the CCH team currently meets biweekly with the recovery home navigator and with a larger group of stakeholders. We meet bimonthly with the Sheriff's program. We will develop project management meetings with County Care and Adult Probation to maintain implementation of Aim 4.

Research Partner: ██████████ at Chestnut Health System's Lighthouse Institute and lead evaluator for this project. He will oversee the development and management of all evaluation protocols, lead development of reports, and present findings to stakeholders as requested by CCH. He brings over 15 years of experience conducting applied and program evaluation research. He received his training in evaluation research while obtaining his PhD at Loyola University Chicago, where he was a Graduate Fellow and then staff at the Center for Urban Research and Learning, a research center focused on

community engaged research with actionable impact on communities. [REDACTED] is an expert in mixed method research, and his work comprises both quantitative and qualitative components.

He has conducted a number of program evaluations and applied research studies in the area of substance use disorder, with support from a variety of federal (National Institute on Drug Abuse, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration), state (Indiana Division of Mental Health and Addiction, Indiana State Department of Health, Illinois Department of Human Services), and foundation (Arnold Ventures, Richard M. Fairbanks Foundation) funders. This body of work includes collaborations with substance use disorder treatment providers, criminal justice systems, and housing providers. Among these collaborators is Family Guidance, which is the agency providing navigation services for this project. Based on this prior work, [REDACTED] has a pre-existing data sharing agreement in place with Family Guidance that covers access to all data necessary to carry out this evaluation. These data sources include service data reflecting client referrals, engagements, and placements. The evaluation will also include qualitative interview with clients, housing navigators, recovery home staff, and other project partners.

Project Coordinator: The project coordinator, to be hired, will report to the Project Director at CCH and will manage the day-to-day administration of the project in coordination with all CCH team members, evaluator, and community partners. This position was posted in early June 2022 (funded under FY2020 COSSAP through September 2023), and we expect interviews in early July. The PC will dedicate 100% effort to this project. Specifically, the project coordinator will manage the Cook County Community Recovery Learning and Action Network; monitor expenditures by quarter and ensure timely submissions; draft all performance management reports required by DOJ; develop contracts/subaward materials for review and approval of the

PD; liaise with participating provider organizations, other project stakeholders and the project evaluator; provide monthly updates regarding progress on key milestones to stakeholders; and attend all required trainings. This position requires a minimum bachelor's degree, preferably in human service administration, public health, social work; 2 years of experience in administration of grant management experience; and experience in the coordination or management of multi-agency, cross-systems human service or behavioral health initiatives.

BJA Evaluator: CCH agrees to work closely with designated BJA evaluators on a site-specific or cross-site evaluation in future years pursuant to guidelines established.

d. Data Collection and Performance Measurement Except for the ongoing evaluation of the Cook County Recovery Home Coordinated Capacity project led by Lighthouse Institute, oversight of data collection, aggregation, and analysis will be through CCH's Health Research & Solutions Unit (HRSU), which has >20 years of experience with data protections in collaboration with Cook County Health's (CCH) IRB, and legal and corporate compliance offices. CCH successfully reports Performance Measures for the FY2020 funded programming and will continue aggregate data reporting as required in this Solicitation. There is no planned sharing of protected health information.

██████████ is the research data warehouse manager who will extract the necessary identifiers and data for privacy-preserving record linkage. He will work with our network support specialist to set up folders for secure file transfer with the honest broker. He will perform ad hoc data queries as approved by the CCH IRB for this project. The Project Coordinator will work with ██████████ to gather data for the quarterly performance measurement tools and the semi-annual performance reports.

Digital trust: The data sharing linkage between Adult Probation Department and County Care will be overseen by the Health Research and Solutions Unit (HRSU), of which the PD and both Project Advisors are part of, in partnership with the [REDACTED]

[REDACTED] All project components will abide by current HRSU policies and procedures to safeguard the privacy, civil rights, and civil liberties of project participants throughout the duration of the project, including:

Security Responsibility: HRSU's IT Director is the security representative. They regularly conduct assessments of risks and vulnerabilities to confidentiality, integrity, and availability of ePHI as guided by HIPAA, HITECH, and OMNIBUS rules.

Activity Review, Login Monitoring: For every session, the system automatically logs time, user, & location, which are monitored through log files. Users who access ePHI are assigned accounts by CCH's Health Information Systems. Unauthorized accounts are blocked from data access. Authorized users are trained in protecting ePHI and sign a confidentiality agreement.

Termination: When a staff member should no longer access ePHI, their user ID is disabled.

Malicious Software and Windows updates: HRSU implements CCH's Symantec Endpoint Protection for up-to-date anti-virus and malware software, and updates all operating systems.

Data Backup & Disaster Recovery: HRS backs up systems regularly (incremental daily and full weekly) into CCH's SAS-70 certified Data Center. For disaster recovery, the IT Director or Database Administrator restores the system to its last operational state.

Access Controls & Security Plan: HRSU servers are located in CCH's data center, which limits physical access to its system. ID badges are required and personnel with authorized access go through a clearance process. Alarm systems monitor entry and exit points. Visitors must sign a log and provide photographic ID. Access is restricted by a key fob and PIN.

Disposal and Media Re-Use: Before wiping data from PCs/laptops, HRSU removes ePHI using a data destruction tool. If a data destruction tool is not usable, drives are physically destroyed.

Access Controls: HRSU uses Windows-based active directory to restrict ePHI access.

Passwords: Passwords must be at least 6 characters (8 for administrators); must include 3 of the following: lower case, upper case, numbers, & non-alphanumeric; and are reset every 90 days.

Automatic Logoff: Servers & workstations employ automatic logoff mechanisms.

Encryption, Decryption and Security: CCH's firewall is configured to: limit access to authorized users and legitimate connections, ports must be secured or disabled, log failed access attempts, and support at least 256-bit AES encryption. When transmitting ePHI, encryption includes Virtual Private Network (VPN-IP SEC and SSL); Secure Shell (SSH); secure File Transfer Protocol (sFTP), and/or File Transfer Protocol thru SSL. Encryption of message includes S/MIME or Public Key/Private Key Encryption.

Security Breaches: HRS's IT Director maintains a log of security reports. If a HIPAA breach is discovered, the Director will notify CCH's Corporate Compliance Office within 24 hours.

Additional Protection for Detainees: Prior to data linkage, the CCH IRB will review and approve all activities. The proposed project is consistent with permissions under Section 46.306(a)(2).