



COOK COUNTY HEALTH

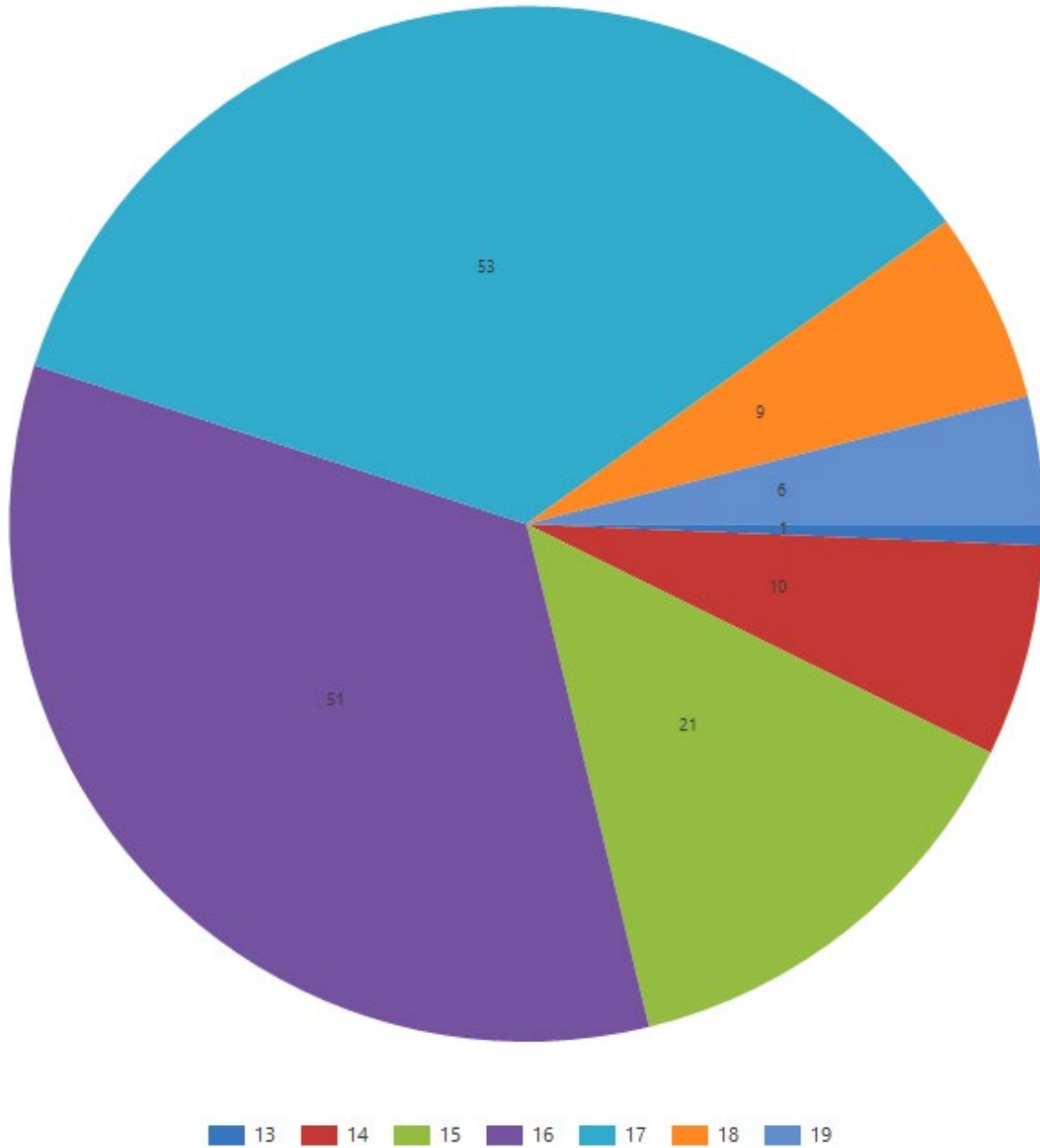
Quarterly Report for the Cook County Board of Commissioners

Cermak Health Services

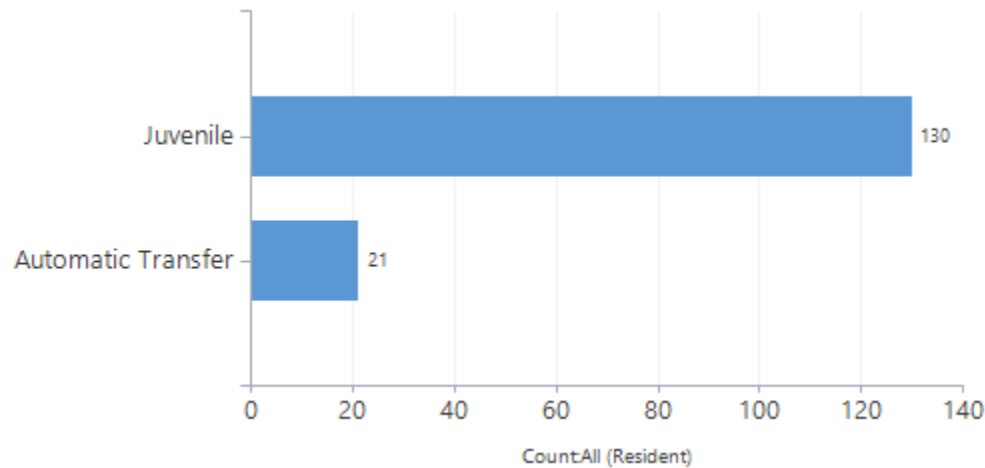
**Behavioral Health at the Cook County Juvenile
Temporary Detention Center**

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

The Cook County Juvenile Temporary Detention Center (JTDC) Behavioral Health (BH) Program, operated by Cermak Health Services of Cook County Health (CCH), provides care for youth detained at the JTDC. These youth range in age from 13 to 19 years old. The current age breakdown (June 29, 2021) is as follows:



The majority of youth at the JTDC are being held on juvenile charges with a smaller percentage being charged as adults:



Patients are identified for service via several mechanisms. Behavioral Health staff conduct Mental Health Screenings and make appropriate referrals within 72-hours of a youth's admission to the JTDC. All residents who enter the JTDC receive the Massachusetts Youth Screening Instrument- Second Version (MAYSI-2) and the Behavioral Health Intake Screening and Initial Treatment Plan.

The MAYSI-2 is a 52 question self-report tool that is administered to youth within 4 hours of entering the JTDC. The MAYSI-2 has six main scales including: Alcohol/Drug Use; Angry-Irritable; Depressed-Anxious; Somatic Complaints; Suicide Ideation; and Thought Disturbance (for boys only). Results of the MAYSI-2 are provided to Qualified Mental Health Professionals (QMHP) who review the data and use it to make treatment recommendations.

In addition to the MAYSI-2, the Behavioral Health Intake Screening and Initial Treatment Plan is administered by QMHP within 72 hours of the youth's arrival to the facility. The following domains are included in the screening:

- Medical History
- Head Injury Questionnaire
- Medication Treatment History
- Mental Health Symptom History
- Mental Health Treatment History
- Family Relationships History
- Family Medical / Mental Health History
- Prenatal History
- Current Eating and Sleeping Patterns
- Sexuality (Sexual Orientation, Gender Identification, Preferred Pronouns, etc.)
- Abuse / Neglect History
- Prison Rape Elimination Act (PREA) Assessment
- Educational History
- Substance Use Assessment
- CRAFFT Screening Interview (for substance abuse)
- Impacts of Substance Use Assessment

- Suicide and Self-Injury Assessment
- Assault and Homicide Assessment
- Child and Adolescent Trauma Screen (CATS) – Youth Report
- Strengths and Interests Assessment
- Mental Status Exam
- Treatment Recommendations

Based upon the findings of the Behavioral Health intake screening and the MAYSI-2, clinicians will make recommendations that may include placement on the Mental Health Follow Up Status (MHFU). MHFU residents receive treatment planning, weekly staffing, at least weekly individual therapy, and care coordination services. Criteria for placement on MHFU include history of Behavioral Health or substance abuse treatment; current symptoms of mental illness including trauma related symptoms, current or recent treatment with psychotropic medication, significant substance use, intellectual functioning or developmental delay issues, and other special needs that may require Behavioral Health support.

Over the last 6 months, Behavioral Health Services at the JTDC have placed an average of 56% of the population on MHFU status. For FY2020, the average was 54% of the population.

Mental Health Population	FY 2020 Ave
Mean Active Treatment Cases	94.7
Mean JTDC Population	176.1
Percent JTDC Population Active Treatment Cases	54.0%

All youth at JTDC have access to Behavioral Health services and do not require a diagnosis or placement on MHFU status to receive services. Youth can request services through a user-friendly referral system and/or Behavioral Health outreach/milieu activity. All residents are also provided group counseling services and group psychoeducation. Any resident may also request re-entry planning services from one of the Behavioral Health social workers.

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

The JTDC Behavioral Health Program provides efficient, competent and high quality services that are consistent with relevant professional standards, the Juvenile Standards of the National Commission on Correction Health Care (“NCCCHC”), the American Correctional Association (“ACA”) and the established best practices within the fields of psychiatry, clinical psychology, and social work. The JTDC Behavioral Health program provides on-site clinical coverage 365 days per year from 8am to 10pm and has 24-hour psychosocial and psychiatric on-call services.

The JTDC Behavioral Health Program provides clinical services including:

- Behavioral Health Screening and Assessment
- Psychiatric Evaluation and Treatment
- Comprehensive Treatment Planning
- Crisis Intervention
- Daily Clinical Rounds on All Living Units

- Daily Assessment of Youth in Confinement
- Weekly Clinical Staffings
- Individual Counseling/Therapy
- Family Counseling
- Behavior Management
- Substance Abuse Counseling
- Psycho-educational Groups
- Trauma Screening and Treatment
- Evidence Based / Supported Programming
- Consultation to the Court and Probation
- Referrals for Hospitalization
- Comprehensive Re-entry Planning Services

The overall goal of the program is to meet the mental, emotional, developmental and social needs of the residents using a biopsychosocial approach. This work is carried out using multi-disciplinary and team-driven methods customized to the needs of the individual youth. Having smaller clusters of centers, with a core group of Behavioral Health professionals in each, gives greater stability to residents, improves communication, and makes their work more efficient. Each of the 7 JTDC centers has a designated Behavioral Health team consisting of a Clinical Psychologist, Mental Health Specialists, Licensed Clinical Social Workers, and Psychiatrist.

JTDC Behavioral Health staff conduct daily Clinical Rounds of all JTDC residential areas (“pods”) to identify residents’ problems and provide interventions to address the problems as early as possible, before they become worse. During rounds, a JTDC clinician will speak with direct care staff, case workers, and center management staff about any Behavioral Health concerns and/or Behavioral Health referrals. The clinician may also review the pod’s log book, incident reports and any major rule violations. The clinician also speaks directly with any youth who requests services, youth who are confined, and youth who are serving extended cool-offs. In our experience, increasing the volume of clinical rounds contributed to decreasing numbers of Behavioral Health related crises and psychiatric hospitalizations.

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

All the Providers and Managers in the Behavioral Health Department at the JTDC are Cook County Health employees. The JTDC Behavioral Health Program does not employ contractors or vendors to provide services.

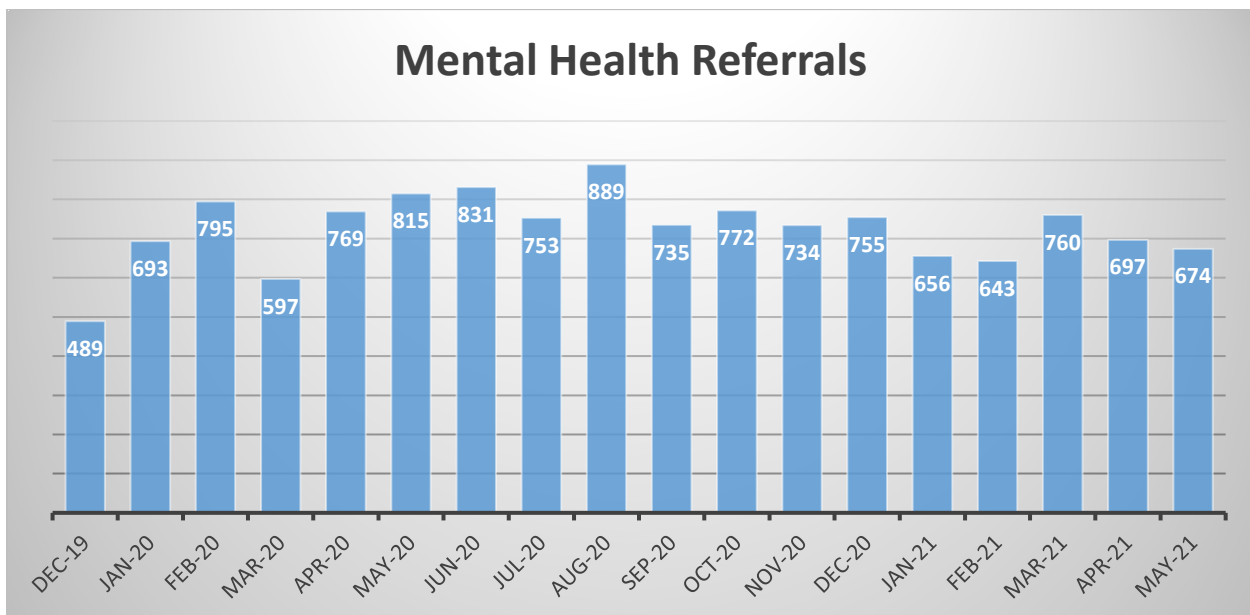
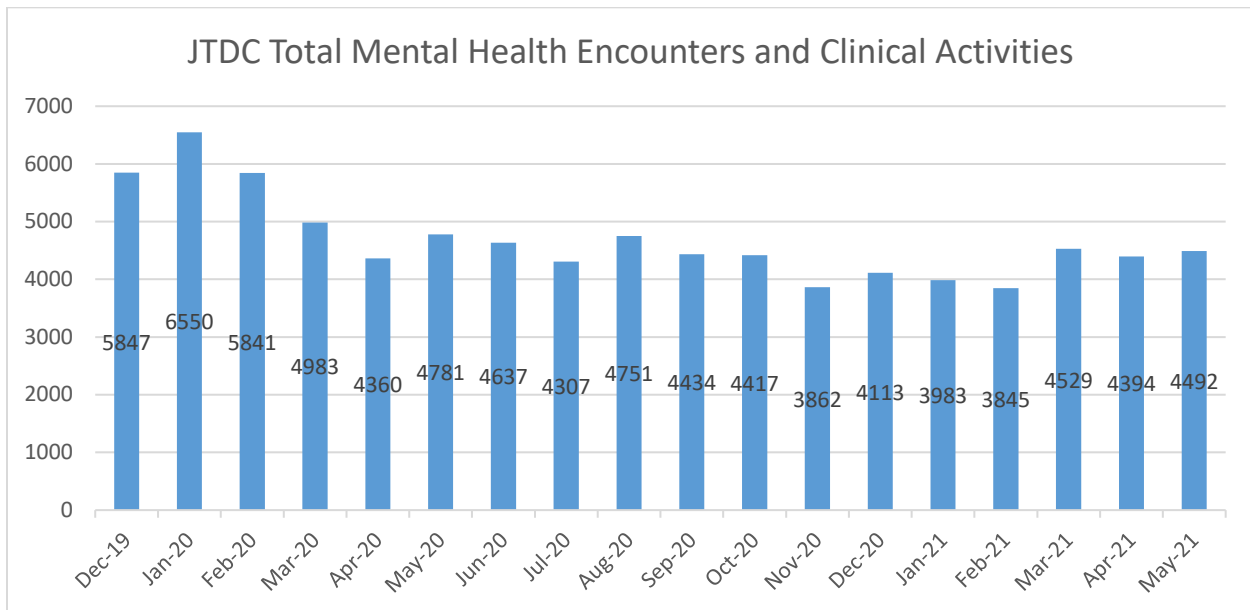
Operational and clinical leadership of the Department is carried out by the Juvenile Justice Behavioral Health Director and the Chief Psychologist.

Cermak BH staff at the JTDC (FTE) presently includes:

Juvenile Justice Behavioral Health Director	1
Chief Psychologist	1
Psychiatrists	1.5
Psychologists	4

Postdoctoral Fellows	2
Psychiatric Social Workers	2
Mental Health Specialists	11
Grand Total	23.5

Total behavioral health encounters and clinical activities over the last 18 months (compared to the previous year) were lower due to COVID-19. Restrictions on movement, social distancing requirements, and less access to the milieu meant fewer opportunities for face to face clinical encounters. That said, a significant increase in productivity was observed in the second quarter of 2021, likely due to a loosening of restrictions.



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

The overall goal of the program is to meet the mental, emotional, developmental and social needs of the JTDC residents using a biopsychosocial approach. As an accredited facility with the NCCHC, the JTDC Behavioral Health program must comply with all NCCHC Juvenile Standards. Success of the program is measured by:

- Proof of ongoing compliance with NCCHC Juvenile Standards (as measured by NCCHC during accreditation surveys)
- Adherence to established protocol / practice guidelines outlined in the CCH Health Policy Manual:
 - Administration of the Behavioral Health Intake Screening and Initial Treatment Plan within 72 hours of admission
 - Completion of master treatment plan for all MHFU residents within 10 days of being assigned to parent center
 - At least weekly individual therapy sessions for all MHFU residents
 - At least weekly psychoeducational groups on all JTDC living units
 - Daily rounds on all JTDC living units
 - Twice daily re-assessments for all residents on suicide precautions
 - Initial assessments for confined residents within 3 hours of confinement
 - Daily re-assessments for all confined residents
 - Weekly multidisciplinary staffings for all residents on MHFU
 - Response to all non-emergency referrals within 24 hours
 - Immediate response to all emergency referrals
 - Daily wellbeing checks for all residents on the RESET pod
 - Power Source groups twice weekly for all residents on the RESET pod
 - Daily follow up encounters for all residents housed on the Stabilization Unit
- Results of ongoing program evaluation initiatives including quarterly Continuous Quality Improvement (CQI) meetings, annual CQI studies (e.g. Chronic Disease Protocols Study, Annual Resident Survey, etc.) and annual peer review exercises
- Ongoing monitoring of psychiatric crises at the facility and related outcomes

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

Not applicable

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

Detention facilities often fill the gap in services caused by the paucity of accessible Mental Health programs available to some of the most disenfranchised populations in our communities. The JTDC is the largest single site juvenile detention facility in the country and as such it provides a high volume of needed services to justice involved youth in Cook County.

Frequently, when youth enter the JTDC, they have acute and pressing MH needs related to housing insecurity, violence, lack of social support, poverty, and other social determinants of mental health.

A high percentage of these youth have trauma histories (research suggests over 90%) and many have substance use disorders. As such, thorough assessment and stabilization and patient safety are primary foci of the JTDC Behavioral Health program.

Detained youth who suffer from mental illness are also at an increased risk of self-injury/suicide. By providing a comprehensive scope of services to these individuals, the JTDC Behavioral Health Program mitigates this risk. All initial evaluations are conducted with specific attention to suicide risk factors. Along the spectrum of Behavioral Health care at the JTDC, from Intake to the point of release, youth receive numerous suicide risk screenings and assessments.

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

In 2015, the Office of the Chief Judge asked the Chapin Hall Center for Children at the University of Chicago (Chapin Hall) to conduct an independent review of relevant mental health screening, assessment, referral, and service delivery practices, and make recommendations to help the Office of the Chief Judge achieve an integrated system of mental health for youth involved with the Juvenile Justice Division of the Cook County Circuit Court. Specific deliverables included recommendations for addressing problem areas based on a comprehensive review of how current mental health screening, assessment, referral processes and relevant clinical interventions function in comparison to evidence from existing literature about best practices.

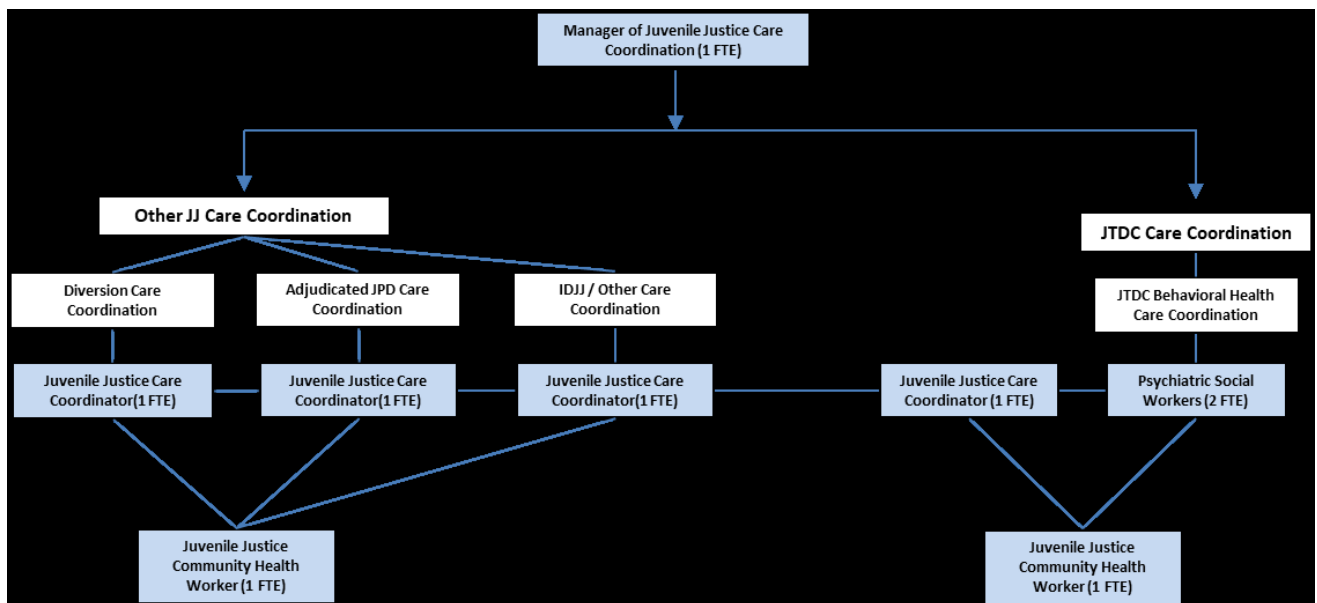
Cook County Health (CCH) entered into a Memorandum of Understanding (MOU) with the Office of the Chief Judge (OCJ) on July 17, 2018. Per the MOU, which was based in part upon recommendations from Chapin Hall, it is the intent of the OCJ to create an integrated Behavioral Health delivery system that improves the collaboration among the OCJ's youth-serving departments, increases care coordination, and implements the reforms necessary to enhance current BH services. It is also the goal of the OCJ and CCH to promote continuity and comprehensiveness across the continuum of clinical intervention points within the BH delivery system. The purpose of creating this singularly-focused, integrated system is to enable the OCJ and CCH to better align services with the BH needs of court-involved youth.

Behavioral Health services have historically been provided across multiple clinical intervention points within the three youth-serving departments that are under the authority of the Chief Judge. Each of these clinical intervention points represents an opportunity 1) to identify youth needs through screening and assessment; and 2) to refer youth to appropriate follow-up services. These services, including screening, assessment, and related interventions, have been provided by multiple individuals, including court employees, contracted on-site providers, and community-based providers. At the time the MOU was signed, these independent organizations had no formal unifying structure, which has resulted in missed opportunity for the continuity and cohesiveness of services.

Cook County Health has created an infrastructure that promotes ongoing collaboration, communication, planning and oversight across the juvenile justice behavioral health system of care. To this end, CCH created three primary committees/workgroups that have been participating in the design and planning of an enhanced juvenile justice system of care and are providing ongoing monitoring to ensure system goals are achieved and that innovation continues to be part of the new culture. Specifically, CCH launched: The Juvenile Justice Behavioral Health Clinical Steering Committee (11/30/18), the Behavioral Health Stakeholder Advisory Workgroup (4/19/19), and the Quality Assurance Workgroup (5/29/19).

One of the primary concerns noted by Chapin Hall was the lack of cohesive communication and coordination between system actors in Cook County. This has resulted in a disjointed system of care where redundant efforts have resulted in both inefficiency and confusion. On February 20, 2019, CCH presented a systems review of care coordination in Cook County's juvenile justice system to the JJBHCSC. CCH included an overview of the care coordination system being utilized by the CCH Integrated Care Department. The committee unanimously agreed that care coordination will be critical if improved outcomes for justice involved youth are to be realized. The core principle of integration is also consistent with the CCH mission to deliver integrated health services.

In early 2020, CCH launched the Juvenile Justice Care Coordination Program (JJCC), headed by a Manager of Juvenile Justice Care Coordination to provide both assessment and care planning services for justice involved youth, including those housed at the JTDC. Supported by Community Health Workers, the care coordination team has the ability to effectively connect youth to CCH based and other community behavioral health services. The following diagram represents the structure of the care coordination team:



Attachments: Introduction to the JJCC Team, JJCC Trifold

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

As an accredited facility with the NCCHC, the JTDC Behavioral Health program must comply with all NCCHC Juvenile Standards. Success of the program is measured by:

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The two primary goals of the JTDC Behavioral Health Strategic Plan are to increase the availability of behavioral health services to justice involved youth and to enhance those services already in place by introducing more evidence based practices (EBP). A core, guiding principle for this reform effort, EBP is also consistent with CCH's larger vision to provide high quality care to the residents of Cook County. Two areas for EBP enhancement that are being targeted specifically are trauma treatment and substance use treatment. On March 30th 2019, the Juvenile Justice Behavioral Health Steering Committee (JJBHCSC) reviewed results of a EBP systems review conducted by CCH. As a result, the committee discovered several opportunities for collaboration around EBP in the areas of substance abuse treatment and trauma treatment. Today, the JTDC has the following EPB in place:

- Power Source: Taking Charge of Your Life (emotional literacy based EBP)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Trauma Grief Component Therapy for Adolescents (TGCTA)
- Maryville Academy Substance Abuse Programming

Attachment: TGCTA Kick Off

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

The Juvenile Justice Behavioral Health Clinical Steering Committee (JJBHSC) is composed of designees from CCH, the OCJ, Juvenile Temporary Detention Center (JTDC), the Juvenile Probation Department (JPD) and the Cook County Juvenile Court Clinic (CCJCC) operated by Northwestern University. The initial charge of this committee is to oversee the development of the strategic plan to implement the vision for an evidence-based and responsive system of care (as outlined in the MOU). Both the Behavioral Health Stakeholder Advisory and Quality Assurance Workgroups report up to this oversight committee. As opportunities arise for collaboration, this committee will serve as a screening and decision-making body that will determine the roles in these initiatives. In addition, this committee provides a platform for cross-office communication and problem solving for internal issues that arise within the system of care. The JJBHSC is chaired by the Juvenile Justice Behavioral Health Director and convenes monthly.

The Behavioral Health Stakeholder Advisory Workgroup (SAW) is composed of leadership staff representatives from the OCJ, JTDC, CCJCC, community behavioral health providers, individuals representing youth and families with lived experience receiving services within the juvenile justice system, and care manager representation from organizations serving youth and families within Cook County. This workgroup provides a forum for stakeholders to provide feedback to the juvenile justice system regarding the success or challenges specific to the strategic changes to the system of care. In addition, the workgroup provides ongoing feedback on initiatives adopted by the Court and review outcomes. Select membership on the workgroup ensures the Court is apprised of collaborative opportunities for both state and local initiatives. Lastly, this workgroup has the opportunity to review outcome measures prioritized by the Quality Assurance Workgroup, assisting in holding the system of care accountable.

Facilitated by the Juvenile Justice Behavioral Health Director, **the Quality Assurance Workgroup (QAW)** is composed of representatives from the OCJ, JTDC, JPD, and the CCJCC. The primary charge of the QAW is to determine the quality measures to be collected by the system of care, inclusive of the juvenile justice system and specialty community behavioral health provider network and review these measures to ensure the system is achieving goals set out in the strategic plan.

Attachment: JJBHCSC Strategic Plan

#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 attached documents provide evidence of ongoing program evaluation and demonstrate our robust level of stakeholder partnership:

Attachments: Trauma Informed Juvenile Court Self-Assessment Materials

Attachments: Sample from Antiracist Benchmarking Subcommittee

Attachments: Charters for JJBHCSC, QAW, and SAW

Attachments: Sample CQI presentation

Attachments: Sample JJBHCSC, QAW, and SAW presentations

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

Program costs are budgeted for via CCH budget. The JJCC was awarded some grant funding via the OJJDP that will help to expand the program.

Attachment: OJJDP grant info

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

None

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

None

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

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