

**Cook County Government Behavioral Health Services 4th Quarter Report
September 2022 through November 2022**

Name of Department: Circuit Court of Cook County, Juvenile Probation Department

Contact Person: Dr. Kisha Roberts-Tabb

Contact Person Email: kisha.roberts@cookcountyil.gov

Data Contact Information: Tamar Stockley

Behavioral Health: Fee for Service Providers

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 Circuit Court's Juvenile Probation Department (JPD) supervises minors sentenced to probation by order of the court. Many of the department's client youth are referred to counseling by the judges at sentencing after social investigation interviews are conducted and social histories and the JRA (Juvenile Risk Assessment) are completed by probation officers. However, probation clients may also be referred to counseling directly by probation, if a need is identified after sentencing.

JPD's counseling services are provided through community-based vendors. Ideally, court orders are not needed to address behavioral health services due to the fact that the change process takes time and the readiness to address behavioral health concerns needs to be considered. At any point during the time the client is active with the department, referrals can be made to community-based programs. Both individual and family counseling are provided as follows:

- Community-based therapy through the Juvenile Justice Care Coordination program
- Community-based therapy through Infant Welfare for Spanish-speaking clients
- Community-based therapy through other providers such as CANEI.
- Community-based therapy through for private clinicians for problematic sexual behavior clients

The path choice depends on provider capacity, the child's home location, special needs, language and other considerations. The length of services generally is six-nine months during the probation supervision period.

For the quarter ending in November 2022, no children were receiving therapy through in-house probation officers due to the reorganization of the department. The therapists bid into other probation officer positions to support the reorganization. Several therapists have been assigned to the pre-trial services division, which works with

children while their cases are in the pre-trial phase providing specialized screening and assessments.

For the quarter ending in November 2022, there were 19 children in treatment with CANEI, 18 with Infant Welfare Society, and 2 with Youth Outreach Services. There were 2 case closures with CANEI and 1 case closure with Infant Welfare Society during this reporting period. There were 8 children in PSB treatment with private clinicians with 1 case closure during this reporting period. Current referrals do not reflect the actual need.

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

JPD's Probation Officers develop case plans for all probation clients. These plans are designed to meet the needs of the client and work in conjunction with community based programs to reduce recidivism, reduce risk domains identified in the risk assessment process and increase skills development.

In certain complex cases, the court requests a psychological examination by the on-site Juvenile Clinic. Those reports assist the court in making sentencing determinations.

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 behavioral health care providers used are licensed clinicians and psychologists who provide specialized services such as individual, family, or group counseling as well as MST, Problematic Sexual Behavior, and bilingual services.

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

Goals met for the clinical treatment plan, goals met for case plan and reduction in high risk JRA domains. Case plan objectives being met or revised and an increase in skills building. Number of sessions attended over the reporting period.

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

Community-based providers are required to prepare detailed plans and report on progress. They work hand-in-hand with assigned Officers. Cases are staffed in a roundtable setting to ensure treatments goals are being achieved or modified.

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.

Clients are active within the Juvenile Probation department and are able to be referred to community-based organizations.

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

Clients active with other stakeholders are often reviewed through a multidisciplinary conference to ensure all parties are aware of the goals. Clients' needs may differ depending on the stage of change as well as the current factors in their lives and connection to resources.

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

Clients are evaluated through the use of a risk assessment instrument to measure the risks of recidivism as well as a screening tool for clinical and treatment needs. Cases are staffed in a roundtable setting to ensure treatments goals are being achieved or modified.

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.

Multidisciplinary meetings are often convened regarding the needs of the client. An intradepartmental staffing may also occur if there is a new arrest, if there are consistent issues/concerns with the case, a potential for a violation of probation or a risk level increase.

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.

JPD assigns staff to review contractor billings and meets regularly with contract staff to discuss their services and review the progress of their cases. Probation officers also incorporate the results into their case plans.

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

Contract costs are borne by JPD's operating budget, in the amount of \$495,751 for 2022.

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.

The Court collaborated with the Board of Commissioners and Cook County Health to transfer the responsibility of mental health services at the JTDC from a private provider to Cook County Health. Since that time, the court, along with Juvenile Probation and the JTDC has worked closely with Cermak to plan an integrated system of behavioral health care at the Juvenile Court enterprise, centered on trauma-informed care. We continue to enjoy close collaboration with Cook County Health.

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

Clients may be referred to Cook County Health for medication management or a Psychiatric evaluation where needed.