



# Juvenile Justice Behavioral Health Stakeholder Advisory Workgroup

April 14, 2021



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# Welcome and Introductions

# SAW Objectives

- This workgroup will provide 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.
- The SAW will assist the Juvenile Justice Behavioral Health Steering Committee in developing aspects of the strategic plan.
- In addition, the workgroup will provide ongoing feedback on initiatives adopted by CCH and the Court and review outcomes.
- Select membership on the workgroup is intended to ensure the Court and CCH are apprised of collaborative opportunities for both state and local initiatives including training opportunities.
- Lastly this workgroup will have the opportunity to review outcome measures prioritized by the Quality Assurance Workgroup, assisting in holding the system of care accountable.

# Project Updates

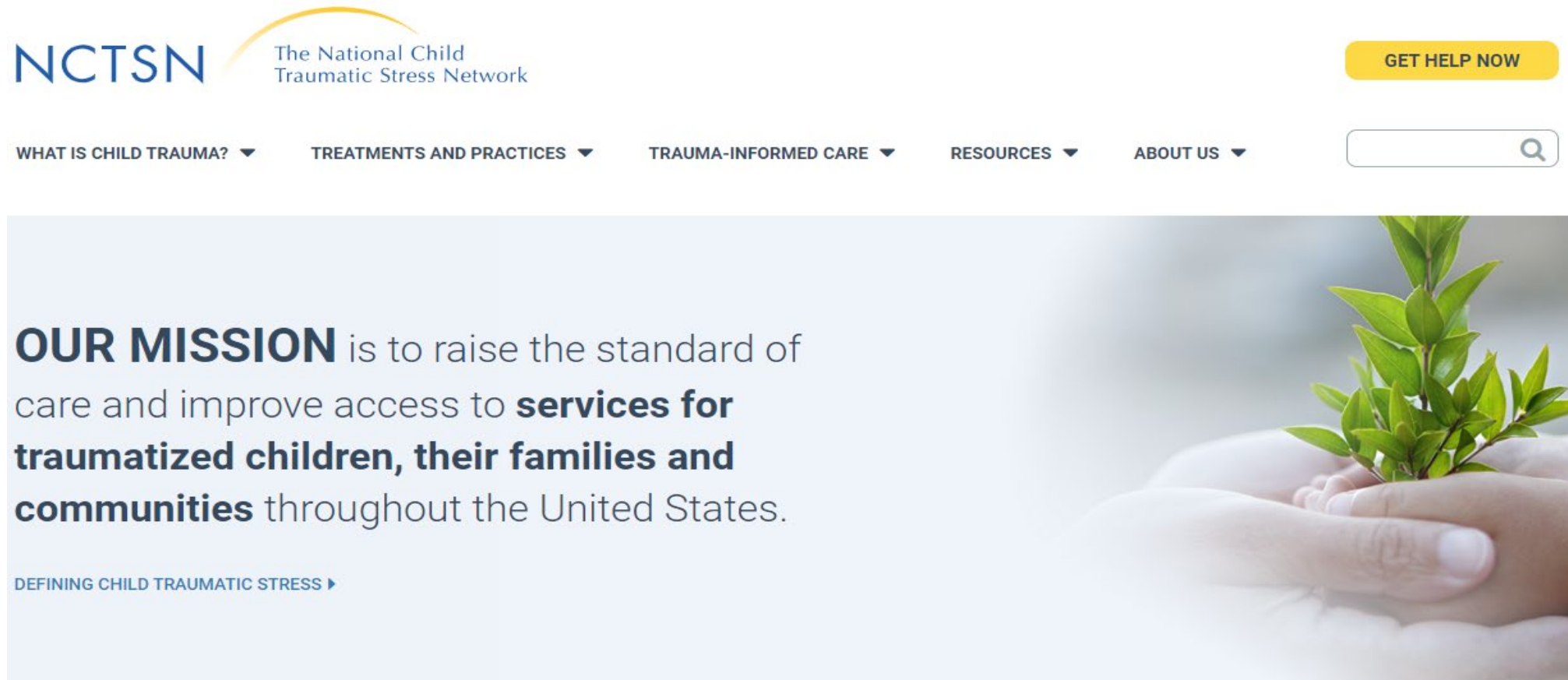


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# Project Updates

- CCH partnership with the National Child Traumatic Stress Network (NCTSN) / Child Trauma Assessment, Services and Interventions (CTASI) at Northwestern University

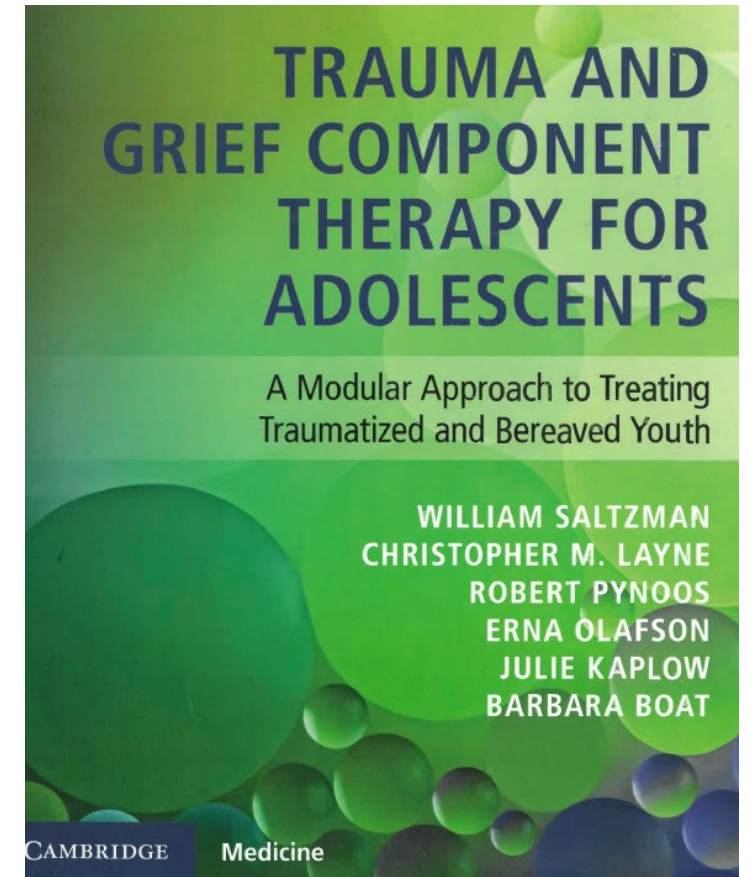


# Project Updates

- The NCTSN has offered CCH an opportunity to receive free training in TGCTA: Trauma and Grief Component Therapy for Adolescents

## TGCTA (focus areas 2 & 4)

- Training completed on 3/30!
- Implementation meeting took place on 4/6
  - Will begin individual use of TGCTA immediately
  - Will begin TGCTA groups in May
  - TGCTA Implementation Kick Off meeting scheduled for 4/27
- Considering efficacy measurement options



# Project Updates

- Trauma-Informed Juvenile Court Self-Assessment (TJCSA) (focus area 4)  
<https://www.nctsn.org/resources/trauma-informed-juvenile-court-self-assessment>



## TRAUMA-INFORMED JUVENILE COURT SELF-ASSESSMENT



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# Project Updates

- Trauma-Informed Juvenile Court Self-Assessment (TJCSA) (focus area 4)
  - Project initiated in 2020
  - Antiracist benchmarking committee met on 4/11
  - Revised timeline:
    - ✓ September 23<sup>rd</sup>: Essential element rankings due
    - ✓ October 14<sup>th</sup>: Self-assessment teams finalized and project kick off
    - ✓ January 27<sup>th</sup> End of **element 1** conducting and reviewing self-assessment period and sharing session
    - ✓ March 31<sup>st</sup> End of **element 3** conducting and reviewing self-assessment period and sharing session
    - May 26<sup>th</sup>: End of **element 4** conducting and reviewing self-assessment period and sharing session
    - July 21<sup>st</sup> End of final element (**your choice**) conducting and reviewing self-assessment period and sharing session
    - August Developing a plan for system improvement (Self-Assessment Strategic Planning Worksheet)
    - September and on Trauma-Informed Implementation





# Project Updates

- Maryville Academy SAMHSA grant proposal for the JTDC (focus area 2)
  - Maryville is applying for a SAMHSA grant to provide evidence-based substance abuse treatment programming at the JTDC
  - Maryville to begin providing substance abuse groups via zoom ASAP
- Training Programs (focus areas 2 & 3)
  - Director of Training position to be posted soon
  - Practicum candidates selected for 2022!
  - Social Work Internship began in 2020 and will continue for the 2021 academic year
  - Post-Doctoral Fellowship in Clinical Psychology now APPIC accredited
  - Pleased to announce that we selected Genoveva Soto and Oliver Johnston as 2021 fellows!!!

# Care Coordination



JJCC Updates since March 2020



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# Juvenile Justice Care Coordination

## JJCC Team at Cook County Health

This team works to effectively connect youth to CCH and community based behavioral health services in order to help youth and their families navigate the health care delivery system.

- The team takes referrals from various sources, including youth and family requests, probation, court, juvenile justice systems, law enforcement, and identified medical homes.
- Referrals include screening and assessment of youth in order to work towards effective coordination of services in the community to address identified needs, including social determinants (homelessness, food insecurity, transportation needs, etc.) of health.
- The goal of care coordination is to reduce barriers that interfere with the ability to interface with community-based providers using education and supportive services and linking referred youth to behavioral health and other community based programs (mentoring, vocational programs).
- This team works to enroll families of justice involved youth in Medicaid, as needed, and meet with youth and families in the community, in their homes, and at identified provider locations to best aid in successful utilization of the health system.

# A Day In The Life.

## Following a case through JJCC

After screening and assessment...

- Families are supported through case calls on a regular basis (weekly/every other week, depending on need)
- Strengths and needs are considered, and goals are set, meeting the family where they're at and focusing use of strengths, in order to develop a care plan for the youth
- The team assists families in connecting with recommended and identified services, supports, and resources
- All involved parties are invited to collaborate via Individual Care Team meetings with the family, which often includes the referring source and community providers

**Cases are followed for a minimum of 90 days, with options for extension if needed**



# JJCC Case Outcomes

## When is a case closed?

- Goals achieved (graduated)
- Opt out of services
- Decline enrollment
- Move out of county, pass away
- Unable to reach (3 consecutive missed, scheduled appointments)
- Demonstrate poor engagement/follow through with JJCC and/or community providers (6 total missed scheduled appointments with JJCC, refusal to follow up with services, etc.)
- Become unavailable for an extended period exceeding 90 days (IDJJ, CCDOC, IDOC, residential placement, etc.)

Youth can be referred for additional support in the future, regardless of discharge outcomes

# JJCC Team Updates

## Hiring, Work Status, and Other Updates

The JJCC Team has been working to build a base of community providers and agencies for referrals, including:

- Adolescent & Young Adult Clinic (CCH)
- Chicago Counseling Centers of Chicago
- Chicago Behavioral Hospital
- Heartland Alliance Health
- Youth Guidance
- Girls in the Game
- CTS Health
- GRO Community
- UCAN
- Infant Welfare Society
- Ingalls Memorial
- CHAMPS
- Big Brothers, Big Sisters
- BUILD, Inc.
- Kenneth Young Center
- National Youth Advocate Program
- Family Matters
- TCA Health
- Pilsen Wellness Center
- The Family Institute
- Hamdard
- Alternatives, Inc.
- Friend Health
- Lutheran Social Services of IL
- Youth & Opportunities United
- Youth Outreach Services
- SGA Youth
- Trilogy
- Bobby E Wright

If you'd like to recommend any other agencies or make any introductions  
please feel free to share!

# Pilot Updates

## Lessons learned and new pathways following pilot

- Initial model was piloted between 6/22/2020 and 12/22/2020
- Some challenges maintaining steady engagement with families
  - Support and collaboration with probation officers and other justice partners has been a big help
  - Utilizing team approach to stay up to date about family needs
  - Engaging referral sources to explore possible barriers when contact lapses
  - Keeping an open-door policy for families to be re-referred
  - Lowered number of assessment tools being administered ahead of starting case management and connections to services
- Needed adjustments were identified and implemented

# Pilot Updates

6/22/2020 through 12/22/2020

Following check in at halfway point, some adjustments will be made to the JJCC process:

- Working to provide a higher level of care to clients and streamline the process
- Hoping to help improve engagement, speed of connection to services, available family support



- All cases will be followed for 90 days, with regular case calls, and monthly staffing following connection to services
- Cases are extended for additional windows (30, 45, or 90 days) as indicated and interested

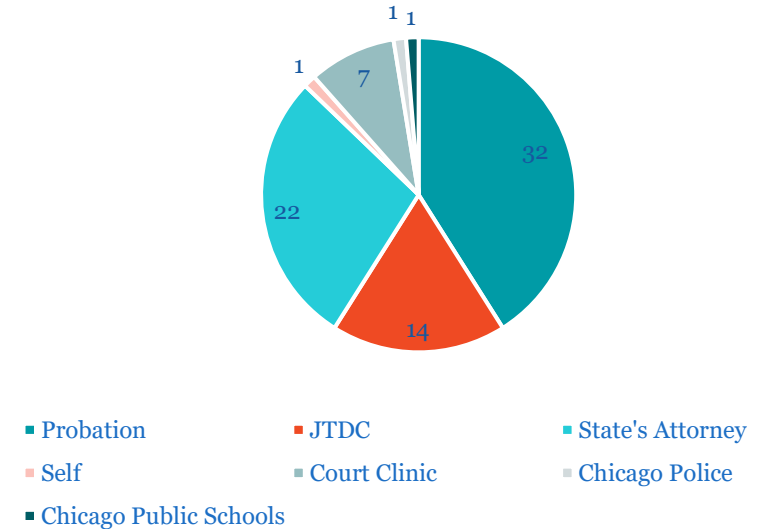


# JJCC Number as of Today

## Total Closed Cases (June 2020 through Today)

- 78 total cases closed, with referrals coming from a variety of sources:
  - 32 probation referrals
  - 22 deferred prosecution referrals
    - 1 case referred outside of deferred prosecution
  - 14 referral from Cermak MH at JTDC
- As JJCC staff vacancies are filled we plan to increase supports to detained youth identified as MHFU
- Hoping to see the rate discharge due to poor engagement decline following adjustments after pilot
- Deferred prosecution has markedly higher rates of graduation (15 of 21 closed cases)

Referral Sources



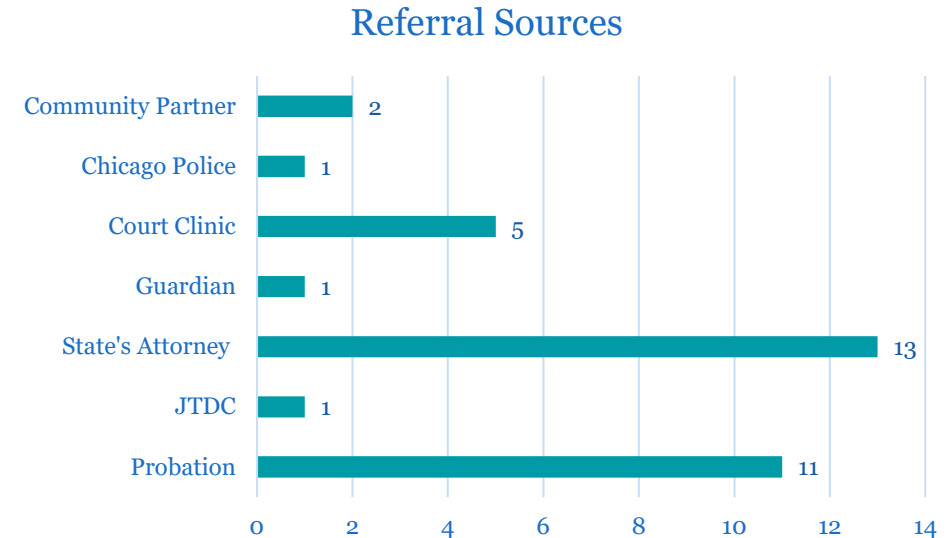
Case Outcomes



# JJCC Number as of Today

## Active Cases

- 34 active cases currently
- Current waitlist for general referrals, largely due to staffing limitations
- Aim to have all wait list cases assigned within 30 days, whenever possible
- Seeing variety of referral sources grow as the program grows (CIT CPD officers, Equip for Equality, guardian)



# Juvenile Justice Mental Health Collaborative



OJJDP JMHC Grant



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# OJJDP JMHC Grant

## Program Description



The Juvenile Justice and Mental Health Collaboration Program (JJMHCP) supports cross-system collaboration to improve responses and outcomes for youth with mental illness (MI) or co-occurring MI and substance abuse (CMISA) who come into contact with the juvenile justice system. This program supports public safety efforts through partnerships with juvenile justice, mental health and substance abuse agencies to enhance responses to justice-involved youth with MI and CMISA.

The JJMHCP supports proposals to develop and implement a cross-system collaborative approach to improve responses and outcomes for youth with MI and CMISA who come into contact with the juvenile justice system.



# OJJDP JJMHC Grant

## Grant Submission

- Cook County Health's Office of Programmatic Services and Innovation successfully submitted our proposal on 5/4/2020
- Thanks to you we were able to include letters of support from:
  - Judge Toomin
  - Public Defender's Office
  - States Attorney's Office
  - Juvenile Probation
  - CCH's Behavioral Health Consortium
- Grant was awarded in October 2020 (\$622,888 over 36 months)
- Juandalynn Johnson, Grants Program Manager, is working with our team, alongside TA support through the Council of State Governments

Another **BIG** thank you to all the stakeholders for letters of support and working alongside the JJCC team!!!

# OJJDP JJMHC Grant

## Next Steps..

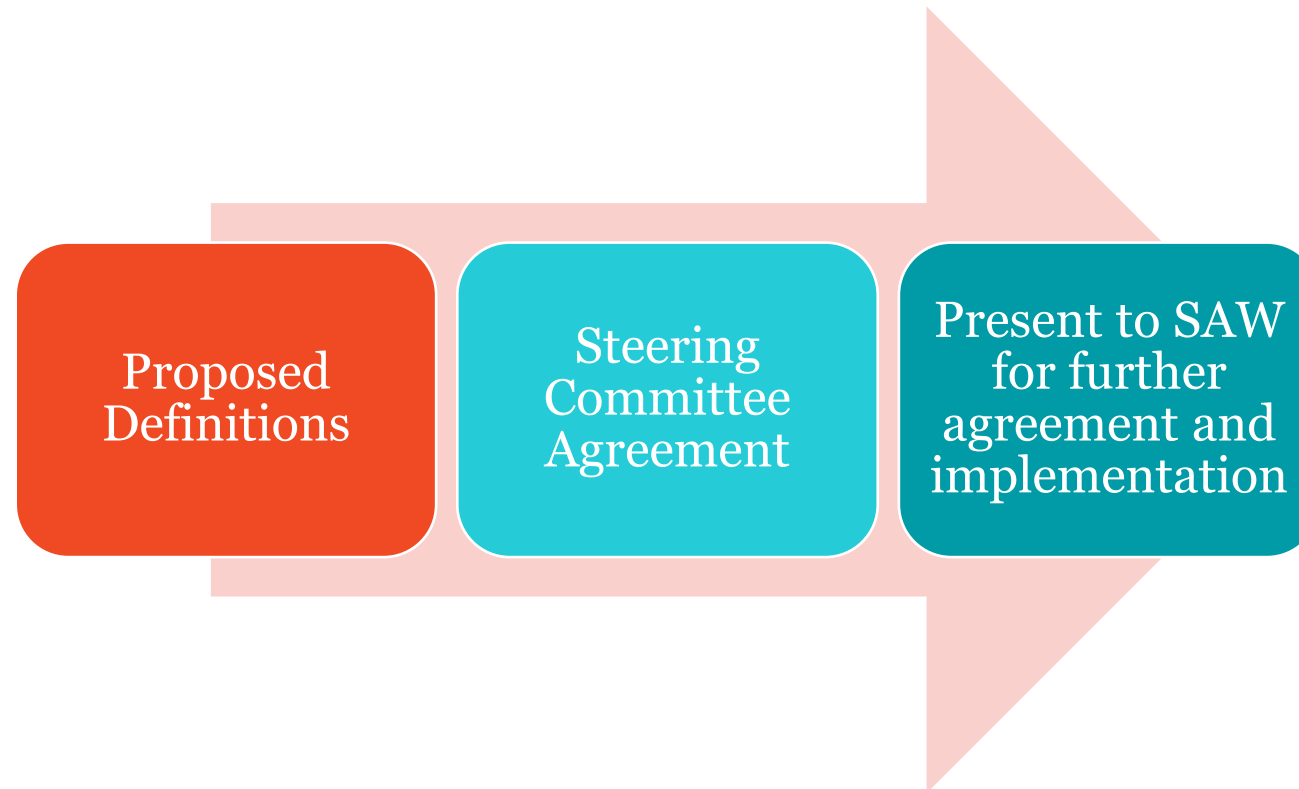
- Budget was approved as of 1/22/2021 with access to \$50,000 of planning funds
- Current areas of focus:
  - Identification of court rooms for the program
  - Working towards data sharing to allow for adequate data collection out outcome measurement
  - Request to Hire for grant funded positions, based on updated job description
  - Identification of training opportunities for stakeholders across the justice system



# OJJDP JJMHC Grant

## Shared Definitions

As a part of the grant stakeholders have been asked to develop, distribute, and reinforce use of shared definitions related **mental illness** (MI) and **co-occurring mental health and substance use disorders** (CMISA).



# Proposed Shared Definition

## Mental Illness (MI)

- Mental illness is when a person has significant changes in thinking, mood, or actions.
- These illnesses deeply effect day-to-day living and may also change how people get along with others.
- Research suggests that many things can cause mental illness including trauma, biology, environment and lifestyle.

# Proposed Definition

## Substance Use Disorder (SUD)

- Substance use disorders happen when a person uses alcohol, drugs or medications so much that it causes problems in their life.
- These problems can include:
  - Health problems
  - Difficulty taking care of responsibilities
  - Trouble getting along with family and friends
  - School or work problems
  - Legal problems

# Proposed Definition

## Co-occurring Mental Illness and Substance Use (CMISA)

- When someone has both mental illness and a substance use disorder, we call it a co-occurring disorder.
- Mental health and substance use disorders happen to people from all walks of life and all age groups.
- These illnesses are common, but they are treatable and many people do recover.



# Data Sharing



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# Data Sharing

## Information Sharing Tool Kit

*Improving outcomes for youth in the juvenile justice system through responsible information sharing*

Welcome to the Models for Change Information Sharing Tool Kit! This interactive website comprises the entire Tool Kit. Click on "About" for a description of the Tool Kit's content. Select the "Framework" tab and choose from three different information categories that best fit your needs. You can download materials, such as an overview of federal laws, within each category. Each category also includes interactive exercises to help strengthen your ability to engage in responsible information sharing. **Note that the Information Sharing Tool Kit is not available in hard copy.**



## How to Use the *Models for Change Information Sharing Tool Kit – Second Edition*

The *Models for Change Information Sharing Tool Kit – 2d Edition* is organized according to a three-category Information Sharing Framework:

- **Category One: Information Sharing for Purposes of Individual Case Planning and Decision-making**
- **Category Two: Data Collection and Sharing for Law, Policy, and Program Development**
- **Category Three: Data Collection and Sharing for Performance Measurement and Program Evaluation**

Before delving into a project, it is critical for stakeholders to first determine which category or categories of information sharing they wish to address through an initiative, as unique issues and challenges pertain to each category. Consult the **Information Sharing Framework** to determine what type of information or data sharing your jurisdiction is undertaking. Once you've ascertained the appropriate category, go to the "mini" Tool Kit for that category. Each "mini" Tool Kit contains the following elements which are specific to that category of information sharing:

# Data Sharing



## Developing a Juvenile Justice Information Sharing Agreement: Process and Pitfalls

John S. Ryals, Jr.

Jefferson Parish  
Children & Youth Planning  
Board



Revised 3/25/2013



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# Data Sharing

- Who has the information?
- Who wants the information?
- What specific information does the requester want?
- What does the requester want to do with the information?
- Which laws pertain?
- What does the law permit?

# Data Sharing



- Who wants the information

- CCH Behavioral Health
  - JTDC
  - Juvenile Justice Care Coordination Program

- Lurie's Children's Hospital (Leslie and Chris)

- Strengthening Chicago's Youth (SCY) / TASC
- InCK/All Hands Health Network (AHHN)

Desire for streamlined process of requesting de-identified data to evaluate our particular program  
program participant de-identified data on re-referrals to court at regular intervals (annually at a minimum)  
control group data (de-identified)  
prior year to the start of our JJC program (2016)  
neighboring police district data (outside of service area) for all other subsequent years

- Lawndale Christian Legal Clinic
- Juvenile Court Clinic Northwestern University
- Chapin Hall at The University of Chicago (Gretchen and Nick)
  - Deferred Prosecution Project
  - Data Collaborative at Chapin Hall
- Others?



# Next Steps

# Next Steps



- 1) Please consider joining Cook County Juvenile Justice Data Sharing Workgroup
- 2) Please provide any information related to your agencies capacity to provide data that can assist in measuring youth outcomes
- 3) Please continue to provide information regarding collaboration opportunities



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Thank you. 



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