

Illinois Mental Health Opportunities for Youth Diversion Task Force Meeting Minutes  
08/28/2017

Attendees: Stephanie Altman, Brandy Brixy, Brian Conant, Andrea Durbin, Amber Kirchhoff, Rebecca Levin, Candy Malina, Jen McGowan-Tomke, Wendy Nussbaum, Kevin Olickal, Bill Pieroth, Quinn Rallins, Jennifer Rosenkranz, Margaret Stapleton, and Tony Smith.

On Webinar: Rob Vickery, Patrick Gardner (California) and Judge Nan Waller (Oregon).

Introductions and Approval of Minutes

- I. Jen McGowan led the introductions of all attendees. a. Minutes from July 24: Motion by Andrea Durbin, second by Brian Conant, unanimously approved.
  - a. Agenda
    - i. Provide Additional Information about Diversion Models seen as the best practices on a national level
      1. Judge Nan Waller
      2. Patrick Gardner
    - ii. Allow for Discussion and Questions related to national models
    - iii. Debrief on activities to this point
    - iv. Kick of action teams
- II. National Perspectives
  - a. Patrick Gardner, President of Young Minds Advocacy Project
    - i. Background:
      1. Expert in children's mental health law and policy.
      2. Former Deputy Director of National Center for Youth Law, where he oversaw NCYL's work to develop and improve juvenile mental health courts.
      3. Served as co-counsel in class action lawsuits to improve access to mental health care for Medicaid eligible youth in Arizona, California, and Washington.
      4. Last year, Patrick received the California Mental Health Advocates for Children and Youth's "Advocate of the Year" award.
    - ii. Model 1. Case management approach to well-known problem. This program was found based on a study from Cook County juveniles who were justice involved, which found that 2/3 of juveniles had diagnosable mental health conditions.
      1. Post-adjudication courts
      2. Sometimes problematic, but is effective at getting juveniles out of justice system and keep them out.
    - iii. Model involved District attorney, Probation, court, and a liaison who was a mental health professional (and previously Youth and Family Services)
    - iv. Added a civil advocacy perspective, which provided a mental health or legal liaison to help youths apply for public benefits and other civil legal services
      1. Added benefits – changed dynamic of the court, where traditionally, everyone is against public defenders, to a broader team to help juveniles
      2. Built around organic brain disorders as eligible criteria — and not just traditional mental health disorders like bi-polar, schizophrenia.
      3. The ability of the service sector to deliver care is also key
      4. Very high link between poverty, mental health issues, and justice-involvement
      5. 95% of children in the court were eligible for social services – 185% of FPL or below
      6. Also their justice-involvement had a causal relationship with their mental health issues

- v. Premises: divert youth from JJ system, connect youth with social support, including family involvement
- vi. Goals: adequate mental health services based on appropriate assessment, meet with the family and develop a plan to address family and individual issues
- vii. Most mental health court models: there is a structural challenge – resources tend to flow from mental health court. Problem with this: children with serious mental health challenges are not successful in the juvenile justice system. Standard probation orders issued by court are uniformly inapplicable to children with serious mental health needs (curfew, location restrictions, etc.) a. The model used in Alameda County changes this, providing services that stem out of community, not juvenile justice system.
- viii. Conducted an evaluation study to see how well youth were connected to services, however tracking youth who left the system is very difficult a. Difficulty was tracking youth, resulting in a small # of counted youth
  - 1. 23 were tracked 12 months after court involvement, held for more than 2000 days, and after program, stay was down to 800 days.
  - 2. Total detentions went down from 74 one year before program started to 47 during study period during the court process to 17 one year after the program
  - 3. Probation violations held relatively constant
- ix. Questions:
  - 1. Has there been any effort to change model from post-adjudication to pre-adjudication?
    - a. Through surveys done around the country 5-6 years ago, there were a limited number of pre-adjudication courts
      - i. Challenges of pre-adjudication
    - b. If services need to last a long time, it is difficult to provide them pre-adjudication
  - 2. Do not want to extend JJ involvement by opening up a court to pre-adjudication services where youth need to stay 8 months to a year.
  - 3. Were some children receiving mental health services prior to entering programs? a. Many were known to mental health system, which doesn't mean they were retrieving adequate services
  - 4. How is funding addressed?
    - a. Several different ways different courts addressed this question
    - b. Most successful when each agency used their own resources to deliver services
      - i. Court had some money, probation used regular POs, legal aid used their resources (95% of children in the court were eligible for their services), mental health liaison is more challenging
      - ii. Liaison did not initially have a funding source, but were funded through moving dollars around.
    - c. Each agency felt it was important enough to devote resources is the most effective
    - d. Offender crime reduction funding
    - e. In CA, the administrative office of the courts can earmark money for "alternative courts"
    - f. Universities were also involved in mental health training voluntarily
    - g. At some point, Child and Family services felt it was no longer in their interest, so they pulled their funding, which is the risk. Buy in from all stakeholders is required
  - 5. How did you address workforce issues? Connecting youth to clinical youth services in the community? a. An individual mental health professional was

involved on his own, however they were not able to provide services. They acted as a consultant to case managers to explain what and how to find resources

- a. Class-action suits forced state to provide funding and services required by the law (Medicaid)
  - b. A good mental health court that doesn't have access to quality services won't be successful
  - c. Children have constitutional right to quality care, administratively or otherwise this issue can be resolved
6. How do you identify youth for this court program?
    - a. Any partner could make a referral to the court. Depending on circumstances, it could come public defender, most referrals come from public defender and district attorney
  7. Was there discussion of a deferred prosecution court instead of post-adjudication?
    - a. CA went through a disappointing period of time where incarceration eventually a cutback of using that method. Deferred prosecution was also limited by state statute.
  8. How were special education services, particularly AB63632, used?
    - a. Youth are entitled to a number of services like mental health services and public education
    - b. In CA – a good relationship between mental health and child services resulted in a good system
    - c. School districts are now the primary service provider, due to administrative changes
    - d. Collaborative coalition members need to be involved in IEP and other planning
- b. Judge Nan Waller
- i. Background
    1. Presiding judge in Oregon's largest court system – Multnomah County
      - a. Started in juvenile courts about 20 years ago
  - ii. Task Force
    1. Task Force came about after judges attended a national forum. It was suspected that there was no system in place to provide for youth mental health needs within the juvenile justice system.
    2. Many stake holders were brought together for over a year and came up with recommendations.
    3. Since the end of the task force, stake holders have been implementing certain recommendations, however some are not yet possible because of funding and budget issues in the state
    4. Attempted to break down silos of different types of services - to connect mental health services with family services to juvenile justice
    5. Information sharing is always an issue – info is gathered but not passed on.
  - iii. Information sharing guide
    1. Legislation was passed in the state (SB397 - passed this year) – directs department of human services to build a work group to find a confidentiality release form to share information between organizations and state agencies
    2. This is in the process of being completed
  - iv. No universal screening upon admission to detention
    1. There are cost/barriers to all recommendation
    2. Detention officials have agreed to provide universal screenings, however this has yet to be implemented
    3. Children's cabinet may also be formed, pending funding, to close gaps like mental health screenings

- v. Need for additional residential placements
  - 1. There are not sufficient placements for youth with severe needs
  - 2. This will require funding, which is not yet available
  - 3. Commissioned a study to find what services are needed and where they are needed
    - a. SB944 requires Oregon health authority to collaborate with an Oregon non-profit to run hotline to help identify placement needs
    - b. Youth are/were being held in hotels with case workers which shows the great need
  - 4. Evidence-based models – survey of Directors of departments
    - a. 65% of directors were using evidence-based models
    - b. Oregon has a law requiring evidence-based practice
  - 5. Funding
    - a. The courts are county funded as opposed to child welfare, which is state funded
    - b. There are many different programs on both JJ side and welfare side that are funded at different county/state/local levels
  - 6. There could and should be more coordination between different stakeholders that would provide better, more culturally appropriate services
  - 7. There is a lack of consistent evaluation for programs to ensure outcomes
- vi. Questions:
  - 1. Does Oregon have a Medicaid lawsuit in effect?
    - a. No
  - 2. Is there staffing for juvenile programs?
    - a. This is what makes the program work so well
    - b. Qualified and driven individuals can make the difference to implement recommendations
    - c. Many recommendations would be implemented if staffing were at proper levels, which comes out of the budget issues
  - 3. What is the Oregon Health Authority Mapping project?
    - a. Results are not available at this time
    - b. Effort to map needs by community
  - 4. How did the Task Force rollout recommendations?
    - a. Presented to governor and chief justice
    - b. Then sent it out to all partners involved who disseminated
    - c. Media are also lightly involved, they sometimes attend meetings
  - 5. What other states have you looked at?
    - a. Arizona and Washington have information sharing agreements with Oregon which has benefitted the process
    - b. Debrief from presentations

### III. Debrief from presentations

- a. What has caught your attention?
  - i. There are evidence-based approaches that exist
  - ii. Policy based approach is required for capacity and to fund initiatives
  - iii. Partners across systems need to come together
    - 1. Everything is siloed, reducing impact and capacity of resources
  - iv. Other systems are talking about breaking down silos
  - v. Buy-in from all stakeholders
    - 1. The hardest part is to get real commitment from each agency, and training these individuals
  - vi. A new specialty court needs to start in an existing court (by a specific judge)

- 1. Staffing new courts is key, which ties into funding
      - 2. The right judge in an existing call would be best
    - vii. Recognizing the complexities of a large state with different systems in each county
    - viii. Information and data sharing that have been brought up by multiple models
      - 1. How is information shared?
      - 2. Agreements need to be trusted by all parties to be effective
    - ix. Should review opportunities stemming from Obama data driven health & justice initiative
    - x. Trauma training is needed
  - b. Commonalities and barriers of models
    - i. They have specialty courts and dedicated judges, which is not commonplace in Illinois
    - ii. Funding is always an issue, and is necessary for all models
      - 1. EPSDT suit has enforcement aspect that can be used to force funding/leverage
    - iii. Interest by leadership is key
    - iv. The needs of young people and young people with mental health issues are often ignored
  - c. Questions:
    - i. What screenings are used by detention centers?
    - ii. How can Medical-Legal partnerships play a role?
- IV. Review and discussion around Measures of Success
  - a. Is there anything we have heard in our discussions that should change anything in the Task Force's Measures of Success – adding, subtracting, amending?
    - i. Nothing now – always open to future suggestions
- V. Action Teams
  - a. Action teams based on the Sequential Intercept Model
    - i. Community Diversion (Intercept 0): Co-Chaired by Rebecca Levin and Sen. Donne Trotter
    - ii. Law Enforcement and Initial Detention Diversion (Intercepts 1-2): Brandy Brixy and Rep. Conroy
    - iii. Courts & Re-entry Diversion (Intercepts 3-5): Rob Vickery and Brian Conant
    - iv. Email Jen or Quinn to be connected to the action teams
    - v. October
- VI. Next full Task Force meeting
  - a. November 6, 2017
  - b. Action Team meetings will meet in September and