

## **Mental Health Opportunities Youth Diversion Task Force**

### **Meeting Minutes**

June 12, 2017

10AM-12PM

Cathedral Counseling Center

50 East Washington, Suite 301, Chicago, IL 60602

#### **ATTENDANCE**

In-Person Attendees: Quinn Rallins, Jen McGowan, Tony Smith, Brian Van Vickle, Kevin Olickal, Rebecca Levin, Sharon Coleman, Karen Pierce, Andrea Durbin, Rob Vickery, Brian Conant, Brandy Brixy, Rachel Reichlin, Candy Malina, Vanessa Westley, Amber Kirchoff, Nicole Joseph

Members of the Public: Derrick Evans

Conference Call Attendees: Rep. Sara Feigenholtz, Jennifer Woolridge, Debbie Humphrey

#### **Welcome, Purpose, and Introductions**

Jen McGowan opened the meeting and explained the agenda of the meeting, which included short introductions of everyone present, a quick recap of the May 8, 2017 meeting of the Task Force, an overview of some of the data that has already been collected presented by Quinn Rallins, and small group discussions.

The presentation by Quinn Rallins focused on an analysis of potential diversion points, known as the sequential intercept model. For the group discussion, attendees separated into groups which corresponded to the area of their own work.

The meeting minutes from the May 8 meeting were not approved today, but will be voted on at the July 24 meeting.

#### **Review of May 8 Meeting**

In the review of the Task Force's first meeting, Jen McGowan reviewed the Measures of Success, which was developed at the meeting. The Measures can be found in the PowerPoint slides from the June 12<sup>th</sup> meeting, on the Task Force website page, or on the May 8 meeting minutes. The Task Force Charge, which is laid out in the statute, was also reviewed.

A summary of proposed changes to the measures of success is as follows:

- Should include reference to how family units impact youth and mental health
- Adolescent development and social/emotional learning should be included as a focus
- Include judicial representation in decision making
- Reference strengthening the safety net
- Reference opportunity for these recommendations to inform other processes and breaking down silos

## Data Review

Quinn Rallins led the group in a presentation where we reviewed points along the Sequential Intercept Model, reviewed data at each intercept point, highlighted sample interventions, and hearing additional thoughts from stakeholders working at each intercept point.

## Breakout Discussion

Three breakout discussion groups were formed based on the intercept points where they personally work. Since there wasn't enough time, the groups were not able to come back together to share what was discussed. However, the groups were instructed to write down key points that were discussed and hand the notes in to Quinn and Jen who will review them. The discussion of the topic will continue at the next meeting.

The Questions discussed were:

- Who else is implementing the best interventions at your intercept(s)?
- What are the challenges of best practices already identified?

Intercept 0: Andrea Durbin, Amber Kirchoff, Kevin Olickal, Derrick Evans

- CCBYS is a model at Intercept 0 that can be built on and replicated
- Need to understand the difference between medical model of crisis response and community model of crisis response
- Mobile Crisis Response System is being worked on by HFS to be integrated with CCBYS
- Communities should utilize a model of intervention where they identify the biggest needs for how youth intersect with the juvenile justice system, develop interventions around those specific issues, and those interventions should be funded as a result of the planning process

Intercept 1-2: Brandy Brixy, Brian Van Vickle, Candy Malina, Rebecca Levin

- Ogle County model is implementing best interventions
- Challenges include:
  - Funding for program development and sustainability
  - Time it takes to develop relationships and trust
  - Clearinghouse for information on youth
  - Tension between addressing legal needs and mental health needs

Intercepts 3-5: Brian Conant, Rob Vickery, Sharon Coleman

- TASC's focus is much more on adults than youth (although they have some contact with IYC-Chicago)
- MHJJ was supposed to initially surround juvenile detention centers
- Although Cook County trains probation officers and many of them [P.O.'s] are clinicians, other counties typically have 1-2 probation officers who are have a good skill set in mental health

- JTDC only allows 30 days for meds for youth once they leave the facility; IDJJJ allows 14 days of meds but can extend to nearly a month in some cases
  - Rationale: unsafe to provide more meds than that.
- Medicaid is suspending for youth while they're in DJJJ or JTDC. This creates difficulties because most of the interfacing with the court isn't Medicaid billable.
- Mental Health Courts- outside of Cook County, it seems difficult to have enough youth to support that program; a case-by-case basis might be better than a specialized court.
- After care program need places where they can select the most efficient providers (helpful in places like Peoria which are rich in providers)

### **Public Comments**

Derrick Evans: There is concern about the isolation of the community and individuals. The causes of isolation require different support and should include expanding the circle of agencies and individuals available for collaboration. There needs to be attitudinal shift to address these issues.