Hon. Timothy C. Evans
Chief Judge, Circuit Court of Cook County
2600 Richard J. Daley Center
Chicago, IL 60602

March 10, 2017

Dear Judge Evans,

Attached please find the annual report of services provided by the Cook County Juvenile Court Clinic (CCJCC) to the Juvenile Justice and Child Protection Divisions from January 1 through December 31, 2016. I am pleased to send this report to you on behalf of the CCJCC staff and our administrative team, in my first year as the Clinic’s Director.

Under the management of Northwestern University since 2003, CCJCC has earned and maintained a reputation for providing timely, accurate, and legally relevant information that assists Juvenile Court judges in the most difficult cases. Judges and courtroom personnel in both the Juvenile Justice and Child Protection Divisions rely on CCJCC’s services. The continued demands for our consultation and comprehensive forensic evaluations are a testament to the high quality of our work and the trusting relationships we have established with juvenile court professionals.

In 2016, the CCJCC completed a reorganization of its administrative structure, placing two forensically-trained psychologists and Northwestern University faculty in key leadership positions: Clinic Director and Associate Director. Amidst this transition, the CCJCC met the demands of increased referrals from both the Child Protection and Juvenile Justice Divisions. We also continued to develop our education, training, program evaluation, and research initiatives in order to remain responsive to the needs of juvenile court constituents and enhance our work product. Highlights of CCJCC’s accomplishments during 2016 include:

- Increased services to the Child Protection Division: court-ordered referrals to CCJCC up 19% from 2015 and court-ordered forensic evaluations up 27%.
- Increased services to the Juvenile Justice Division: court-ordered referrals to CCJCC up 9%; consultation to juvenile justice judges and court personnel regarding clinical issues up 10%; and court-ordered forensic evaluations up 11%.
- Improved turnaround time for Ground P evaluations to the Child Protection Division, from an average of 19.1 weeks in 2015 to 15.3 weeks in 2016.
- Improved or maintained turnaround time for evaluations to the Juvenile Justice Division, including a decrease from 6.5 weeks in 2015 to 5.8 weeks in 2016 for fitness to stand trial evaluations and a stable average of 6.2 weeks in 2015 to 6.1 weeks in 2016 for all other juvenile justice evaluations.
- Clinical rotation for two licensed psychiatrists in the forensic psychiatry post-doctoral fellowship program at the Department of Psychiatry and Behavioral Sciences, Feinberg School of Medicine, Northwestern University.
- Continued collaboration and communication with mental health staff in the Juvenile Temporary Detention Center and in the Juvenile Probation and Court Services Department. The CCJCC helped facilitate bimonthly

ENSURING THE JUVENILE COURT’S TIMELY ACCESS TO RELEVANT, ACCURATE, AND CULTURALLY-SENSITIVE CLINICAL INFORMATION THAT PROMOTES THE BEST POSSIBLE OUTCOMES FOR CHILDREN, FAMILIES, AND COMMUNITIES
collaborative meetings and co-sponsored several trainings in 2016 for mental health staff in the juvenile court building.

- Consultation with and dissemination of information to juvenile court and forensic mental health professionals across the country: The CCJCC hosted two site visits and consulted with at least two other jurisdictions concerning its model; and the CCJCC developed a qualitative review of Child Protection evaluation tools that was accepted for presentation at an upcoming national conference.

Through the long-standing relationship between Cook County and Northwestern University, the CCJCC has created an effective forensic clinic model and become a national leader in juvenile forensic mental health evaluations and courtroom consultation. In the coming years, we look forward to continuing this important work and achieving an even greater clinical services system for the Child Protection and Juvenile Justice Divisions.

Thank you for your continued confidence and support of the CCJCC.

Respectfully,

[Signature]

Philip C. O’Donnell, M.J., Ph.D.
Director, Cook County Juvenile Court Clinic

Enclosure:  Cook County Juvenile Court Clinic Annual Report: Services to the Juvenile Justice and Child Protection Divisions, January 1 through December 31, 2016.

CC:  Hon. Michael P. Toomin, Presiding Judge Juvenile Justice Division
     Hon. Patricia M. Martin, Presiding Judge Child Protection Division

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James Anderson, Executive Financial Officer, Office of the Chief Judge
Maryam Ahmad, Chief, Office of the State’s Attorney
Dr. Beverly Butler, Special Assistant to the Chief Judge
Dr. Brian Conant, Director of Mental Health Programs, The Isaac Ray Center at CCJ/TDC
Dr. John G. Csernansky, Chair, Northwestern University Department of Psychiatry and Behavioral Sciences, Feinberg School of Medicine
Avik Das, Acting Director, Department of Juvenile Probation
Dr. Stephen H. Dinwiddie, Division of Forensic Psychiatry, Northwestern University Department of Psychiatry and Behavioral Sciences, Feinberg School of Medicine
Leonard Dixon, Superintendent, Cook County Juvenile Temporary Detention Center
Amanda Halawa, Deputy Chief Probation Officer, Clinical Assessment and Support Division
Robert Harris, Director, Office of the Public Guardian
Laura Kelly, Interim Human Resources Administrator, Office of the Chief Judge
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Cook County Juvenile Court Clinic Annual Report
Services to the Juvenile Justice and Child Protection Divisions
January 1, 2016 through December 31, 2016

MISSION
The mission of the Cook County Juvenile Court Clinic is to ensure that the Juvenile Court has timely access to relevant, accurate, and culturally sensitive clinical information that promotes the best possible outcomes for children, families, and communities.

The Office of the Chief Judge established the Cook County Juvenile Court Clinic (CCJCC) in June 2003 to replace the Department of Clinical Services, Juvenile Division. The new court-based forensic clinic resulted from a comprehensive research and reform project aimed at improving access to and use of forensically relevant clinical, i.e., mental health, information by judges and other personnel in the Juvenile Justice and Child Protection Department of Cook County Circuit Court (“Juvenile Court”). The project concluded that the then-existing system failed to meet the Juvenile Court’s needs, issued recommendations for reform, and proposed a new model for the court clinic. CCJCC’s structure, methods, and operation for achieving our mission are based on those recommendations and model.

FUNDING SOURCES AND ANNUAL COSTS
The funding and staff structure of CCJCC is a unique combination of contracted services and County staff positions. From its inception, CCJCC has been operated and managed by Northwestern University under a contract with Cook County, administered through the Juvenile Probation and Court Services Department (“Juvenile Probation”). The County positions for six psychologists (County Grade 22) and one clerical staff were line items in the budget for Forensic Clinical Services. When the CCJCC was established in 2003, these unionized positions were transferred to Juvenile Probation’s budget to be used in the CCJCC.

CCJCC also has received substantial funding through awards from the John D. and Catherine T. MacArthur Foundation to Northwestern. Most notably, this funding allowed for the development and implementation of CCJCC’s web-based case management system (CMS). The CMS is a critical component of CCJCC’s infrastructure, which enables efficient case management and increased accuracy of data for program evaluation and other purposes.

As depicted below, 41% of overall expenses are for salary and benefit costs of the six (6) County psychologists at CCJCC. The remaining 59% of overall expenses are funded by the contract with

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1 The multi-year project received funding and technical support from the John D. and Catherine T. MacArthur Foundation, and was a collaboration of the Office of the Chief Judge, the MacArthur Foundation, University of Chicago, and Northwestern University. The Office of the Chief Judge published the project’s findings and recommendations in August 1999 in “Report: Concerning Reform of the Clinical Information System in the Child Protection and Juvenile Justice Department of the Circuit Court of Cook County and Proposal for a Redesigned Juvenile Court Clinic” (OCI Report).

2 See section below, Key Activities: Program Evaluation, for additional details.

3 A nominal amount of additional expenses is paid by the Juvenile Probation and Court Services for the travel expenses incurred by the 6 County psychologists and training reimbursement under their Collective Bargaining Agreement for up to $850
Northwestern: 47% for salary and benefit costs of thirteen (13) full-time Northwestern employees listed below, as well as partial salary support and benefit costs for one (1) part-time legal consultant beginning in July 2016, and two (2) part-time forensic psychiatry fellows; impersonal expenses for all CCJCC staff (7% overall) such as supplies, computers, office equipment, interpreters, IT support, and training costs for CCJCC Northwestern employees; and indirect costs (5% overall) to Northwestern. Northwestern employees fill the following CCJCC positions:

- Director (doctoral level/faculty)
- Associate Director (doctoral level/faculty)\(^4\)
- Staff Psychologist (doctoral level)
- Clinical Coordinator Supervisor (master’s level)
- Four (4) Clinical Coordinators (master’s level)
- Program Evaluation Supervisor (master’s level)
- Record Custodian (master’s level)
- Record Gatherer/Data Coder
- Program Evaluation Research Assistant
- Clinic Administrator

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\(^{4}\) The Associate Director position was created as part of a reorganization of the CCJCC’s leadership structure and was filled on October 1, 2016. See section below, **Key Activities: Administration**, for additional details.
KEY ACTIVITIES

CCJCC's operation is based on a recommendation of the research and reform project that the court clinic incorporate multiple functions that are "inter-dependent and essential parts of the whole." Complete with that recommendation, CCJCC is structured around four basic functions, described below, each of which includes multiple activities supporting the Juvenile Court's efficient and effective access to and use of forensically relevant clinical information.

Clinical Coordination includes services that directly address Court requests for clinical information: consultation, documentation and facilitation of referrals, forensic evaluation, expedited assessment of a parent's competence to voluntarily terminate parental rights, and testimony by clinicians related to those forensic evaluations and expedited assessments.

Program Evaluation collects, organizes, and analyzes data relating to CCJCC's clinical coordination services. These data are stored in a web-based case management system and analyzed for accountability of CCJCC's operation, responsiveness to the Court's needs, staff performance evaluation, and research and development projects.

Training and Education is directed at consumers (judges, lawyers, and other court personnel) and providers (CCJCC staff) of clinical information in the context of legal proceedings. CCJCC offers formal presentations on clinical topics to personnel of the Juvenile Justice and Child Protection Divisions and related entities and provides informal education through consultation, evaluation reports, and testimony. CCJCC staff receive formal training, individual and group supervision, and attend internal CCJCC training sessions, external lectures, conferences, and other continuing education activities.

Administration supports effective and efficient service provision to the Court and promotes relationships with the Juvenile Justice and Child Protection Divisions and related entities such as the Juvenile Temporary Detention Center (JTDC), Juvenile Probation, and offices of the Public Defender, State's Attorney, Public Guardian, and Department of Children and Family Services (DCFS). These activities ensure that, as recommended in the original research and reform project, CCJCC's services and operation "remain vital and responsive to the Juvenile Court and its constituents."

KEY ACTIVITIES: CLINICAL COORDINATION

Clinical coordination incorporates a variety of services that directly address requests for clinical information from judges, attorneys, probation officers, caseworkers, and other personnel involved in Juvenile Justice and Child Protection proceedings.

Consultation
Consultation is the first step in clinical coordination. Each Child Protection and Juvenile Justice calendar, including suburban locations, is assigned a Clinical Coordinator. All Clinical Coordinators have a master's degree in social work or psychology, and are trained in Juvenile Court proceedings, relevant law, and essential elements of forensic evaluation. This combination of skills and experience equips Clinical Coordinators to address requests effectively and appropriately, thereby helping to ensure that clinical information is useful, legally relevant, and provided in a timely manner.

Typically, consultation begins with contact between the Clinical Coordinator and a judge, attorney, or

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5 OCI Report at pages 44-45.
6 OCI report, page 16.
7 Clinical Coordinators cover multiple courtrooms and respond promptly when paged by a courtroom.
probation officer relating to a clinical issue or the potential need for clinical information. Consultation
often results in an immediate response that resolves the issue. For example, the Clinical Coordinator
answers the questions "What does 'NOS' mean written after a diagnosis?" or "What is the difference
between Bipolar Disorder and Borderline Personality Disorder?" Clinical Coordinators also can resolve
requests from judges and lawyers for resource information by searching the statewide provider
database (SPD) and providing a list of relevant resources for a minor or family.

In the Juvenile Justice Division consultation can result in the Clinical Coordinator linking a probation
officer to the Clinical Division within Juvenile Probation or to MHJI (Mental Health Juvenile Justice
Initiative) to obtain services for a youth on probation. In the Child Protection Division, consultation also
serves to ensure appropriately timed requests for forensic evaluation. For example, general parenting
capacity assessments are screened out until a legal motion is before the court (e.g., unsupervised day
visits or return home). This component of the CCJCC model has helped to reduce evaluation referrals
that previously clogged the system and delayed the provision of forensic evaluations needed to inform
pending legal decisions. Moreover, the CCJCC believes that more specific evaluation requests lead to
more useful reports for the Court. Although Clinical Coordinators continue to screen out certain
requests, this has decreased over time, most likely due to the informal education provided to court
personnel through our consultation.

Referrals
When consultation does not resolve the question or request, the Clinical Coordinator facilitates the
process for referring the request and obtaining the needed information. The Clinical Coordinator
identifies the appropriate agency for the type of clinical information needed and creates a written
referral document, using CCJCC's standard template. Each written referral contains specific details to
elicit individualized and useful responses that are provided in a timely manner. Clinical Coordinators
direct referrals to other programs and services listed below, facilitate delivery of referral documents,
and act as liaison between the Court and those providers while the referral is pending.

- Referrals from the Juvenile Justice and Child Protection Divisions for court-ordered forensic
  clinical evaluations are directed to CCJCC.
- Referrals from the Juvenile Justice Division also are directed to the following court-related
  entities:
    - Mental health staff at the Cook County Juvenile Temporary Detention Center (JTDC)
      provide information concerning the mental health status of detained youth (mental
      health summaries);
    - Juvenile Justice Placement Evaluation Workgroup (PEW) makes recommendations
      concerning residential placement for delinquent minors; and
    - Illinois Department of Human Services (DHS) provides progress reports on minors who
      have been referred for restoration services after being found unfit for trial.
- Referrals from the Child Protection Division also may be directed to community-based providers,
  such as therapists, for relevant information.

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MHJI is a state-wide program, funded by Illinois Department of Human Services (DHS), with staff specifically designated to accept referrals from the Juvenile Justice Division in Cook County. MHJI provides services to youth who are involved in or at risk of being involved in the juvenile justice system and have a mental illness or exhibit mental health symptoms.
The following charts depict the consultation and referral services provided in 2016 to the Juvenile Justice and Child Protection Department and separately to each Division.

**Consultation and Referral Services**

**Juvenile Justice and Child Protection Division**

- Referrals to CCJCC: 241
- Consultation: 178
- Referrals to Court Related Entities: 178
- Referrals to Community Agencies: 123

**Consultation and Referral Services**

**Juvenile Justice Division**

- Referrals to CCJCC: 129
- Referrals to JTDC: 113
- Referrals to PEW/Dependency: 22
- Consultation: 8

**Consultation and Referral Services**

**Child Protection Division**

- Referrals to Clinic: 128
- Consultations: 49
- Referrals to Community Agencies: 13
Compared to 2015, court-ordered referrals to the CCJCC from the Juvenile Justice Division increased by 9% and consultation provided to juvenile justice judges and court personnel on clinical issues increased by 10%. For the Child Protection Division, court-ordered referrals to the CCJCC increased by 19% and consultation on clinical issues decreased by 22%. Consultation to the Child Protection Division has an inverse relationship with referrals to the CCJCC for forensic evaluations; if an issue cannot be resolved through consultation, it is typically referred for a full evaluation. Thus, the overall increase in child protection evaluations, discussed below, in part explains the decrease in consultations from 2015 to 2016.

**CCJCC Forensic Evaluations**

CCJCC psychologists conduct court-ordered forensic evaluations that provide judges with information to help determine sentencing, fitness to stand trial, violence risk, competence to waive Miranda rights, or criminal responsibility (Juvenile Justice Division) and change of parent/child visitation, selection or change of permanency goal, and termination of parental rights due to mental condition (Child Protection Division). Completing these evaluations is a team effort involving the work of several CCJCC staff in addition to the psychologist. The various activities performed by non-psychologist and psychologist staff are further detailed below.

**Forensic Evaluation-Related Activities completed by CCJCC Staff other than Psychologists**

Each court-ordered forensic evaluation involves activities by the Clinical Coordinators, the CCJCC Record Gatherer, and the CCJCC Resource staff, often assisted by supervised student interns. These activities are important elements of providing the Court with full and accurate information and promoting the greatest possible timeliness in responding to court-ordered referrals for forensic evaluations. The table below depicts the frequency of these activities during 2016.

<table>
<thead>
<tr>
<th>Court-Ordered Forensic Evaluation Activities by CCJCC Staff (non-Psychologist) 2016</th>
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<tbody>
<tr>
<td>Calls to Record Sources</td>
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<tr>
<td>3955</td>
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**Intake Interviews.** Clinical Coordinators and student interns conduct intake interviews of parents ordered to participate in Child Protection evaluations and of minors and parents in Juvenile Justice evaluations. We initiate intake on the day of the court order to engage the minor and/or parent(s) and increase the likelihood of participation in the evaluation process. During the intake process, we explain why the evaluation is being ordered, describe the limits of confidentiality, and ask the evaluation subject(s) to provide demographic/contact information and to identify transportation or other issues that may affect appointment scheduling. The parent and/or minor also identify record sources (schools, hospitals, agencies, and mental health providers) and sign Release of Information Authorization Forms so the CCJCC can obtain records from identified entities as quickly as possible.
Record Gathering. Obtaining collateral records is an essential element of accurate and timely evaluation reports. To obtain needed records successfully and efficiently, we make an initial request to each data source, phone calls to confirm receipt of the request, and follow up calls until the request is resolved. Student interns assist the CCJCC's Record Gatherer in these tasks.

Status Memos. Clinical Coordinators submit status memos to inform the Court on referral progress and/or identify obstacles to completing a forensic evaluation by the expected due date. This practice enhances communication between the CCJCC and various court parties regarding the status of a referral and helps to reduce unexpected delays in court proceedings.

Forensic Evaluation-Related Activities completed by CCJCC Psychologists
In completing forensic evaluations, CCJCC psychologists are guided by best practice standards in the fields of clinical and forensic psychology. CCJCC psychologists use multiple sources of information and strive to weigh data and rival hypotheses impartially when formulating their opinions. For each forensic evaluation, the psychologist typically conducts multiple interviews of the evaluation subject(s); interviews multiple collateral informants, such as parents/caregivers, teachers, therapists, probation officers and caseworkers; reviews records from law enforcement, social service agencies, schools, and treatment providers; and, in some cases, administers psychological testing (e.g., IQ testing, adaptive functioning, personality, and structured risk assessment tools) when necessary to answer a specific question. The psychologists clearly outline these sources of information, synthesize relevant data, formulate a clinical opinion of the psycho-legal issue and make recommendations in their final reports.

Juvenile Justice Division
Evaluations Tendered. In 2016, CCJCC psychologists and two forensic psychiatry fellows tendered 104 evaluations to the Juvenile Justice Division. This represents a nearly 11% increase in the number of evaluations tendered from 2015 (94) to 2016. The chart below depicts the distribution of the various types of juvenile justice evaluations that the CCJCC completed this year. The two most common evaluation types were: 1) Sentencing evaluations (61% of total JJ referrals), which provide judges with information about youth's risk and protective factors for recidivism and describe how specific treatment and placement options may reduce risk; and 2) Fitness evaluations (33% of total JJ referrals), which assess whether a youth has a mental or physical condition that affects his/her ability to understand the nature and purpose of the legal proceedings and assist in his/her defense.

Data used to Formulate Conclusions. Consistent with best practice standards for forensic evaluations, CCJCC psychologists and forensic psychiatry fellows incorporated multiple sources of information into these juvenile justice evaluations. In 2016, juvenile justice evaluations incorporated data from:
- An average of 3 interviews with the evaluation subject (Range: 1 to 6)
- An average of 1.7 collateral interviews (Range: 0 to 6)

10 CCJCC continues to serve as a clinical rotation site for two licensed psychiatrists in Illinois' sole forensic psychiatry post-doctoral fellowship program. See Key Activities: Training and Education, below, for additional details.
- An average of 27.7 records (Range: 2 to 108)
- Psychological testing in 61% of cases

**Timeliness.** An important component of the CCJCC’s mission is to ensure the Court receives timely access to clinical information. To this end, the CCJCC has established timeframes for completing juvenile justice evaluations and work directly with judges and other court parties to determine a timely response in individual cases. Per statutory guidelines, the CCJCC strives to complete fitness evaluations within 4 weeks of a court order. All other Juvenile Justice evaluations are given up to 7 weeks to complete from the date of the court order. The timely completion of CCJCC forensic evaluations is essential to ensuring that court proceedings are not unnecessarily delayed while awaiting important clinical information. Timeliness is often affected by factors outside of the CCJCC’s control, including missed appointments or delays in receiving necessary records. Whenever delays occur, the CCJCC clinical coordinators inform the court parties of the reason for the delay and anticipated date of completion.

In 2016, the CCJCC required an average of 5.8 weeks to complete fitness evaluations, a reduction from the average of 6.5 weeks in 2015. The CCJCC required an average of 6.1 weeks to complete all other Juvenile Justice evaluations, compared to an average of 6.2 weeks in 2015. Based on feedback from judges, the CCJCC attempts to complete sentencing evaluations of in-custody minors within 5 weeks of a court order. In 2016, the CCJCC completed these cases an average of 5.7 weeks from the initial court order, compared to an average of 5.6 weeks in 2015.

**Testimony.** CCJCC psychologists occasionally offer expert testimony after tendering their evaluations to the Court. In 2016, psychologists testified in the Juvenile Justice Division on 12 occasions.

**Child Protection Division**

**Evaluations Tendered.** In 2016, CCJCC psychologists tendered 112 evaluations to the Child Protection Division. This represents a greater than 27% increase in the number of evaluations tendered from 2015 (88) to 2016. The chart below illustrates the distribution of the two most common types of child protection evaluations: Parenting capacity evaluations (72% of total CP referrals), which outline parenting risk and protective factors related to visitation and permanency planning decisions, and 2) Ground P evaluations (24% of total CP referrals), which assess whether a parent has a lasting mental impairment or mental illness that renders him/her unable to discharge parenting responsibilities.

Since 2007, CCJCC psychologists have provided expedited assessments of a parent’s competence to consent to adoption or to surrender his/her parental rights. This process provides child protection judges with same day information concerning a parent’s competence to voluntarily relinquish all parental rights. A parent may sign consent or surrender forms and thereby avoid a trial to determine whether he or she is an “unfit” parent. In those cases, child protection judges must be confident the parent fully understands that giving up those rights results in total and permanent severing of all rights to and ties with the child.

Whenever child protection courts are in session, a CCJCC psychologist is on call to evaluate the parent’s
ability to understand or appreciate the voluntary waiver of their parental rights. Judges or attorneys contact the Clinical Coordinator and the case is referred to the psychologist who reviews available records, conducts a clinical interview of the parent, and provides a brief written summary of the interview, relevant data, and conclusions. In 2016, CCJCC provided 27 of these expedited assessments to the Child Protection Division. This represents an 8% increase in referrals from 2015 (25) to 2016.

Data used to Formulate Conclusions. Consistent with best practice standards for forensic evaluations, CCJCC psychologists incorporated multiple sources of information into the child protection evaluations. In comparison with juvenile justice evaluations, child protection evaluations typically incorporate a greater volume of collateral data and records, often because of the multiple persons involved (i.e., parents and children). In 2016, child protection evaluations incorporated data from:

- An average of 2.9 interviews with the evaluation subject (Range: 1 to 7)
- An average of 3.5 collateral interviews (Range: 0 to 10)
- An average of 148.4 records (Range: 2 to 930)
- A parent-child observation with an average length of 67 minutes (Range: 30 to 120)
- Psychological testing in 42% of cases

Timeliness. The CCJCC has established specific timeframes for completing Child Protection evaluations. Parenting capacity evaluations are typically assigned due dates within 12 weeks of the initial court order and Ground P (Termination of Parental Rights) evaluations are given up to 16 weeks from the initial court order date. The additional time required to complete child protection evaluations reflects the higher volume of interviews, record reviews, and parent-child observations that are typical of these evaluations.

In 2016, the CCJCC required an average of 13.1 weeks to complete parenting capacity evaluations, an increase from the average of 10.5 weeks in 2015. The CCJCC required an average of 15.3 weeks to complete Ground P evaluations, compared to an average of 19.1 weeks in 2015. The increased time to complete parenting capacity evaluations is largely due to the increase in volume of child protection evaluation referrals in 2016, which occasionally required the CCJCC to assign later report due dates in order to accommodate other cases.

Testimony. In 2016, psychologists testified in the Child Protection Division on 10 occasions.

KEY ACTIVITIES: PROGRAM EVALUATION AND RESEARCH

Program Evaluation supports CCJCC's clinical coordination services by monitoring service provision, measuring achievements, and identifying potential areas of program modification to improve the quality of our work. Our web-based Case Management System (CMS) collects, organizes, and stores thousands of data variables, each representing an aspect of CCJCC’s clinical coordination services. CCJCC uses the CMS to analyze data for program evaluation, as well as for research and development projects related to our work for the Juvenile Justice and Child Protection Divisions.
Using data maintained within our CMS, Program Evaluation staff conduct regular analyses of CCJCC productivity, timeliness, and service utilization within the Juvenile Justice and Child Protection Divisions. These include, but are not limited to, analyses of: monthly referral rates by service type; annual and multi-year referral trends; duration from initial court order to report completion by division and evaluation type; utilization of interpreters and external consultants; frequency of interviews and psychological testing; and volume of records reviewed. These analyses help us better understand historical trends in service provision and make strategic decisions regarding resource allocation, training, and staffing. Furthermore, our program evaluation data help us describe accomplishments to the Court and other key stakeholders, and inform individual staff development and performance evaluations.

The CCJCC’s unique service delivery model and comprehensive data management system also create opportunities for generalizable research on issues of forensic evaluation and forensic mental health. Under the new leadership team, the CCJCC plans to expand its program evaluation efforts to include research projects that can inform a national audience of forensic mental health, juvenile justice, and child protection professionals. In the fourth quarter of 2016, the CCJCC Director and Associate Director completed a review of existing program evaluation and research projects to organize and prioritize future efforts. The following three areas of focus have been identified as priorities for the coming year:

- **Risk and protective factors that predict long-term outcomes in CCJCC parenting evaluations for the Child Protection Division.** In 2015, the CCJCC began examining cases for which CCCC tendered forensic evaluations to the Child Protection Division with information concerning the likelihood of, and services needed for, the parent to achieve the gains needed for a child to return home. A review of three- and five-year outcomes, post-CCJCC evaluation, was proposed to examine relationships, if any, between demographics, risk and protective factors, and the clinicians’ opinions and case outcomes. To further standardize this project, the CCJCC has proposed coding past evaluations using a structured professional judgment tool that has shown initial promise in differentiating between families with and without maltreatment histories. Through this research, the CCJCC will determine whether this measure can be cross-validated as a structured risk assessment tool for child protection decision-making. This, in turn, will provide further guidance to forensic evaluators and child protection judges in reviewing key risk and protective factors that affect case outcomes.

- **Clinical recommendations and the implementation of recommended therapeutic services following CCJCC sentencing evaluations for the Juvenile Justice Division.** In 2015, in partnership with Juvenile Probation’s Division of Clinical Services, the CCJCC began the second phase of a project examining whether minors were linked to services consistent with recommendations contained in a CCJCC sentencing evaluation. It is apparent that a variety of factors contribute to whether minors are linked with appropriate therapeutic services within their communities. Some of these factors, such as funding, community program closures, and safety of a program location are difficult to capture using the data readily available to the CCJCC. We are continuing to evaluate how best to understand these various factors and identify potential barriers to service access and utilization for juvenile justice-involved youths.

- **Factors that correspond with clinicians’ opinions of unfitness and restoration likelihood, and one-year restoration outcomes following a CCJCC fitness evaluation for the Juvenile Justice Division.** Consistent with statutory guidelines, CCJCC fitness evaluations include opinions regarding the mental and physical conditions that affect a minor’s fitness to stand trial, the likelihood of restoring an unfit minor within a reasonable timeframe, and whether inpatient or outpatient restoration
services are most appropriate. There is little empirical research into how different mental and physical conditions predict outcomes of restoration services in a sample of unfit juveniles. Moreover, little is known about the predictive ability of forensic opinions regarding the attainment of fitness in minors. In this project, the CCJCC plans to review existing data related to our fitness evaluations and one-year restoration outcomes. This will contribute to the general knowledge of juvenile fitness to stand trial. It will also enable CCJCC psychologists to better understand factors that may contribute to the success of fitness restoration services and help judges make well-informed decisions about fitness restoration and the use of resources.

The CCJCC prioritizes research projects that are particularly relevant to its ongoing clinical work and responsive to the needs of the Court with the end goal of improving the quality of our forensic opinions to help judges make well-informed decisions. To this end, the CCJCC administration regularly engages with judges and other court personnel to understand their concerns and consider how our data can contribute valuable information to the Court community, both within the juvenile court building and on a national level through published research and presentations at conferences. For example, based on work completed in the fall of 2016, several CCJCC staff will present a poster at a national conference of the American Psychology-Law Society in Seattle, Washington in March 2017. This research presents a critical analysis of the literature on tests that may be used in child welfare parenting capacity assessments. The CCJCC continues to be a good steward of its financial resources as they relate to research projects. We preserve funding to fulfill our primarily clinical services to the Court and seek to identify external funding opportunities (e.g., grants) to support larger research projects. The CCJCC also benefits from its partnership with Northwestern University, which provides access to a large group of highly motivated and skilled students that are eager to contribute to valuable research projects.

As a result of the work of our Program Evaluation team, the CCJCC is able to document its successes, engage in ongoing quality improvement efforts, and develop research projects that will contribute to the juvenile justice, child protection, and forensic mental health communities. These efforts help the CCJCC remain relevant and responsive to the needs of the Court.

**KEY ACTIVITIES: TRAINING AND EDUCATION**

CCJCC’s Training and Education activities are directed at consumers (judges, lawyers, and other court personnel) and providers (CCJCC staff) of clinical information in the context of legal proceedings.

Informal and formal training and education activities for Juvenile Court judges and other court personnel improve understanding and use of clinical information. Informal education occurs through consultation with Clinical Coordinators, CCJCC’s forensic evaluation reports, and testimony.

- Judges, attorneys, and probation officers regard Clinical Coordinators as a valuable resource for answering general questions about mental health issues, such as definitions for mental health terminology ("What does R/O mean?") or how to create referral questions that will guide the psychologist to provide the psycho-legal information the Court is seeking.
- Judges acknowledge that CCJCC reports and testimony help them become better informed consumers of forensically relevant clinical information. Specifically, the quality of CCJCC reports provides a baseline for assessing evaluations from other providers and testimony by CCJCC psychologists often provide opportunities to better understand mental health issues.

CCJCC offers formal training sessions to Juvenile Court judges, attorneys, JTDC staff, probation officers, and other court-related personnel to address specific mental health issues or procedures relating to clinical information in Juvenile Court. In 2016, these included:

- Using the Statewide Provider Database (SPD) to obtain information on community-based resources.
• Orientation to Mental Health Staff at Cook County Juvenile Temporary Detention Center on CCJCC services.
• Orientation to new class of probation officers on how to access and use CCJCC services.
• Orientation for new judges in the Juvenile Justice Division on how to access and use CCJCC services.

CCJCC staff members also receive a variety of training and education activities. Each CCJCC staff meets regularly with his/her supervisor for individual and group supervision relating to assigned tasks and is encouraged to attend outside trainings and professional development activities. In addition, CCJCC hosts training on subjects relating to our work. In 2016 these included presentations on the following subjects by CCJCC staff and outside entities:
• Explicit/Implicit Bias (Dr. Destiny Peery, Northwestern School of Law)
• Information Sharing Agreement (JIDCRC)
• The Family Check-Up Program: A Family-Centered Approach to Improving Youth Behavior (J.D. Smith, Ph.D)
• Tour of the JTDC (Dr. Brian Conant, Isaac Ray at the JTDC)
• Overview of Child Protection court proceedings (Barbara Kahn, J.D., CCJCC)
• Mental Health and Juvenile Justice (MHJJ) Initiative Overview (Candice Cuevas, MHJJ)
• Multicultural issues in Forensic Assessments (CCJCC Psychologists)
• Residential Placement (Sari Rowitz, DCFS)
• Human Trafficking (Kisha Roberts, Juvenile Probation)

The CCJCC is also a unique training site for students and post-doctoral fellows in various disciplines, who seek to develop their skill and expertise in issues relating to forensic mental health within a juvenile court setting. The CCJCC enjoys several benefits from formal training arrangements, including: increasing the pool of well-trained professionals in fields related to forensic mental health and the juvenile court; maintaining and enhancing the skills of CCJCC staff supervisors and trainers; enhancing the CCJCC's regional and national reputation as a leader in juvenile forensic practice and training; and providing cost-effective trainees who assist with service provision.

Since 2012, the CCJCC has served as a rotation in the forensic psychiatry fellowship at Northwestern University Feinberg School of Medicine, Department of Psychiatry and Behavioral Sciences. Each fellow is a licensed psychiatrist and serves as a .20 FTE member of CCJCC staff, conducting fitness and sentencing evaluations for the Juvenile Justice Division. They are also available to consult as needed with staff psychologists regarding psychiatric/ medical issues in forensic evaluations. The CCJCC is also an internship site for undergraduates at Loyola University with interests in psychology and/or criminology. We host one student intern at CCJCC for two full days each week during a semester. Under supervision, these interns assist with intake interviews of evaluation subjects and gathering records that psychologists use in CCJCC's court-ordered forensic evaluations.

Finally, the CCJCC periodically receives requests to consult with other jurisdictions with a specific interest in our clinic's model. In 2016, the CCJCC hosted two site visits with professionals from juvenile justice settings in Indiana and Oklahoma seeking to implement a similar clinic model in their jurisdictions. We also received inquires for consultation and information from psychologists and administrators in Wisconsin and Ohio. This highlights the CCJCC's strong reputation as a model for forensic service delivery in juvenile justice and child protection.
KEY ACTIVITIES: ADMINISTRATION

In 2016, the CCJCC completed a reorganization of its administrative structure, which included recruiting two forensic clinical psychologists to fill the CCJCC’s top leadership roles, CCJCC Director and Associate Director. A revised CCJCC Organizational Chart is provided in Appendix A of this document.

Until this year, the CCJCC was led by an attorney who participated in the research initiative that led to the clinic’s formation and helped to establish strong relationships among the CCJCC and various legal entities and offices within the Juvenile Justice and Child Protection Divisions (e.g., judges, state’s attorney, public defender, public guardian, juvenile probation, Department of Children and Family Services). As an attorney, the former CCJCC Director also served as a legal consultant, monitoring legal changes that impact CCJCC’s operation and providing guidance regarding legal issues in specific situations.

Under the new administrative structure, the CCJCC Director, a Northwestern faculty member in the Department of Psychiatry and Behavioral Sciences, remains responsible for all aspects of CCJCC’s operation. The Director oversees CCJCC budget and finances; monitors CCJCC daily operation and coordinates its multiple functions; is the liaison between CCJCC and court-related entities, CCJCC and Cook County, and CCJCC and Northwestern; and manages CCJCC staff. As a licensed psychologist, the CCJCC Director is now able to provide direct clinical supervision and oversight to CCJCC’s licensed staff psychologists. In addition, he completes a reduced (approximately 20%) workload of forensic evaluations.

The Associate Director position was filled on October 1, 2016 and is also a Northwestern faculty member in the Department of Psychiatry and Behavioral Sciences. This role was designed to help share the responsibility of clinical supervision and administration and to further organize and promote the education, training, and research initiatives of the CCJCC. The Associate Director oversees the Resource and Program Evaluation team; coordinates training activities for the Northwestern Forensic Psychiatry fellowship; supervises three staff psychologists; and completes a reduced (approximately 20%) workload of forensic evaluations.

The CCJCC administrative team includes three additional roles: Clinic Administrator, Clinical Coordinator Supervisor, and Resource/Program Evaluation Supervisor. The Clinic Administrator coordinates tasks relating to human resources, finance, information technology, and facilities. She manages daily operational issues and is a point person for communication between the CCJCC, Cook County and Northwestern University regarding budget and personnel matters including on-boarding new hires. The Clinical Coordinator Supervisor provides clinical and administrative supervision to the CCJCC’s four clinical coordinators. In addition, he provides clinical coordination to specific courtrooms and assists the Director in coordination between the CCJCC and other offices within the juvenile court. The Resource/Program Evaluation Supervisor oversees the CCJCC’s three resource, record gathering, and program evaluation staff; administratively supervises the CCJCC’s one clerical staff (a Cook County employee); coordinates an undergraduate internship rotation; and is responsible for managing the CMS and all data analysis requests. This administrative team ensures the smooth daily operation of the CCJCC and works to ensure the CCJCC “remains vital and responsive to the Juvenile Court and its constituents.”

As noted in the CCJCC organizational chart and in the funding and cost section above, the CCJCC has a combination of Cook County and Northwestern employees. This is a vestige from the disbanding of the Forensic Clinical Services Juvenile Division, which employed unionized County staff. Cook County

11 OCI report, page 16.
employees at CCJCC work under the direction and management of Northwestern employees including the Director, Associate Director, and Resource/Program Evaluation Supervisor. Juvenile Probation provides additional management and human resources support to the CCJCC on matters pertaining to our Cook County personnel because those employees are administratively situated within that department.

CCJCC employees from Cook County and Northwestern University work effectively as a team to provide clinical consultation to the Court; however, this arrangement creates some inherent challenges because of the different organizational procedures related to employee hiring, salary increases, paid leave, disciplinary actions, and timekeeping. This can result in different guidelines applied to persons functioning within the same role (i.e., a Cook County Psychologist versus a Northwestern Staff Psychologist). Most notably, in 2016 Cook County instituted a new time keeping system, which requires our county employees to sign in and sign out using a biometric time clock. As Northwestern employees, CCJCC supervisors cannot directly access the online program that allows managers to verify timeliness, approve time-off requests, and adjust for unplanned absences. Instead, we rely on a delegate from Juvenile Probation to manage the employees within this system on our behalf. This and other practical challenges arising from Northwestern managers directing the work of Cook County staff often take administrative time and resources that could be better utilized in fulfilling the CCJCC’s mission. The CCJCC Administrative Team works to overcome these challenges by applying consistent internal policies and procedures to all of our staff.

Beginning in 2014, the then CCJCC Director helped to establish the Juvenile Justice Division Clinical Resources Collaboration, which brought together mental health staff from CCJCC, the Isaac Ray Center at JTDC, clinical staff from Juvenile Probation, and a representative from the MHJU. The Collaboration is an important element toward achieving a more unified system for addressing the clinical services needs of minors, children, and families in the Juvenile Justice and Child Protection Divisions. This group continued to meet quarterly throughout 2016 working to promote communication and understanding of services across the participating departments, address issues of shared concern (e.g., clinical information sharing for continuity of care), and offer joint training opportunities for clinical staff serving the Juvenile Justice Division of the Court. In 2016, the CCJCC, in partnership with the JJDCRC, helped to organize several training activities.

CCJCC’s management team also participates in other committees and court-related initiatives to foster collaboration between the CCJCC and Juvenile Justice and Child Protection Divisions. Examples of such involvements in 2016 include:

- Juvenile Justice Presiding Judge’s Agency Meeting for addressing issues and communicating information related to the Juvenile Justice Division’s operation.
- Court Training Tuesday Committee responsible for monthly training presentations to lawyers and other personnel of the Juvenile Justice and Child Protection Divisions.
- Child Protection Family Treatment Court (FTC) Steering Committee for the federally funded pilot program aimed at resolving substance abuse issues that pose barriers to family reunification. The CCJCC also provides clinical coordination services in FTC proceedings.

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12 See note 8 for description of MHJU.
CONCLUSION

Since 2003, in partnership with Northwestern University, the CCJCC has delivered services that are consistently high quality and cost-effective to achieve its mission of ensuring the Juvenile Court’s timely access to relevant, accurate, and culturally-sensitive clinical information that promotes the best possible outcomes for children, families, and communities.

In 2017, we hope to renew the partnership between Northwestern University and Cook County and maintain this effective and evidence-based model for forensic clinical service delivery to the Juvenile Court. Furthermore, we plan to further develop the education, training, program evaluation, and research components of the CCJCC’s model. Specifically, this will include:

- Expanded training opportunities for court personnel and clinical staff within the CCJCC and other clinical providers in the juvenile court. The CCJCC is in the process of becoming a certified Continuing Education (CE) provider for doctoral- and master’s-level mental health practitioners in Illinois.

- Program evaluation and quality assurance activities that ensure the CCJCC’s ongoing responsiveness to the needs of judges and other courtroom personnel. The CCJCC is in the process of investigating strategies for obtaining systematic feedback regarding our process and work product.

- Research projects investigating the outcomes of CCJCC forensic evaluations including factors related to child protection and juvenile justice decision-making by judges and evaluators (i.e., psychologists). The CCJCC will present a qualitative research project at a national conference in 2017 and has developed plans for at least two quantitative research projects to begin this year.

The strong relationship between Cook County and Northwestern University has helped the CCJCC become a leader in the provision of forensic services to juvenile justice and child protection courts. We look forward to continuing this important work for the Juvenile Court and the children and families of Cook County.