

Multiple Documents

Part	Description
<u>1</u>	14 pages
<u>2</u>	Exhibit A
<u>3</u>	Exhibit B

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS

JIMMY DOE, <i>et al.</i> ,)	
)	
Plaintiffs,)	No. 99 C 3945
)	
v.)	
)	
COOK COUNTY, <i>et al.</i> ,)	Chief Judge James F. Holderman
)	
Defendants.)	

**FOURTH REPORT OF THE TRANSITIONAL ADMINISTRATOR OF
THE COOK COUNTY JUVENILE TEMPORARY DETENTION CENTER**

Earl Dunlap, Transitional Administrator (TA) of the Cook County Juvenile Temporary Detention Center (JTDC), hereby submits this status report.

Introduction

On August 14, 2007, the Court entered an Agreed Order Appointing a Transitional Administrator. The purpose of this Order is to appoint a Transitional Administrator (TA) with the authority and responsibility to bring the Cook County Juvenile Temporary Detention Center (JTDC) into substantial compliance with the Memorandum of Agreement (MOA), the Agreed Supplemental Order (ASO), and the Modified Implementation Plan (MIP), and to prepare the JTDC for the transition of administrative authority over its operations to the Office of the Chief Judge of the Circuit Court of Cook County. The Order also requires the TA to report to the Court on a regular basis.

The TA's prior reports to the Court have discussed various reform efforts at the JTDC, such as conversion of the old living units into Centers, capital projects, and medical and mental health care. *See* Dckt. Nos. 458, 530, 646. This Report will provide an overview of the same

information, but with a special emphasis on the transition of the JTDC to the Office of the Chief Judge of the Circuit Court of Cook County (OCJ).¹ This Report discusses the transition process in detail so that the Court and the *Doe* parties can decide how to proceed in this litigation.

I. Current Status Report

A. Reorganization of Living Units

As the Court is aware from the TA's prior reports, one of the central features of the TA's reform effort has been to reorganize the JTDC living units into manageable Centers, which provide residents with programming and staffing that satisfy the MOA. This reorganization is essentially complete: eight Centers have been opened.

1. The TA's Staffing Plan

As the Court is aware, a key feature of this reorganization is the TA's staffing plan, which was the subject of much litigation before this Court and a still-pending appeal in the Seventh Circuit. *See* Dckt. 589 (6/23/10 order). As the TA noted in his last report, the vast majority of affected employees successfully completed the testing and interview portion of the staffing plan and remain employed at the JTDC. Those who participated in the process were ultimately given three opportunities to pass the IMPACT test. There were only twelve employees who failed the test three times. Of those employees, nine were terminated and three were demoted.

Implementation of the staffing plan has laid the groundwork for providing adequate services and safe conditions at the JTDC. The TA also anticipates that it will facilitate the OCJ's

¹ In the interest of brevity, this report addresses issues that the TA believes are of most interest to the Court. Additional detail can be found in the FY 2103 JTDC Budget Briefing Report, which was presented to the Cook County Board on October 30, 2012, and is attached here at Exhibit A. Additionally, the TA is always glad to answer questions from the Court.

future efforts to achieve compliance with standards set by the Administrative Office of the Illinois Courts (AOIC).

2. Closure of Centers/Population Reduction

In Fiscal Year 2012, the TA, in collaboration with the President of the Cook County Board of Commissioners (“President Preckwinkle”) and the OCJ, planned and implemented a strategy to reduce the JTDC population, allowing for the closure of one of the eight Centers. This strategy has allowed the JTDC to reduce its budgeted staff, saved the County in excess of \$3 million dollars, and has kept young people out of the JTDC who do not belong there. President Preckwinkle’s proposed 2013 budget involves the closure of a second Center, which would reduce the JTDC to six Centers. As the TA explained to the Cook County Board at a recent budget hearing, the TA supports the possibility of closing a second center, but only upon further implementation of the population reduction plan. Without further reduction in the JTDC population, the TA cannot support the closure of an additional Center.

B. Reorganization of Management/Administration

The TA’s reorganization of the JTDC management and administration is complete. There are four permanent Deputy Executive Directors and three Program Directors. (One of the Deputy Executive Directors currently serves as the Acting Executive Director.) Together these seven officers comprise the JTDC Executive Team. The TA envisions that the Executive Team will report to the Executive Director/Superintendent² once that individual is appointed by the OCJ.

This management structure has been tested over the past several months, during which time the TA took a physical leave of absence from the JTDC facility for medical treatment. During the TA’s three-month absence, the Executive Team – along with Deputy Transitional

² The MIP references an “Executive Director” whereas the statute transferring authority of the JTDC to the OCJ references a “Superintendent.”

Administrator Brenda Welch – kept the facility running smoothly and continued to consult the TA and implement his reforms during his leave. The TA has great confidence in this leadership and feels that the Executive Team is highly qualified and well positioned to manage an effective transition to the OCJ.

C. Medical and Mental Health Care

1. Medical Care (Cermak Health Services at JTDC)

The TA previously reported to the Court about difficulties stemming from the fact that Cermak Health Services is controlled by an outside Cook County Agency. For example, the TA does not control hiring of medical personnel and must continually pressure Cermak Health Services to keep staffing at appropriate levels for the JTDC. In recent months, Cook County and Cermak Health Services have not responded adequately to fill a number of critical vacancies. The TA is addressing this issue with the County and is hopeful that the possibility of litigating the issue before this Court will force the County and Cermak Health Services to fill the current vacancies. Unfortunately the OCJ will not have the same threat of litigation to ensure that staffing levels remain adequate.

The TA also previously reported to the Court problems between the JTDC and Cermak Health Services relating to issues such as patient confidentiality and consent for medical treatment. The TA is pleased to report that the JTDC and Cermak Health Services have finally negotiated an intergovernmental agreement to address these issues.

Much progress has also been made within Cermak Health Services at the JTDC with respect to policies, procedures, and health-service programs for residents, to that the point that the JTDC was recently evaluated by the National Commission on Correctional Health Care

(NCCHC) for accreditation status. The TA is optimistic that the JTDC health-services program will receive accreditation standing in the coming weeks.

Finally, Dr. Michelle Staples-Horne (referenced in the TA's previous report) will return to the JTDC in December to assess compliance with the MIP and the MOA.

2. Mental Health (Isaac Ray)

Mental health services continue to operate in a manner that affords residents a variety of need-based services. This includes the implementation of a "Bridge" Program for residents leaving the JTDC and returning to the community who are identified as having a continuing need for mental health services. Mental health staffing has remained commensurate with the staffing plan and has only been reduced with the implementation of the population reduction plan described in Section I.A.2, above; there are currently 34 FTE mental health staff. Further highlights are described in Isaac Ray's most recent annual report, attached here as Exhibit B.

D. Overcrowding and Understaffing

Overcrowding and understaffing were among the facility's most dire problems since the TA's appointment. Fortunately, implementation of the population reduction plan has kept the resident population at manageable levels. Since January 2012, the population has consistently remained between 250 and 300 residents.

Staffing levels remain an issue. Although there are currently 567 employees on payroll out of 595 budgeted positions, an inordinate number of staff are on some sort of leave status. This includes FMLA and Injured on Duty (IOD) status, which accounts for over twenty (20%) percent of staff who are assigned to shifts and posts. The JTDC has been plagued with this problem throughout the TA's appointment. The chronic nature of this situation is likely to

significantly impede the OCJ's ability to ensure an adequate staffing pattern and thus impact on safety and well-being of the resident population.

E. Internal Investigations & Discipline

The JTDC continues to perform internal investigations of allegations of misconduct by JTDC staff. Between January 1, 2012, and October 15, 2012, approximately 166 complaints have been investigated with the following results: 18% of the complaints were sustained while 67.4% of them were not sustained or unfounded. (The remaining complaints are either still pending or have been referred to outside agencies.)

Even where JTDC sustains complaints against staff members, however, it is extremely difficult to implement effective discipline, especially when arbitration is involved. For example, where a JTDC investigator credits the account of a resident (or multiple residents) over that of a staff member, an arbitrator invariably will not.³ The TA believes that it is extremely problematic to give final decision-making power on staff discipline issues to private arbitrators who are in no way accountable to JTDC residents or to the community. Such a system makes it almost impossible for JTDC leadership to effectively discipline and control JTDC staff.

F. Policy Development

Progress continues to be made in the area of policy development. To date, 237 policies have been developed and approved. Policy development is nearing completion, though a few issues remain. For example, two emergency evacuation policies are considered "interim" because evacuation agreements must still be finalized with external agencies.

³ The TA believes that installation of a camera system throughout the JTDC (discussed in more detail below) will facilitate the imposition of fair discipline on staff accused of misconduct.

G. Physical Plant/Capital Projects

The TA cannot emphasize strongly enough that the state of the building in which the JTDC is housed has been a major barrier to achieving compliance with the MOA, the ASO, and the MIP. Because moving the facility to a new building is not something that can be realistically achieved during the TA's tenure, capital projects necessary to mitigate the physical plant problems are of the utmost importance. Complicating matters, the TA has limited control over implementation of capital projects, which must go through the Cook County Office of Capital Planning. The TA has attempted to work within the County's legal and bureaucratic framework for capital projects but unfortunately progress has been slow.

The TA's last report discussed ongoing problems relating to the JTDC physical plant, including problems with the lack of a video surveillance and rounds tracking system and problems with the ceiling tiles.

1. Video surveillance

As the TA has previously communicated to the Court, installation of a video-surveillance system at the JTDC is critically important to safety and security. The planned video surveillance project consists of 703 cameras strategically placed on all of the living units, hallways, school classrooms, outdoor recreation yards, and gymnasiums. The rounds tracking system will provide an electronic real time event log to ensure that the staff conducts routine health and safety checks, performs suicide precaution checks, and delivers other basic services (showers, meals, recreation), which are mandated by the MOA and the MIP. The rounds tracking system will also provide real time event logging for confinement events.

The delays and setbacks that have been associated with navigating County bureaucracy involved in this project are very frustrating and too numerous to list here. The Cook County

Board Finance Committee recently discussed this project at an October 30, 2012 JTDC budget briefing. Members of the Board questioned John Cooke, Director of Capital Planning for Cook County, for a timeline on this project. Mr. Cooke stated to the Board that installation work should begin in May or June 2013. The TA appreciates that some members of the County Board are taking this matter very seriously, and he intends to work with the County to ensure adherence to this timeline.

If it appears that any County rules or policies needlessly delay this project, he might seek relief from the Court pursuant to Paragraph 5(f) of the August 14, 2007 order to expedite the project. This project is extremely important to discipline, safety, and security at the facility. The TA would not recommend transitioning the JTDC to the OCJ until installation of the camera system is complete or well on its way to completion.

2. Ceiling Tiles

Replacement of ceiling tiles (which can easily be removed and used as weapons) is another project of critical importance that has repeatedly stalled. This is a critical safety issue that impacts residents and staff and could easily lead to serious harm or injury.

Several months ago, the County finally awarded a contract for the project, but did so without setting project specifications and without ensuring that the final project would be in compliance with safety/security standards set by the Illinois Department of Corrections. It was only after the contractor started work that the County realized these problems and work was suspended. The County has advised specifications for the project are going to be written and submitted to the Illinois Department of Corrections for approval, but there is no estimated timetable for completion of this project.

3. Management Information Systems

Another crucial capital issue that must be addressed is the JTDC's management information system. JTDC relies on its current system ("DSI") to keep track of vital resident information, such as location within the facility, court dates, admissions, releases, charges, length of stay, medical appointments, information pertaining to what residents cannot be housed with others, and medical alerts. The JTDC also relies on the system to do resident counts. The JTDC has been notified that the vendor of the current DSI system will no longer support it after next year. In other words, the JTDC needs to replace this system as soon as possible. If the DSI system goes down without an adequate replacement, the results could be catastrophic.

Additionally, updating the JTDC information system is a critical component of compliance with the MOA and the MIP, which call for computerized incident reports and electronic documentation of certain events and performance indicators. The current DSI system (which will soon no longer be available) cannot support these requirements. Thus replacement of the JTDC's information system is required not only to keep the facility functioning at a most minimal level, but also to bring the facility into compliance with the MOA and the MIP.

The OTA has hired a consultant to perform a comprehensive assessment of these issues and is meeting with the Cook County Bureau of Information Technology on December 5, 2012, to chart a course of action for this project.

H. Other Safety and Security Issues

The TA's last report discussed two remaining major safety and security issues. One of those issues – inadequate police response by local law enforcement – has been resolved through an intergovernmental agreement with the JTDC, Chicago Police Department, and Cook County Sheriff. The other issue – fire safety – is still a concern. Fortunately, the Cook County

Department of Facilities Management has recently resolved issues relating to fire evacuation signage. The TA and his staff continue to work on developing a fire safety plan to be approved by the Chicago Fire Department.

II. Transition to the OCJ

As noted above, the TA had to take a physical leave of absence from the facility of absence over the summer for medical treatment. Fortunately the TA was able to remain available electronically and the JTDC management team was able to keep the TA's reform efforts moving forward. However, the TA's absence did unfortunately delay formal transition planning.

A. The TA's Plans

Since the TA's return, the TA has set a transition plan into motion that involves the steps described below. The TA hopes this process will be complete by March 1 or April 1, 2013. The goal of this process is to provide this Court, the *Doe* parties, and the OCJ all of the information and recommendations that they need to move forward with a successful transition.

1. Compliance Report

Deputy Transitional Administrator (DTA) Brenda Welch has undertaken a systematic review of operations at the JTDC to determine the extent to which the facility is in compliance with specific provisions of the MOA and the MIP. The TA believes that DTA Welch is well-suited for this task, given her former role in this litigation as the Court's compliance monitor.

2. Compliance Work Group

The JTDC Acting Executive Director, Teresa Abreu, will Chair a Compliance Work Group, which will include the JTDC Executive Team. This Work Group will review the DTA Welch's Compliance Report in very careful detail. Where DTA Welch's finding is that the JTDC is not in compliance, and where the Work Group agrees, the Work Group will develop a "Plan of

Action.” Where the Work Group disagrees with any of DTA Welch’s findings, the Work Group will explain, with appropriate documentation, the basis for its view, for DTA Welch to review. The TA will review the work of both and make a determination to be presented to the Court.

3. Transition Report Work Group

Dr. David Roush and JTDC Director for Resident Advocacy and Quality of Life William Kern will co-chair a Transition Report Work Group that will include the Executive Team. Dr. Roush is one of the nation’s foremost experts in juvenile justice. He has over forty years of leadership, technical assistance, training, and consulting experience with juvenile detention and corrections organizations. Dr. Roush has been involved as an expert in this litigation since before the TA’s appointment and has been instrumental in helping the TA develop and implement his reform efforts. He has done substantial work on this document, which will focus on the operational development of the JTDC (both prior to and during the TA’s appointment) and offer critical recommendations to transition.

4. Provision Waiver/Modification Report

DTA Welch also will prepare a Provision Waiver/Modification Report that will address provisions of the MOA/MIP that the TA may seek to have waived or modified. For any provision on which the TA seeks such relief, he will provide a written basis to the Court and to the *Doe* Parties.

5. Safety and Information Report

Finally, DTA Welch will develop a Safety and Information Report that provides an in-depth discussion of the most serious issues that might not be fully resolved by the time that the JTDC is transitioned to OCJ (for example, video surveillance technology and management

information systems). These issues are crucial and will likely require special attention from the parties and the Court during the transition.

B. Steps To Be Taken By the OCJ

The TA has been in close contact with the OCJ throughout his appointment, especially as transition draws near. On November 20, 2012, the TA and his leadership team made a day-long presentation to the OCJ to begin the process of formally educating the OCJ as to how the JTDC operates. While the TA cannot speak for the OCJ, the TA is also aware of the following steps being taken by the OCJ.

1. Annie E. Casey Foundation Operational Assessment

The Annie E. Casey Foundation (AECF) has offered its services to the OCJ to conduct an operational assessment of the JTDC on the OCJ's behalf. As the TA understands it, the OCJ intends to use this assessment to obtain information for transition planning. The TA applauds the OCJ for pursuing such an assessment and he intends to cooperate fully. However, the TA has some concerns that AECF seeks to additionally assess the TA's work toward bringing the JTDC into compliance with this Court's orders. The TA believes that such an assessment would inappropriately usurp the role of this Court, to whom the TA reports. Additionally, interjecting AECF's opinions into the mix at this point might be counter-productive to the very important work that the Court and *Doe* parties must accomplish over the next several months: a systematic determination of whether the JTDC is in substantial compliance with this Court's orders so that the TA's appointment may end. The TA has communicated this view to the OCJ.

The AECF assessment is tentatively scheduled to take place in January 2013 and findings should be available approximately sixty days later. This means the AECF report will be available

around the same time as the TA's Transition Report. With all of this information, the OCJ will have a wealth of tools for a successful transition.

2. Appointment of an Executive Director

The OCJ has not made the TA aware of any imminent plans to appoint an Executive Director/Superintendent. As the TA wrote in his last report, the TA recommends that the incoming Executive Director become familiar with all operations at the facility and that he or she articulate a multi-year plan to maintain adequate conditions of confinement at the JTDC and to ensure compliance with the remaining provisions of the ASO, the MOA, and the MIP. This recommendation is based on the TA's prior experience in court-appointed positions in similar litigation.

III. Conclusion

The TA hopes that his report is useful to the Court and the *Doe* parties. A copy of this report will be served on all parties of record, as well as the OCJ. As always, the TA will be glad to answer questions or address any concerns.

RESPECTFULLY SUBMITTED,

/s/Elizabeth Mazur
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CERTIFICATE OF SERVICE

I, Elizabeth Mazur, an attorney, certify that on November 26, 2012, I served a copy of this document on all counsel of record via the Court's ECF system.

/s/Elizabeth Mazur

**FY 2013
Cook County Juvenile Temporary Detention Center
Briefing**



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Department Mission & Goals

MISSION

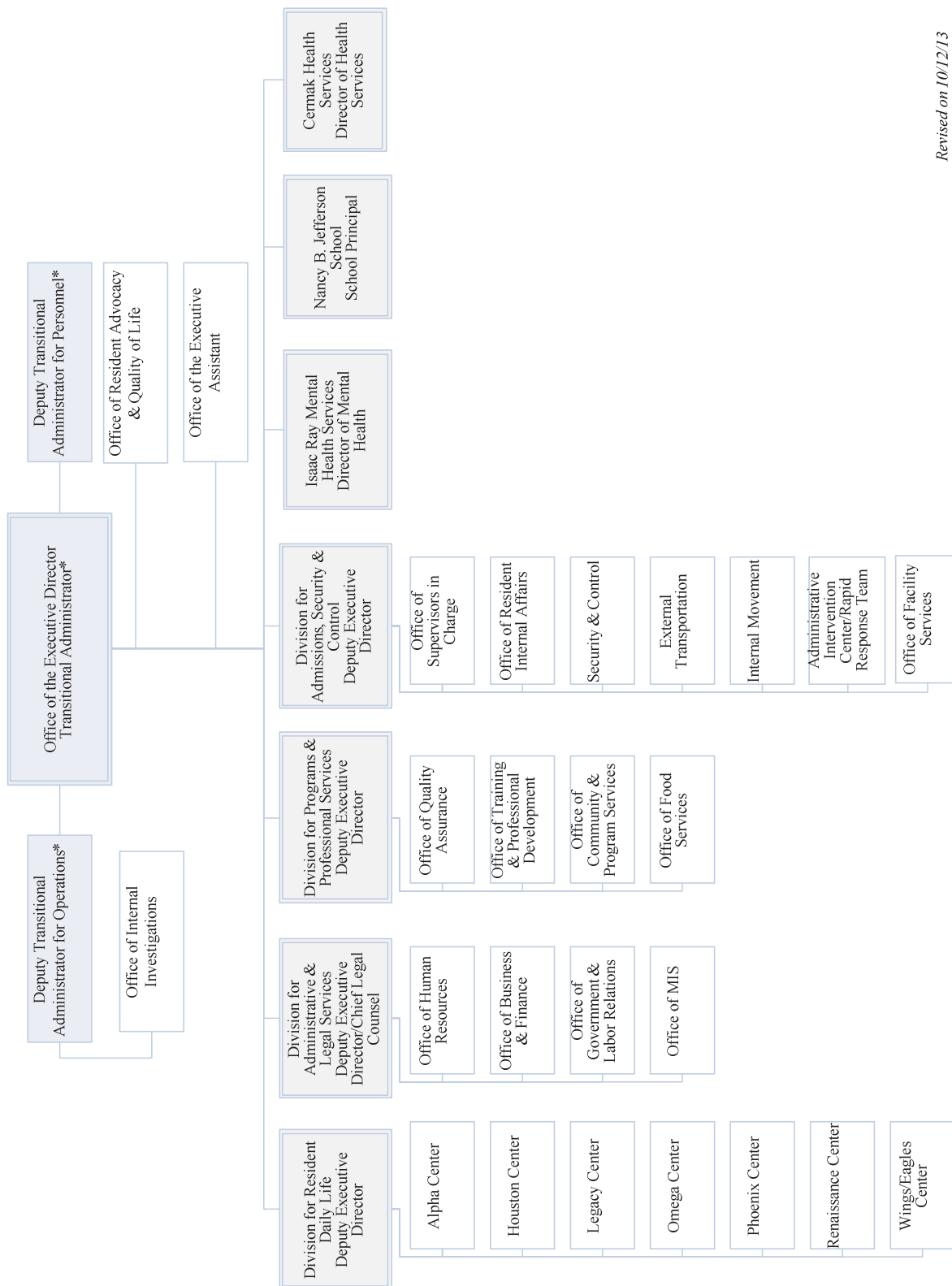
To provide **LEADERSHIP**, structured care and supervision to youth in our temporary custody through a “Balanced” approach of creative programs and services, which teach responsibility, accountability and sensitivity to oneself, family and community.

GOALS

To provide a **HEALTHY** and **HELPFUL** environment for youth in compliance with state licensure regulations and nationally recognized “BEST PRACTICES”.

- Ensure a **SAFE** environment through structured supervision and care.
- Promote the physical, psychological and educational **GROWTH** and **DEVELOPMENT** of youth placed in our temporary custody.
- Integrate community and volunteer **INVOLVEMENT** to enhance programs and services.
- Promote a positive work environment that embraces **TEAM** principles where staff and volunteers support and encourage one another.
- Enhance staff’s **PRIDE** in their work by recognizing accomplishments and providing developmental opportunities.

Organizational Chart



Revised on 10/12/13

**OTA Staff*

Historical Summary

- Dedicated on August 7, 1907, the three story Chicago Juvenile Court building at 202 Ewing Street in Chicago was the first of its kind in the nation, providing detention housing for 53 delinquent boys, as well as housing for 50 dependent boys and girls.
- In 1973, a five-story facility was completed and named the Cook County Juvenile Temporary Detention Center (JTDC). The facility has 30 separate housing pods each accommodating 16 to 18 residents with a total capacity of 498 residents.
- In 1999, the ACLU filed a class action lawsuit, *Doe v. Cook County*: No 99 C 3945, regarding inadequate conditions of confinement at the JTDC. After a series of federal court orders, including the Memorandum of Agreement (MOA), the Agreed Supplemental Order (ASO) and the Modified Implementation Plan (MIP), Cook County entered into a settlement agreement in the lawsuit.
- In 2007, the Illinois Legislature passed Public Act 095-0194 (House Bill 236) allowing for the administrative control of the JTDC from the Cook County Board to the Chief Judge of the Circuit Court of Cook County, effective January 1, 2008.
- On August 14, 2007 the U S District Court, Northern District-Eastern Division appointed a Transitional Administrator (TA) and created the Office of the Transitional Administrator (OTA) to bring the JTDC into substantial compliance with the aforementioned court orders and foster an efficient and orderly transition of administrative and operational authority to the Office of the Chief Judge Circuit Court.
- On June 23, 2010 the United States District Court, Northern District-Eastern Division, approved the “proposed staffing plan” for the Cook County Juvenile Temporary Detention Center. The Court upheld the TA’s hiring plan proposed in the Second Report of the Transitional Administrator dated May 8, 2008.
- Currently there is an appeal pending in the 7th Circuit, filed by Teamsters 700, that challenges the August 14, 2007 order appointing the Transitional Administrator and specifically objecting to the “Staffing Plan.”

2012 Major Accomplishments

- 1) The OTA continued preparing for an orderly transfer of leadership to a new Executive Director in compliance with federal court orders under the direction of the Office of the Chief Judge (OCJ) of the Cook County Circuit Court.
- 2) The staffing plan was completed which will improve the quality of service to JTDC residents and meet the educational requirements for staff established by the Administrative Office of the Illinois Courts (AOIC).
- 3) Hired an in-house recruiter in preparation for transitioning the recruiting and on-boarding of JTDC staff without the assistance of consultant.
- 4) Restructured the reception/release department which oversees the resident reception, intake, and release process to ensure an efficient and orderly transition of residents.
- 5) Created the Administrative Intervention Center (AIC). This center, which is managed by the Rapid Response Team, provides direct and continuous supervision to residents who have been charged with staff assaults or exhibit extreme behaviors.
- 6) Created the Rapid Response Team (RRT) which is responsible for the safety & security of the facility. This specially trained team will improve the safety, security, and well-being of all residents, employees, visitors, as well as, the general public. The RRT provides direct and continuous supervision of all residents housed in the Administrative Intervention Center; assists in the movement, transportation, and supervision of potentially volatile/aggressive residents throughout the facility; and responds to any emergencies within the facility.
- 7) Prepared for and completed the National Commission on Correctional Health Care (NCCHC) audit to ensure the highest standards of health care to residents in compliance with the MOA.
- 8) The Renaissance Center implemented the “Token Economy” behavioral modification system for residents, which focuses on positive reinforcement of target behavior.
- 9) Implemented a quarterly Employee Performance Recognition award.
- 10) Continued implementation of the comprehensive hiring plan that resulted in 448 people hired since year 2008. There were 34 new hires in 2012.
- 11) Continued and finalized negotiating contracts with two (2) AFSCME Unions in preparation for transition to the Office of the Chief Judge.
- 12) Developed and implemented a revised training curriculum for employees assigned to the Division for Admissions, Security & Control.

2012 Major Accomplishments

(Continued)

- 13) Re-instated the “Bridge Program” which provides transitional mental health services to JTDC residents upon release to the community. This program is a collaborative partnership with Isaac Ray Center and local mental health centers.
- 14) Improved resident grievance program in compliance with the MOA/MIP: improved response time, utilized appeal process, repaired/replaced grievance boxes, serious issues reviewed by OTA, and generated a monthly resident grievance report.
- 15) Improved resident due process hearings where residents receive a due process hearing in less than 4 hours 86% of the time.
- 16) Conducted facility-wide quarterly survey of Commissary services and analyzed feedback to improve services to residents.
- 17) Continued JTDC Training Academy by providing 3,893 hours of in house training to employees.
- 18) Reviewed and approved 47 policies and procedures.
- 19) As of October 16, 2012, held 47 meetings regarding Extraordinary Circumstances (non-staff assaults), which involved 70 residents.
- 20) Implemented a weekly e-mail blast which goes to all stakeholders sharing the good happenings going on at the JTDC. It is sent out in the form of a newsletter, and each week a new event or program is highlighted.
- 21) Developed a reciprocal training relationship with the Probation Department. Both departments now share training calendars and invite each other to relevant training classes.
- 22) All direct care staff completed the BASIC MEDICAL, MENTAL HEALTH and SUICIDE TRAINING requirements set forth by National Commission on Correctional Health Care.
- 23) Coordinated the first JTDC Employee Appreciation Luncheon to honor and highlight staff’s hard work and dedication.
- 24) Introduced new employee trainings: Trauma-informed practices, Gang Training, and Compassion Fatigue and Burnout.
- 25) Trained new Rapid Response Team employees.
- 26) Continued expansion of a non-paid, non-clinical internships from local universities, including partnering with the School of Social Work at the University of Illinois in Chicago.

2012 Major Accomplishments

(Continued)

- 27) Facilitated LGBTQI Youth in Custody training for the Illinois Department of Juvenile Justice (on site at the Illinois Youth Centers), the US Office of Juvenile Justice and Delinquency Prevention (panelist on webinar), and Cook County Juvenile Probation.
- 28) Developed JTDC's Medical/Mental Health Policies in alignment with Cermak Medical, Isaac Ray Mental Health Services, and The National Commission on Correctional Health Care (NCCHC) standards.
- 29) Developed partnerships with the Probation Department, Chicago Public Schools and the Adler School of Professional Psychology to write/submit grants.
- 30) Added two new screening instruments to the Alpha assessment process to better assess our residents: (1) Substance Abuse Subtle Screening Inventory (SASSI) and (2) Practical Adolescent Dual Diagnostic Interview (PADDI). These two instruments, designed specifically for adolescents, will collect additional mental health and substance abuse information in a highly consistent manner.
- 31) Nancy B. Jefferson School hired a new Principal.
- 32) Implemented high profile committee meetings. Members of this committee include representatives from Resident Daily Life, Resident Advocacy & Quality of Life, Isaac Ray Center and the JTDC's Assistant General Counsel.
- 33) Began expressive art therapy with artist Eric Dean Spruth of Cermak Health Services. Mr. Spruth is involved in the JTDC's "Murals Program" through which, residents decorate the walls of their center, which serves as both therapeutic and artistic expression.

Staffing Plan Chronology

- October 9, 2009, a Staffing Plan was submitted to the Court by the Transitional Administrator as a part of the “Second Report of the Transitional Administrator Pursuant to the Court’s May 8, 2008 Order.” Detailed were the proposed Staffing Plan for the veteran JTDC staff in the classifications of Juvenile Detention Counselors (JDC), Recreation Workers, and Supervisors.
- June 23, 2010, the Staffing Plan as proposed by the Transitional Administrator was approved by the Federal Court.
- June 25, 2010, the Transitional Administrator issued a bulletin to all staff apprising them of the Court’s ruling.
- Between September 8, 2010 and September 15, 2010 held several optional informational sessions for affected staff to discuss the transition of the JTDC, provide sample resume and cover letters, and to provide a context for the JTDC’s current approach towards resident behavior modification. Unfortunately, a very small number of affected staff elected to participate. Finally, the Transitional Administrator scheduled mandatory informational meetings in order to ensure affected staff understood the requirements.
- October 13, 2010, a bulletin was issued to impacted staff notifying them of the process to retain employment in the new classifications as outlined in the Transitional Administrator’s “Second Report” to the Court.
- The Staffing Plan as filed in Federal Court required the affected staff to: 1) apply online and fill out an application through CareerBuilder’s website, 2) participate in an extensive telephone screen, 3) take the IMPACT and/or PROMOTE test one time, 4) interview with a panel of interviewers which required a written component as well as extensive interview questionnaire, 5) successfully complete an extensive background check. This process essentially mirrored the requirements set forth for all new hires.
- The testing instrument known as the IMPACT test, and as filed in Federal Court, required affected staff to obtain no less than 70% in the Human Relations and 70% in the Reading portions as well as be in the 50th percentile overall. The PROMOTE test, for those seeking supervisory positions, required affected staff to obtain no less than a 66% score.
- Prior to the process being implemented the Transitional Administrator made several adjustments to the Staffing Plan in order to give affected staff every opportunity to succeed: 1) affected staff would submit a cover letter and resume to one of the recruiters instead of applying online and filling out the lengthy on-line application, 2) the telephone screen consisted of five objective questions instead of the fifteen minute intense phone screen, 3) provide two opportunities to take the IMPACT and PROMOTE tests, 4) eliminate the 50th percentile requirement, 5) the written portion of the interview tool was eliminated, 6) the interview questionnaire was simplified and shortened.

Staffing Plan Chronology

(Continued)

- May 10, 2011 Status: Of the 202 affected employees; fourteen (14) employees retired, seven (7) resigned, ten (10) employees were terminated for cause, one (1) passed away, one (1) is on military leave, and nine (9) did not complete the process.
- Of the affected staff who tested: 121 passed and 56 failed. Those who failed had an opportunity to retest. Of the employees who retested, over half passed on the second opportunity.
- All testing was completed by March 2011. Affected staff who have completed the process, have been selected to be a part of two “new” Centers (Legacy and Omega)
- The anticipated completion date for the staffing plan was June 2011 however, since the Seventh Circuit Court of Appeals has not rendered a decision, employees who failed the testing have not yet been made aware of the results.
- On August 2, 2011, JTDC and Teamsters jointly held a “college fair” in which 9 (nine) nationally accredited colleges participated. The goal for JTDC was to assist staff in identifying colleges that meet the Administrative Offices of the Illinois Courts (AOIC) criteria.
- March, 2012: Of the 49 affected employees allowed to test for the second time, test results were communicated to those employees. Those employees that did not pass the test were allowed to test for the 3rd time. Test results were communicated to employees June, 2012. A panel interviewed those employees that passed the test and employees were assigned to appropriate positions. After the third testing opportunity, nine (9) employees were terminated and three (3) employees will be demoted to lower positions.

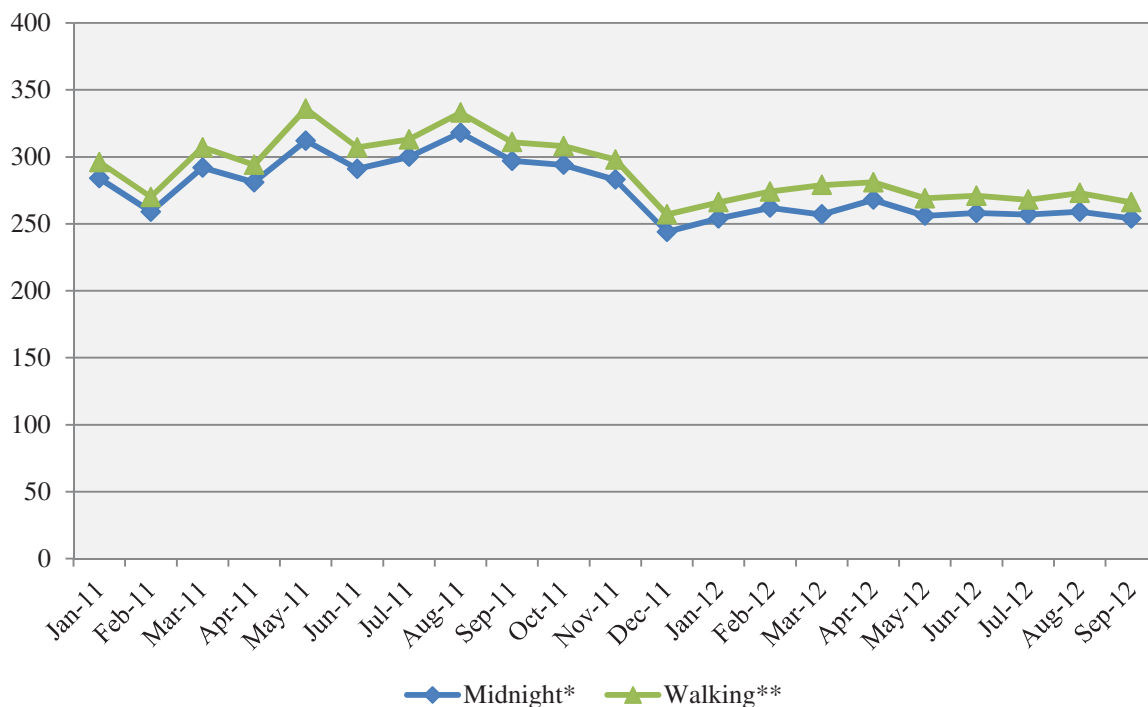
Resident Population Statistics

Complied by the Office of Resident Advocacy & Quality of Life

Office of Resident Advocacy & Quality of Life: Refers to all functions related to the 1) Development, preparation and analysis of reports/data related to resident Court activity, 2) Serves as the JTDC liaison to the juvenile and adult court on matters related to residents and facility operations, 3) Monitors all activity related to resident Grievances for compliance, 4) Hearing Officer for resident Discipline/ Due Process, 5) Establishes the protocols and measures the effectiveness of resident programs and services, 6) Monitors the integration of resident classification, mental health and health services, 7) Monitors and serves as a liaison for all residents temporarily placed in psychiatric setting.

Average Daily Population

(January 2011 - Sept 2012)

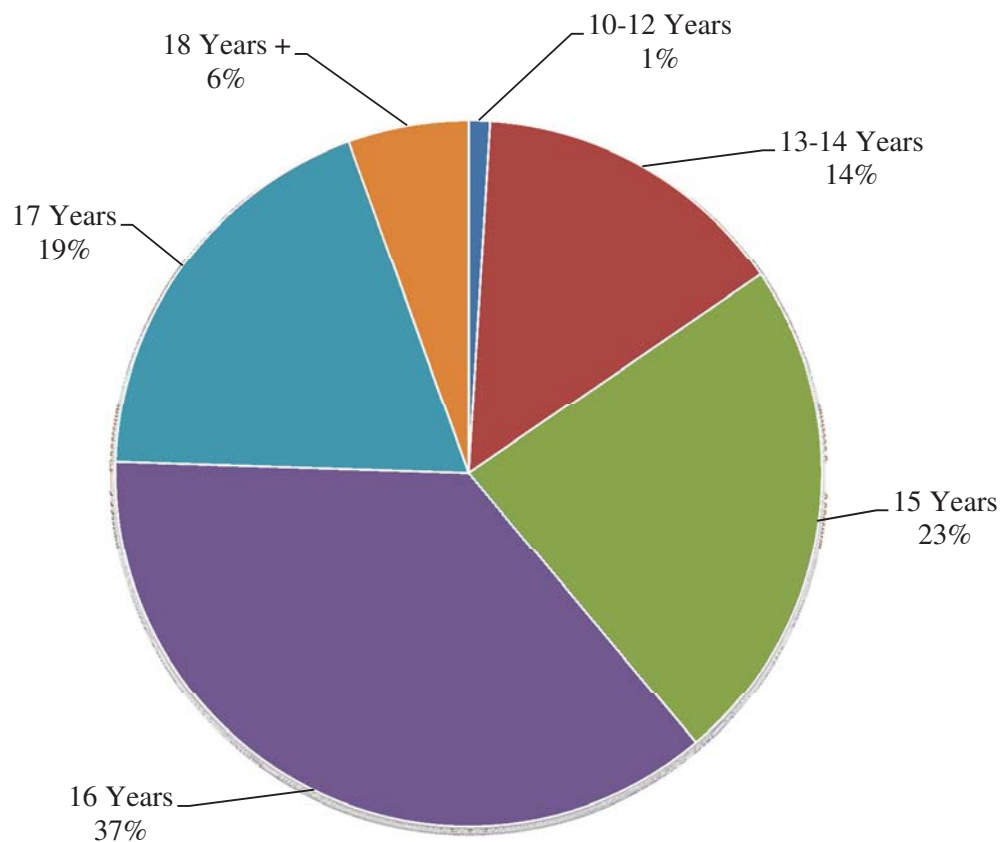


* Midnight = Number of residents who spent the night at the JTDC.

** Walking = Midnight "+" releases from the previous day.

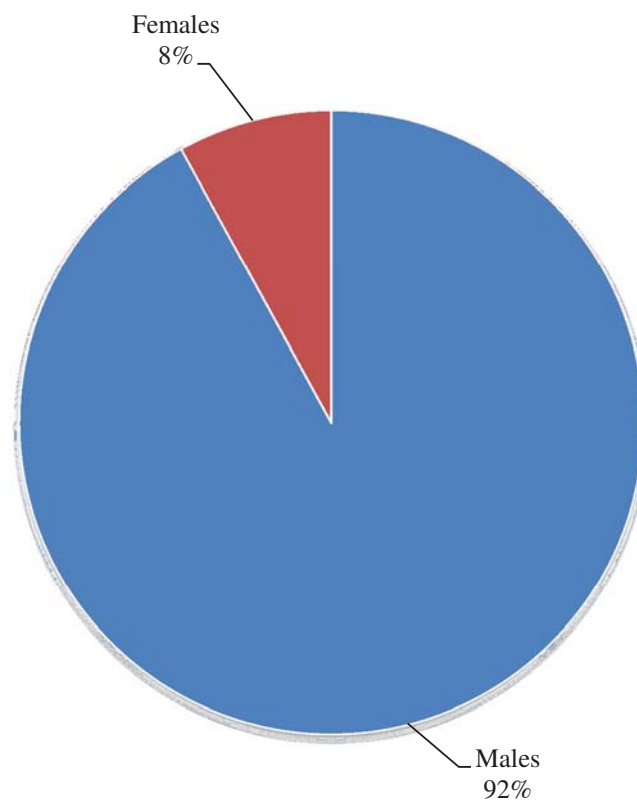
Resident Population Statistics
(Continued)

Average Resident Population by Age
(July 2011 - July 2012)



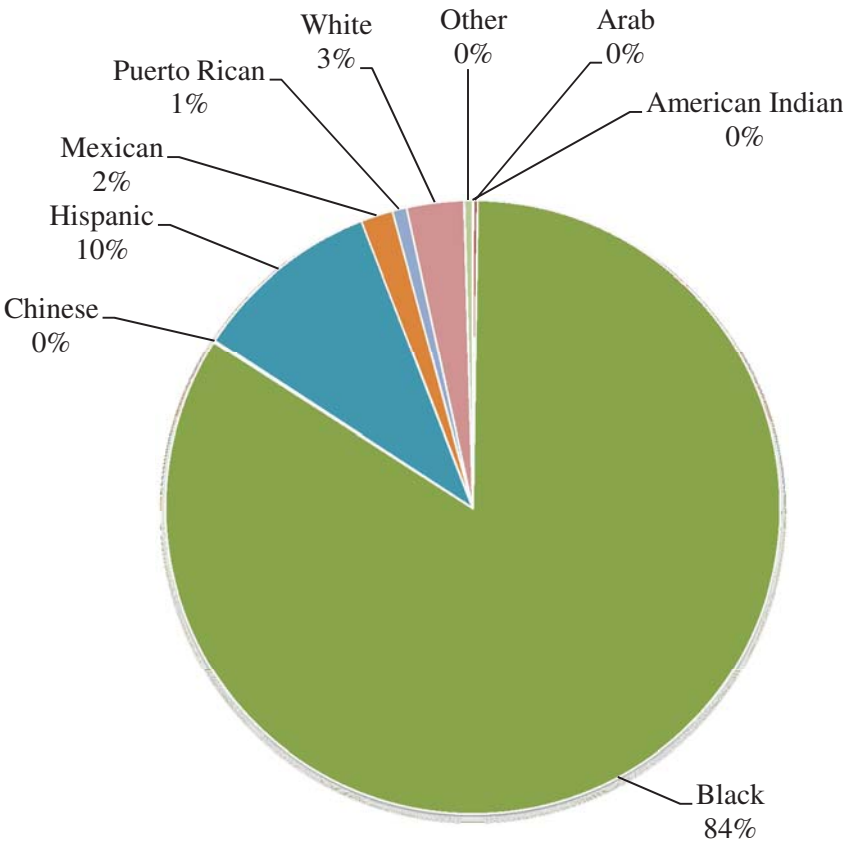
Resident Population Statistics
(Continued)

Average Percentage of Males vs. Females
(July 2011 - June 2012)



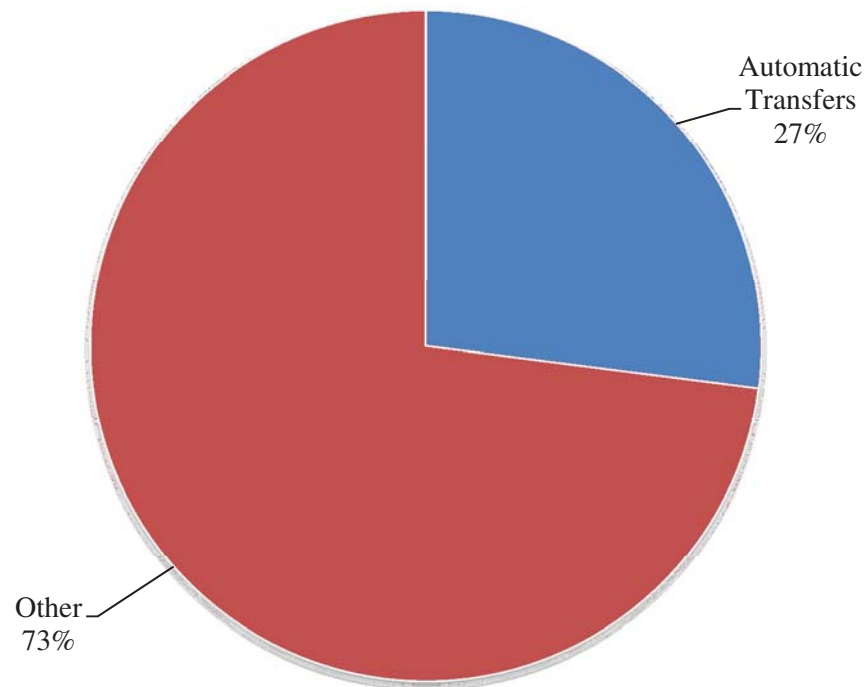
Resident Population Statistics
(Continued)

Average Resident Population by Ethnicity
(July 2011 - July 2012)



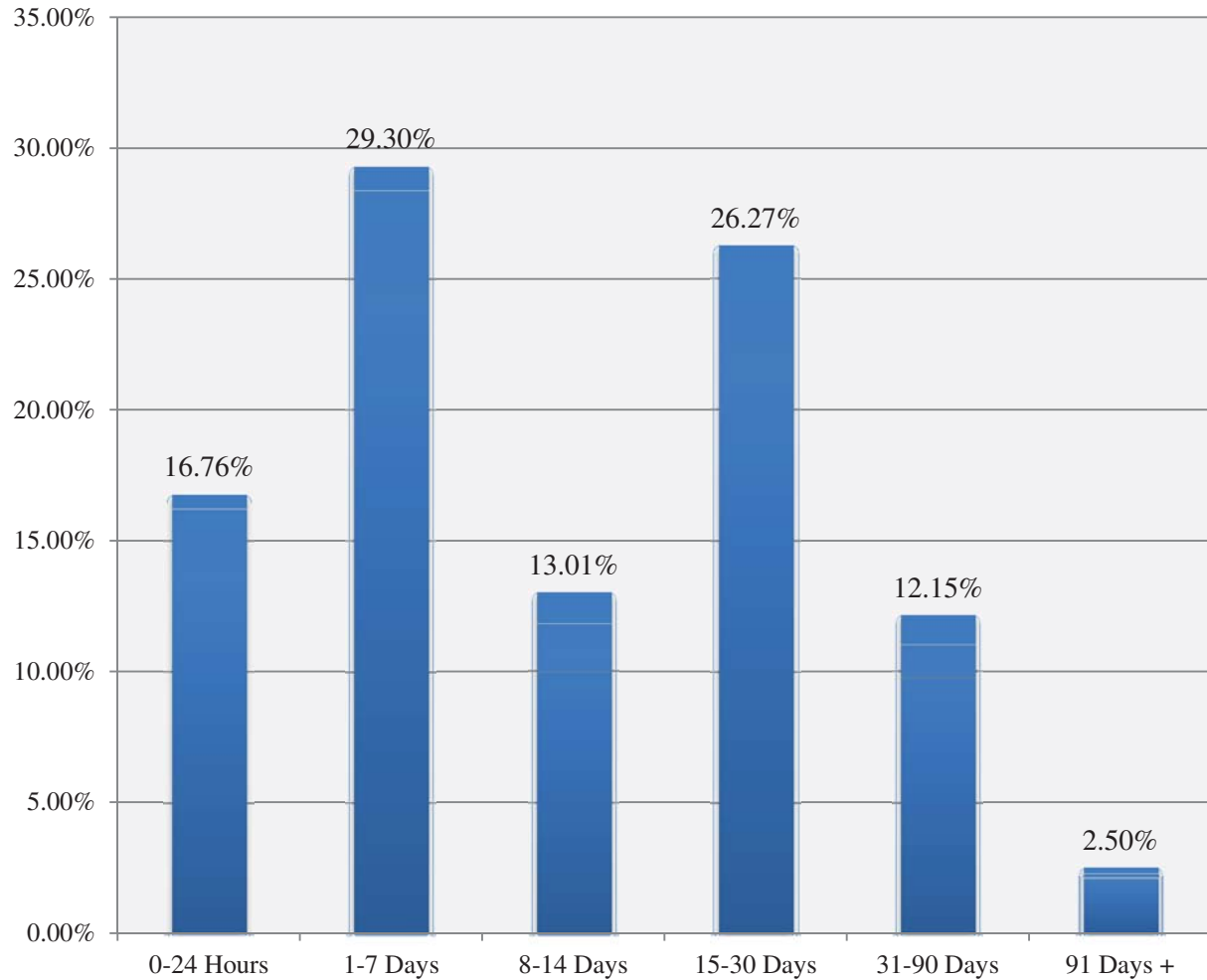
Resident Population Statistics
(Continued)

Automatic Transfers
(as of July 2012)



Resident Population Statistics
(Continued)

Average Length of Stay
(July 1, 2011 - June 30, 2012)



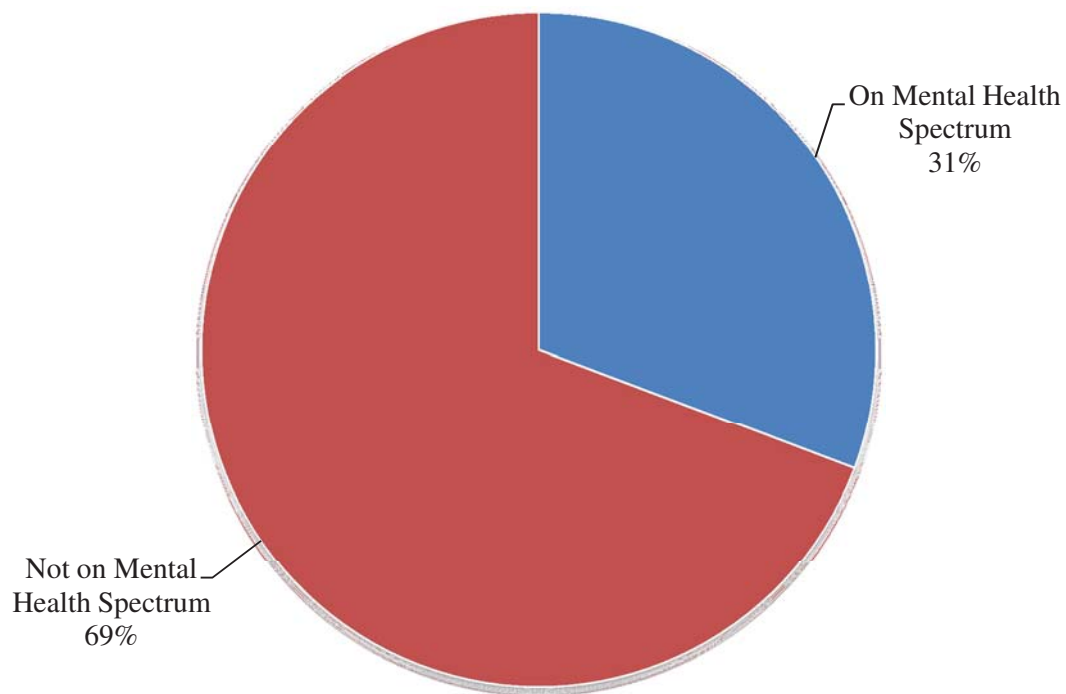
Mental Health Statistics

Compiled by Isaac Ray Center Staff

- On average, 31% of the JTDC's population is on the Mental Health roster
- Averaging at approximately 84 Residents on the active list at any one time
- Of those on the roster, about 34% are on medication

Average Residents on Mental Health Spectrum

(January 2012 – August 2012)



Mental Health Statistics

(Continued)

Suicidal or self-injurious behaviors are an almost daily occurrence at JTDC. Between January 1, 2011 and June 30th, 2012 (a span of 546 days), Isaac Ray Mental Health staff responded to 526 suicidal behaviors. "Suicidal Behaviors" are comprised of 3 major categories: suicidal ideation, suicidal gestures and suicidal attempts.

1. Self-harm/Suicide Ideation*

Occurs when a resident reports feeling suicidal and does not engage in any behaviors beyond verbalizing the desire for self-harm. Such verbalizations include stating: "I want to die", "I'm going to kill myself", "I wish I was dead", etc.

2. Self-harm/Suicide Gestures**

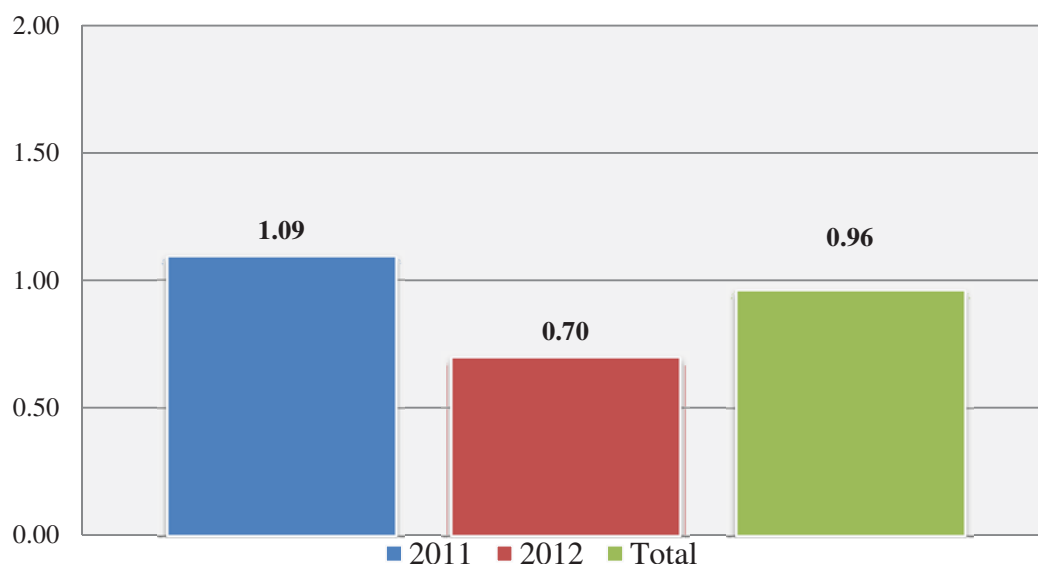
Occurs when a resident both verbal expresses the desire for self-harm and engages in associated **nonlethal behaviors**. Such behaviors may include: loosely tying string around neck and calling staff's attention to such, writing a suicide note with no other self-harm behavior exhibited, repeatedly banging head on toilet or wall with no associated bruising/marks, superficial scratching requiring no medical attention, etc.

3. Self-harm/Suicide Attempts***

Occurs when a resident expresses the desire for self-harm and engages in a **behavioral action which may result in serious injury or lethality**. Such behaviors may include: tight ligatures, climbing in ceiling, tying nooses, scratching, cutting or banging head to such a degree that medical attention is required.

Daily Average of Suicidal Behaviors

(January 2011- June 2012)

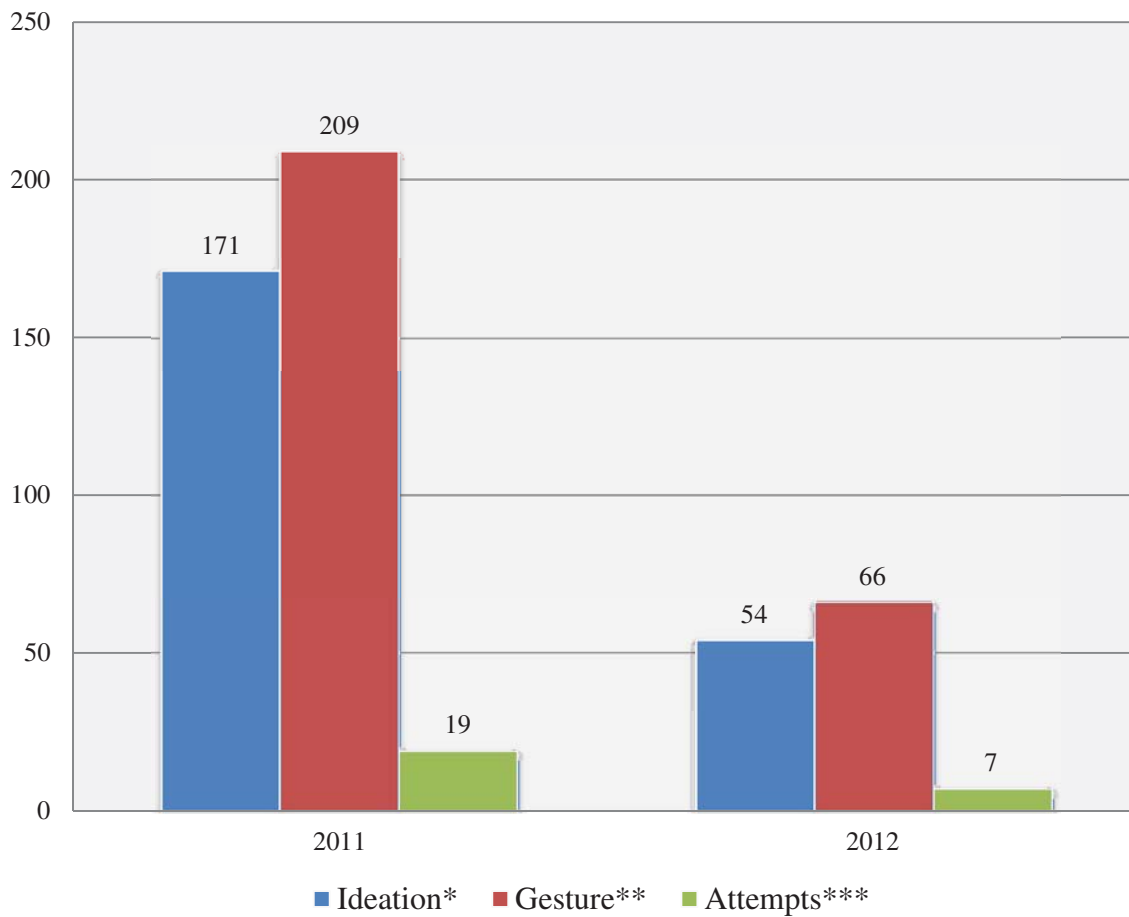


Mental Health Statistics

(Continued)

Suicidal Behavior/Incidents

(January 2011- June 2012)



2012 only includes January 2012 – June 2012

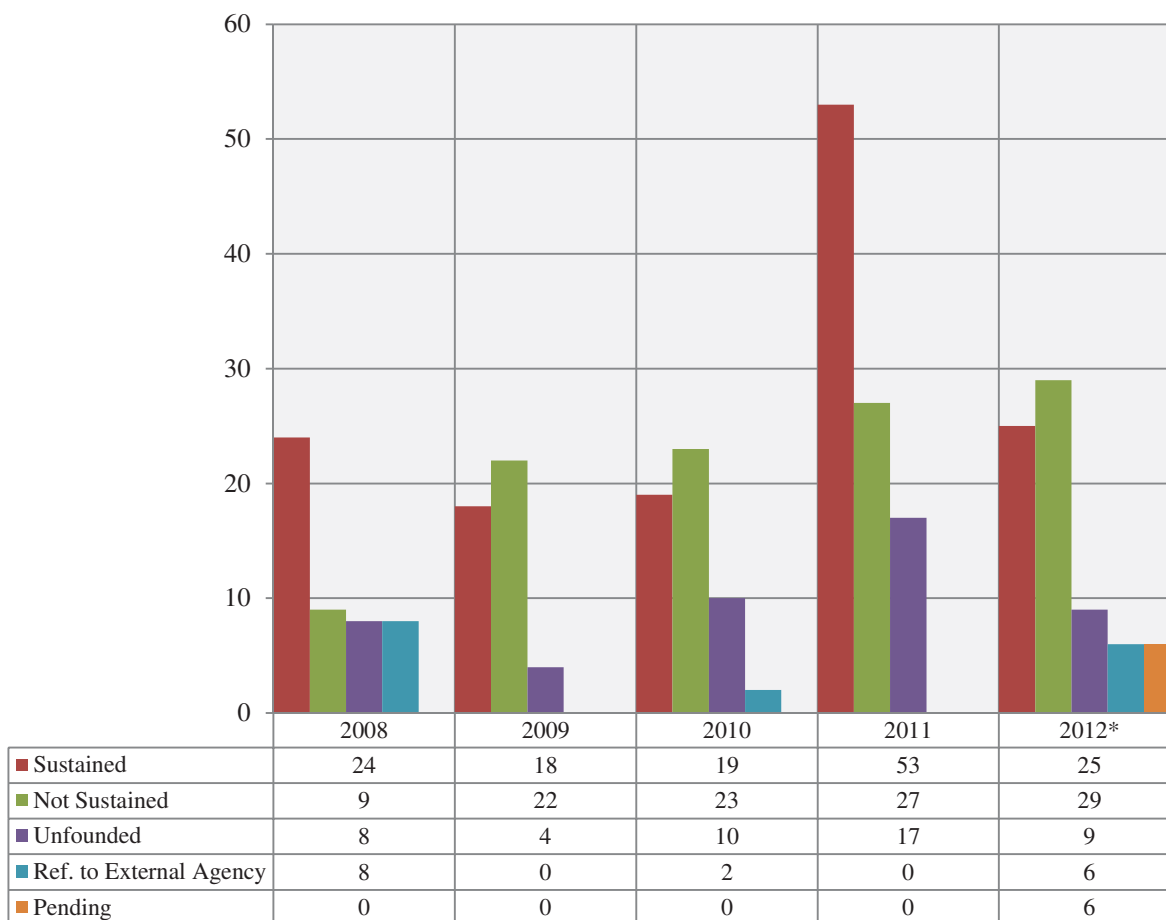
Internal Investigation Statistics

(2008 – 2012)

Internal Investigations - Investigations assigned to the JTDC Investigations Unit. Investigations may result from resident grievances or supervisory/administrative referral sources.

In addition to the following data, four (4) investigative inquiry reports were conducted in 2011 and four (4) investigative inquiry reports were conducted in 2012.*

Employee Misconduct Allegations

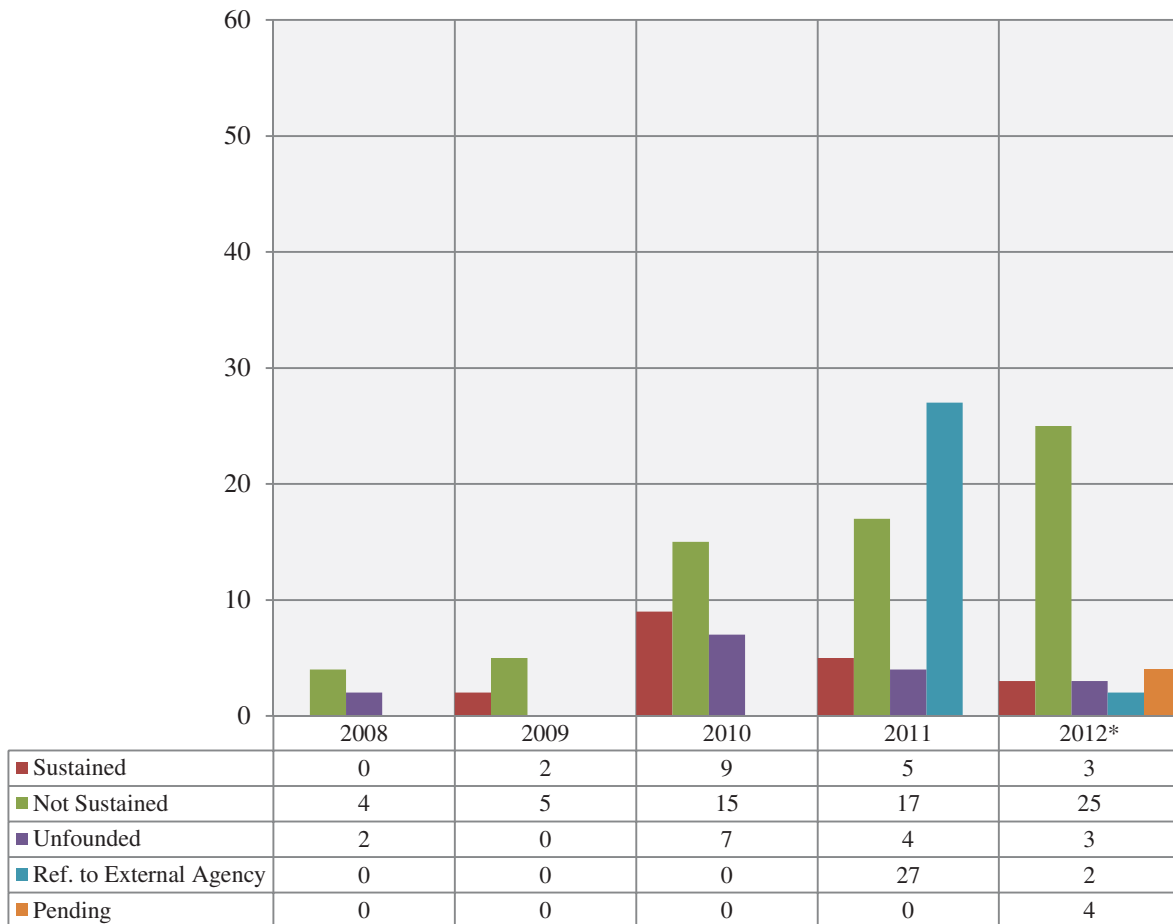


**2012 data reflects investigations assigned from January 1, 2012 through October 15, 2012.*

Internal Investigation Statistics

(Continued)

Use of Force Allegations

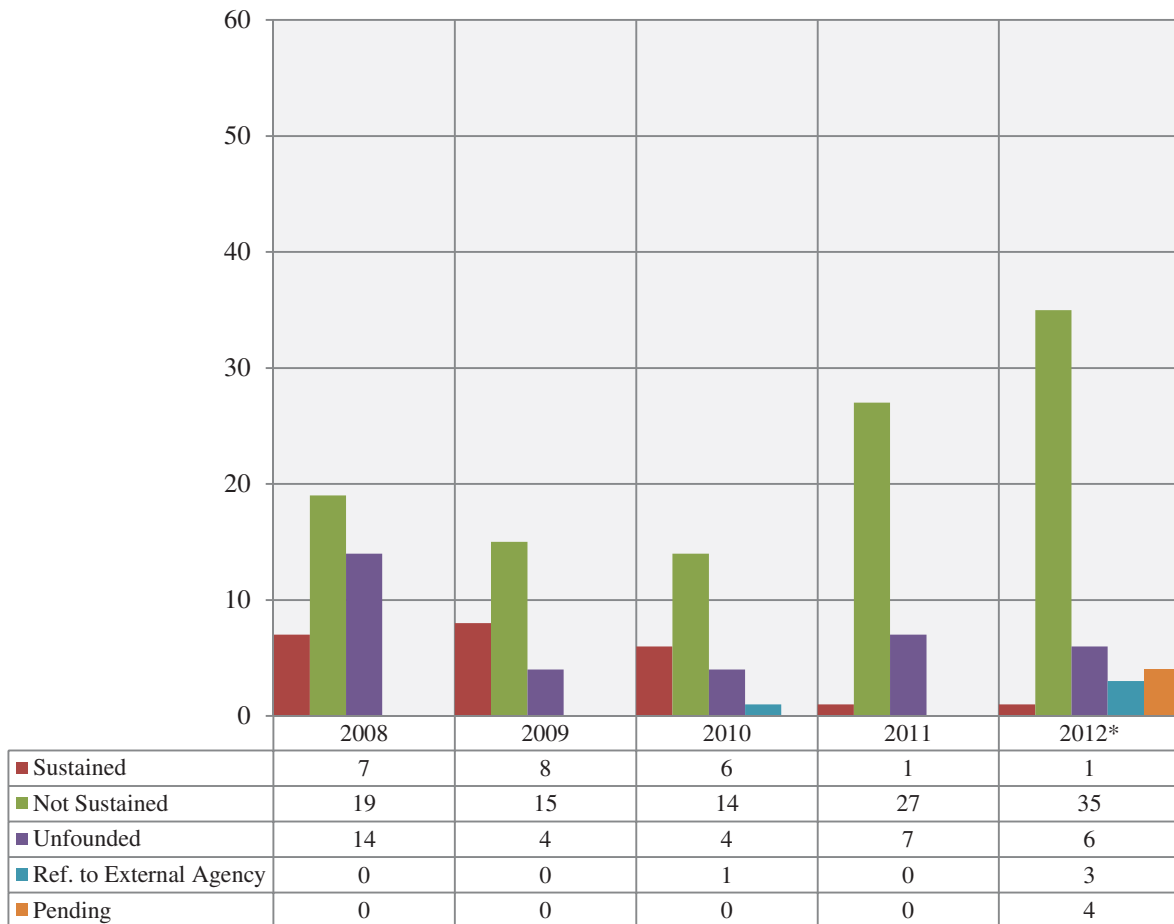


**2012 data reflects investigations assigned from January 1, 2012 through October 15, 2012.*

Internal Investigation Statistics

(Continued)

Physical Abuse Allegations

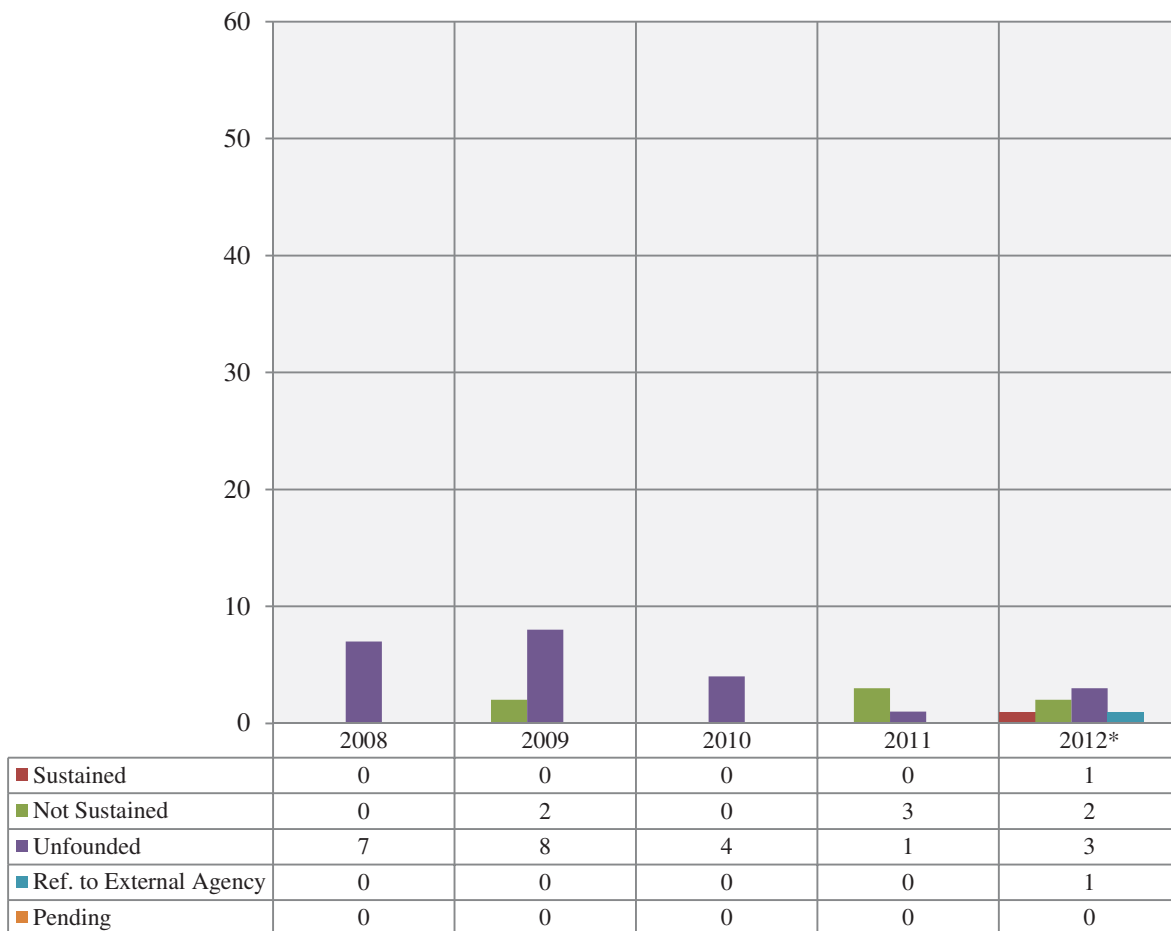


**2012 data reflects investigations assigned from January 1, 2012 through October 15, 2012.*

Internal Investigation Statistics

(Continued)

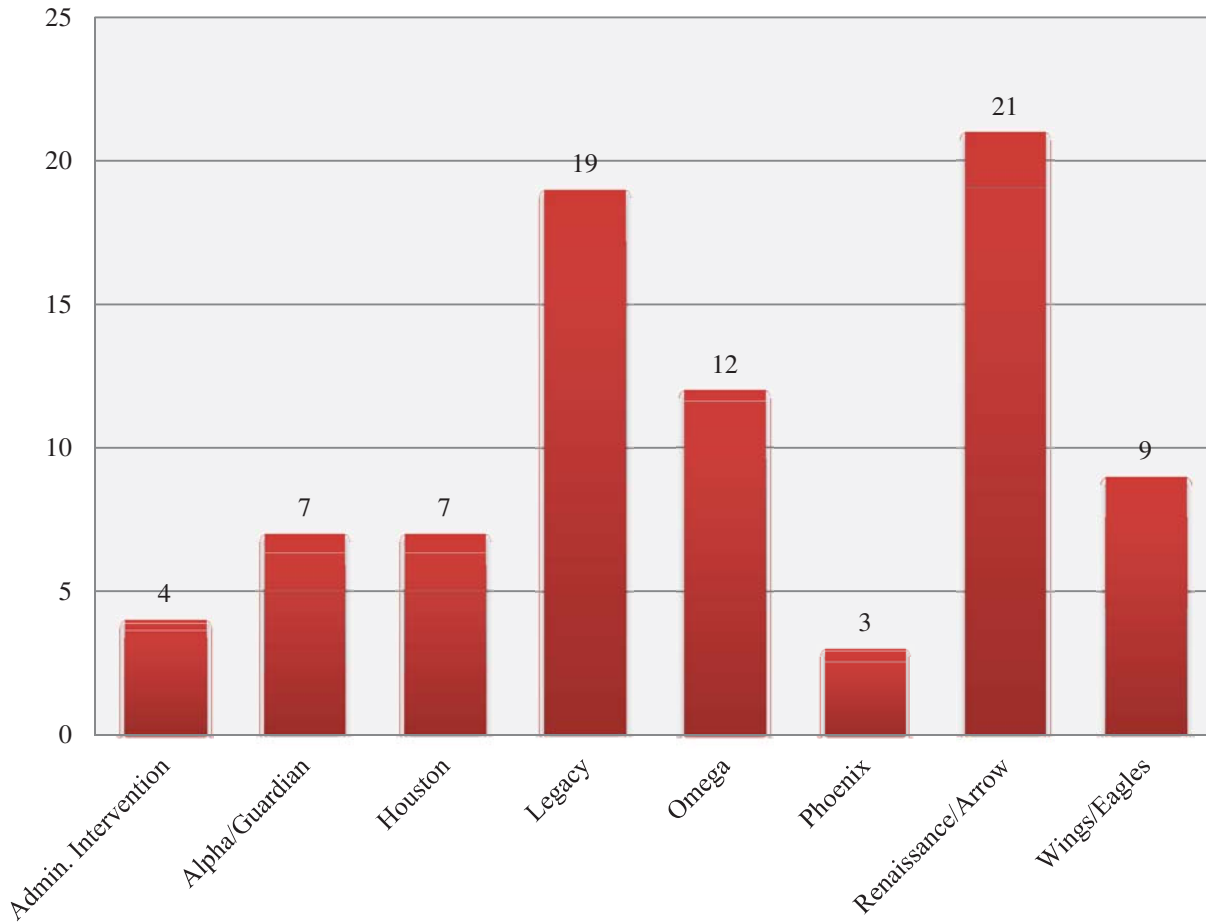
Sexual Abuse Allegations



**2012 data reflects investigations assigned from January 1, 2012 through October 15, 2012.*

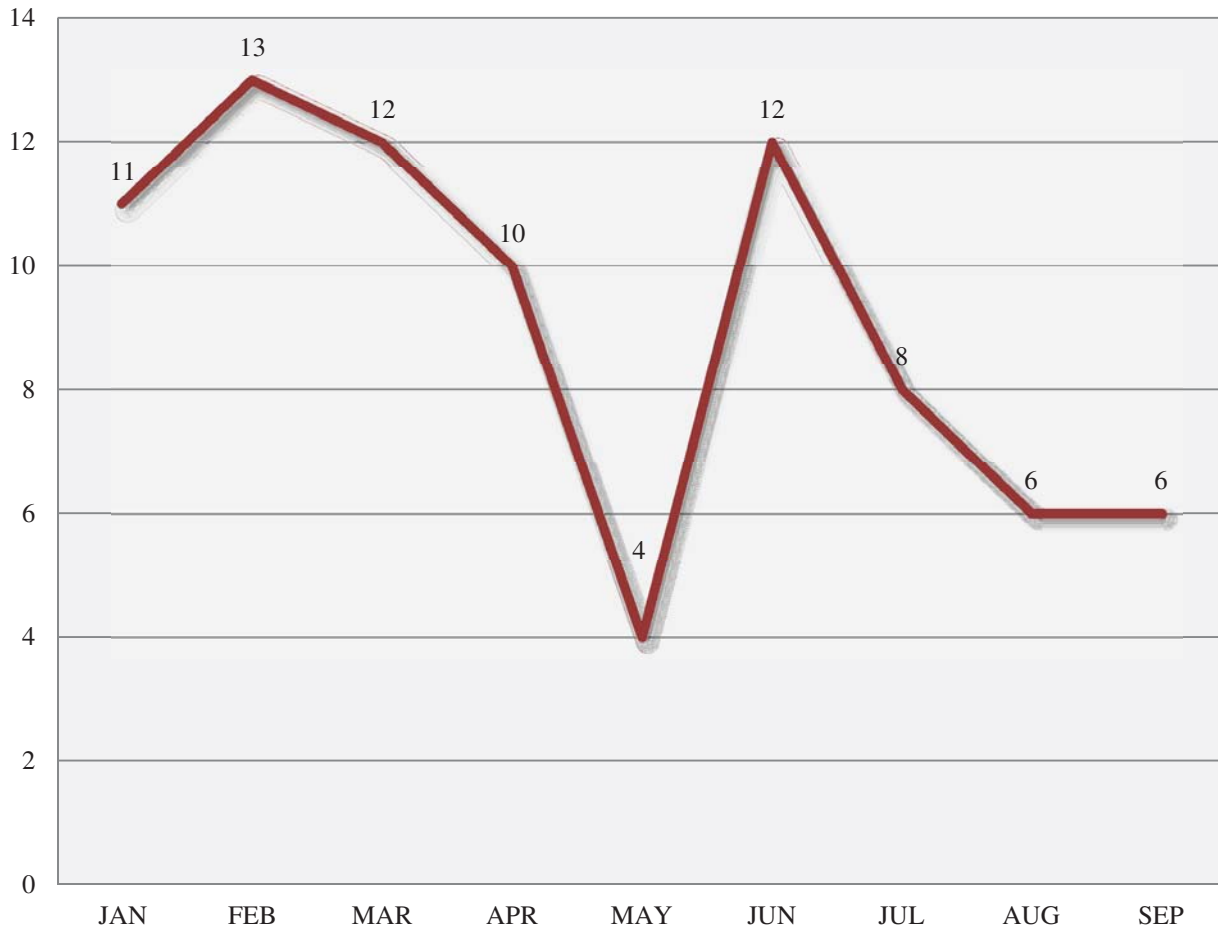
Staff Assaults Statistics

2012 Physical Assaults Against Adults by Center (January 2012 - September 2012)



Staff Assaults Statistics
(Continued)

2012 Physical Assaults Against Adults by Month
(January 2012 - September 2012)



Legal Activity Highlights

(2011 – October 17, 2012)

In addition to the items outlined below, JTDC attorneys also provide legal opinions at the request of the Transitional Administrator; provide legal and labor counsel to JTDC managerial staff on a daily basis; draft various contracts; draft letters to external agencies; accept/review court orders and subpoenas; and ensure that residents' legal rights are protected.

Extraordinary Circumstances (non-staff assaults) reviewed and approved:

- 2011: 94
- 2012: 47

JTDC Policy Review:

- 2011: 42 reviewed and approved
- 2012: 47 reviewed and approved

Grievances

- 2011:
1st Step – 71, 2nd Step – 75, 3rd Step – 147
- 2012:
1st Step – 54, 2nd Step – 26, 3rd Step – 76

Arbitrations

- 2011: 2 completed – 2 sustained
- 2012: 5 completed – 2 sustained; 1 pending decision; 2 cases settled
- Of note, the Transitional Administrator refused to arbitrate cases, hence the low number of arbitrations scheduled/completed.

U.S. Department of Labor Cases

- 2011: no new cases
- 2012: no new cases
- 3 pending cases from previous years

Illinois Department of Labor Cases

- 2011: no new cases
- 2012: no new cases
- 7 cases pending from previous years

Illinois Department of Human Rights Cases

- 2011: 10 new cases – 8 dismissed; 1 sustained; 1 pending decisions
- 2012: 4 new cases – 1 dismissed; 3 pending decisions
- 6 cases pending from previous years

Illinois Human Rights Commission Cases

- 2011: no new cases
- 2012: no new cases
- 2 cases pending from previous years

Illinois State Cases

- 2011: no new cases
- 2012: 1 new case – 1 pending
- 1 case pending from previous years

Illinois Labor Relations Board Cases

- 2011: no new cases
- 2012: no new cases
- 11 pending from previous years

Equal Employment Opportunity Commission Cases

- 2011: 6 new cases – 4 dismissed; 2 pending decisions
- 2012: 7 new cases – 4 dismissed; 3 pending decisions
- 4 cases pending from previous years

Federal Cases

- 2011: 3 new cases – 3 pending decisions
- 2012: 3 new case – 3 pending decisions
- 4 cases pending from previous years

Legal Activity Highlights

(Continued)

Significant Cases:

1) 7th Circuit Court of Appeals:

- Rickey Coleman v. Earl Dunlap. 11-2669. Coleman sued for wrongful discharge. The case was before the Appellate Court on an interlocutory appeal filed by Defendant Dunlap regarding whether or not the order appointing Mr. Dunlap as the Transitional Administrator of the JTDC, afforded him absolute immunity against causes of actions like the one filed by Plaintiff Coleman. The 7th Circuit Court held that Mr. Dunlap's administrative acts of hiring and firing JTDC employees are not protected by absolute immunity.

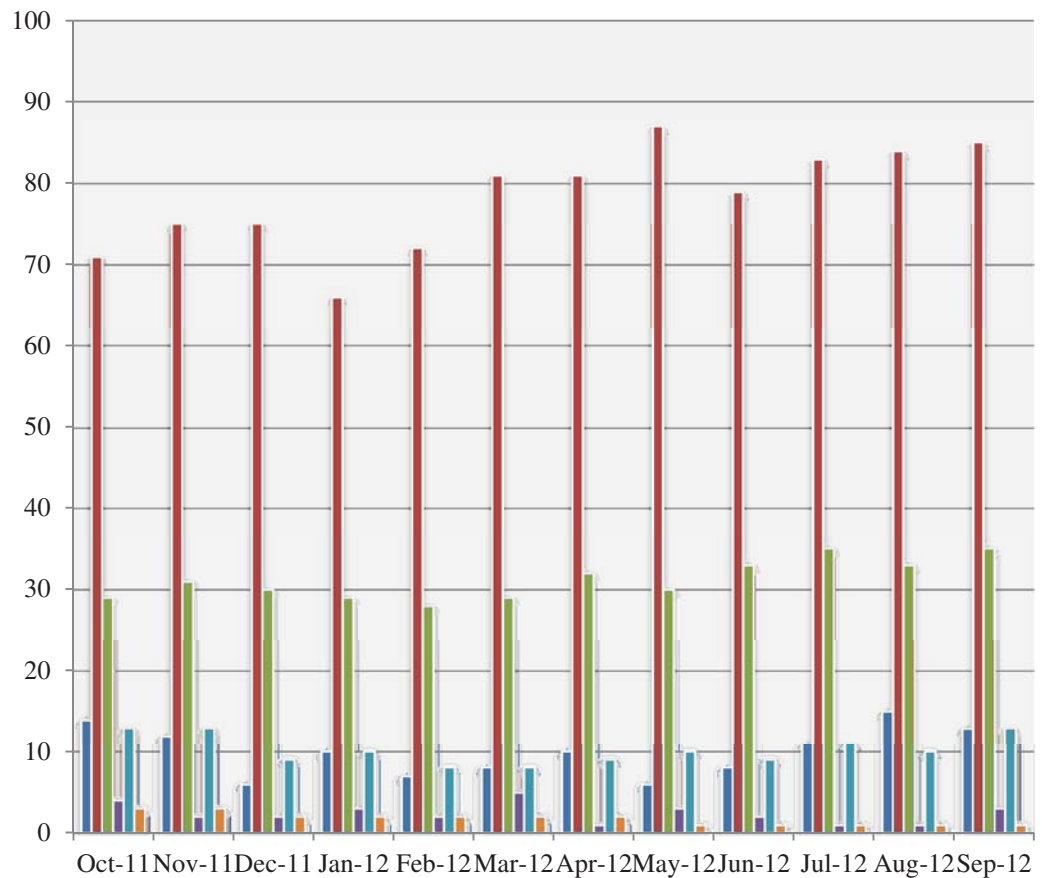
2) 7th Circuit Court of Appeals:

- Doe v. Cook County. 10-2746. Challenges the August 14, 2007 order appointing the Transitional Administrator and the "Staffing Plan."

3) Illinois Labor Relations Board:

- Perkins v. Office of the Chief Judge/JTDC S-CA-09225. Complainant claimed unfair labor practice, alleging that she was denied overtime because she filed grievances. The Board reversed the Recommended Order issued by the Administrative Law Judge which held that Mr. Dunlap as TA was not a public employer, and remanded the case for hearing.

JTDC Employee Leave Analysis

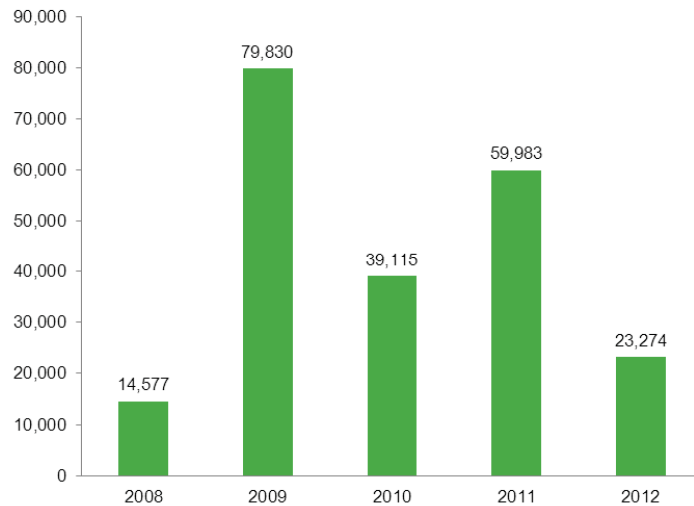


	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
■ FMLA - Continuous	14	12	6	10	7	8	10	6	8	11	15	13
■ FMLA - Intermittent	71	75	75	66	72	81	81	87	79	83	84	85
■ IOD	29	31	30	29	28	29	32	30	33	35	33	35
■ Administrative Leave	4	2	2	3	2	5	1	3	2	1	1	3
■ Disability	13	13	9	10	8	8	9	10	9	11	10	13
■ Military Leave	3	3	2	2	2	2	2	1	1	1	1	1

Hiring Data

Applications

- 193,505 applications received to date
- 300,870 clicks to date
- 34 hires made in 2012 over 10 position types



10/24/2012



Hiring Data

(Continued)

2011 Project Analysis

Recruiting Stage	Number of Candidates
Applications	59,983
Phone Interviews	3794
Testing	1138
Face to Face Interviews	455
Offers	122
Starts	118

- 52 Vacancies (45 required testing)
- 1 out of every 3 phone interviews are submitted forward in the process
- 40% of test takers pass
- 4:1 interviews to hires

10/24/2012



Hiring Data

(Continued)

2012 Project Analysis

Recruiting Stage	Number of Candidates
Applications	23,274
Phone Interviews	1339
Testing	937
Face to Face Interviews	137
Offers	37
Starts	34

- 15 Vacancies Currently identified (9 require testing)
- 7 out of every 10 phone interviews are submitted forward in the process
- 40% of test takers pass
- 4:1 interviews to hires

10/24/2012



Hiring Data

(Continued)

JTDC/Personified 2012

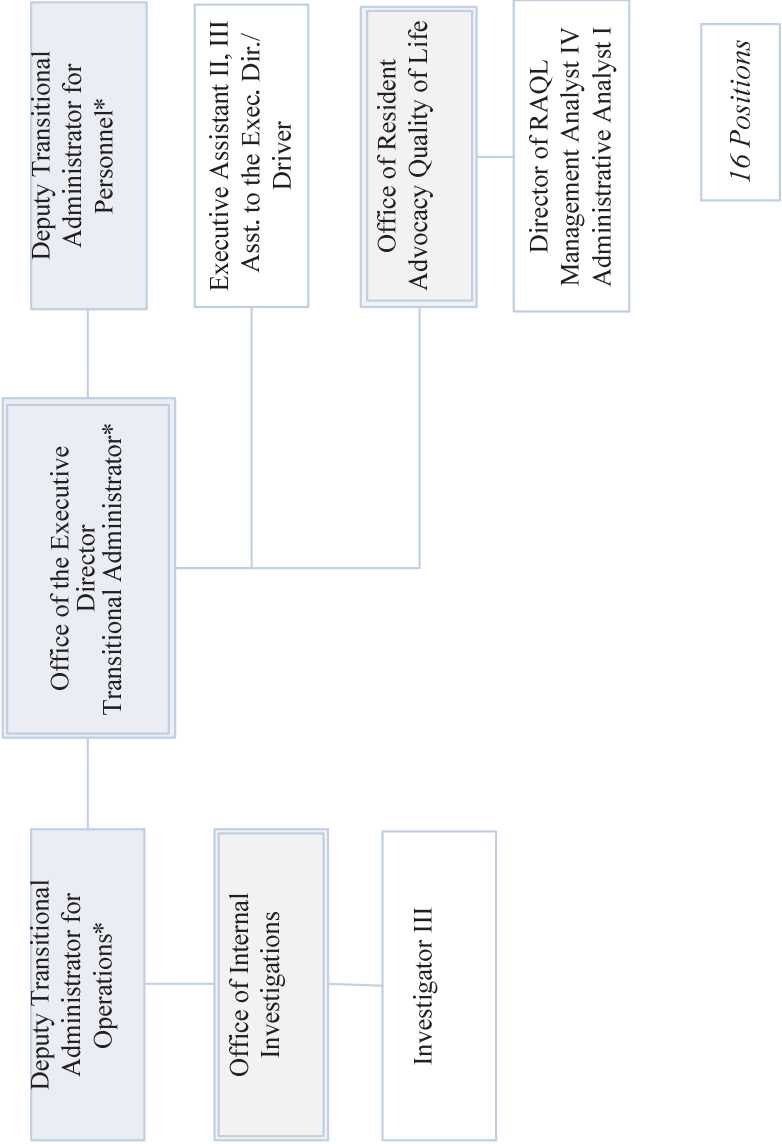
- Transitioning of internal and external candidate process
 - 15 vacancies
 - Completion of Internal Veteran re-testing and face to face interviews
 - Coordinated all staff & rooms for retesting dates and veteran interviews
- Develop Sourcing Strategy & Screening relevant applicants
- Coordinate and communicate transitioning of testing, interviews, offers, medical appointments, orientation dates
 - 27 Testing dates in 2012 thus far with approximately 20 people testing per class = 540 external applicants testing
 - Openings: Youth Development Specialist, Investigator III, Investigator IV, Supervisor in Charge, , Security Specialist 1, Security Specialist II, Recreation Specialist, Rapid Response Team Specialist, Temporary Cook, Food Service Worker, Laundry Worker

10/24/2012



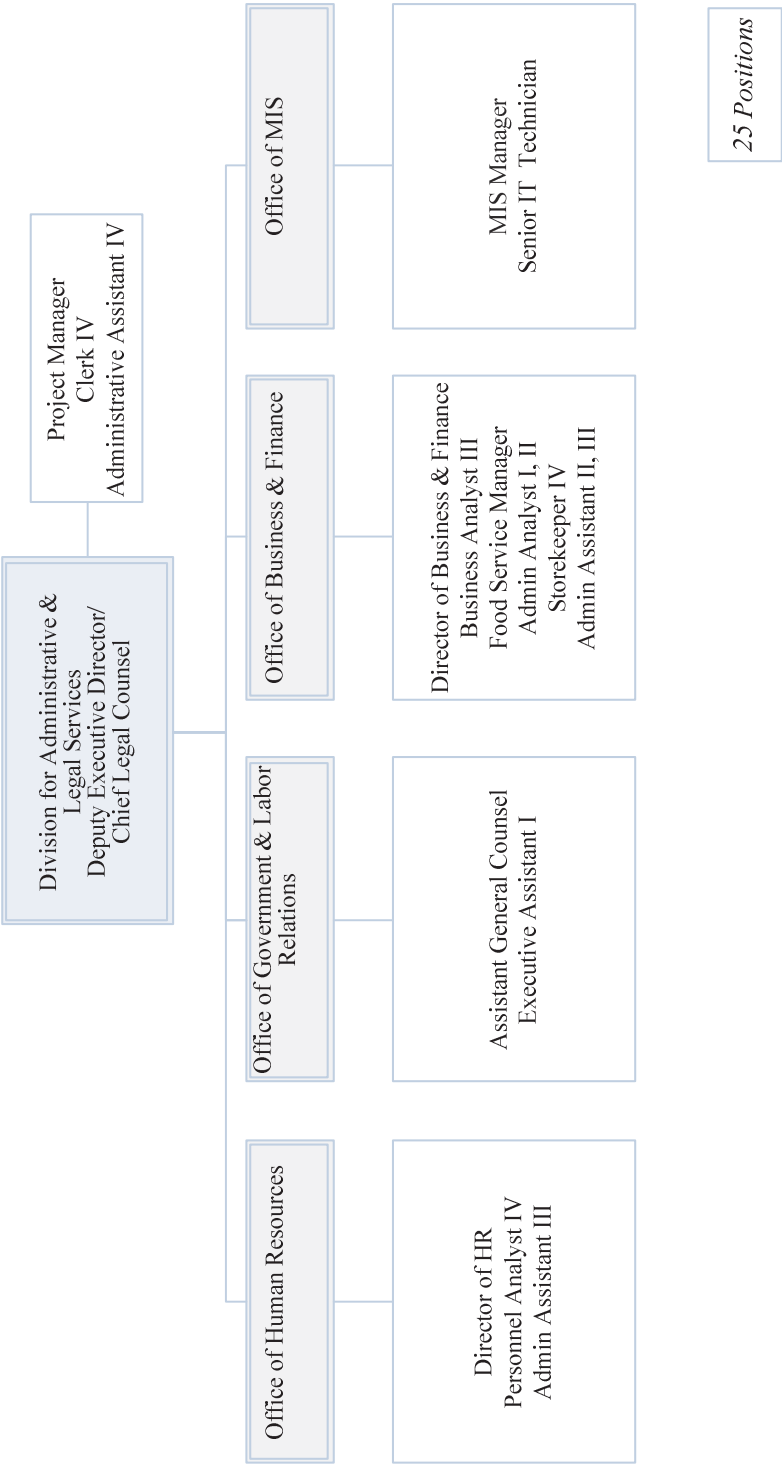
Office of the Executive Director/Transitional Administrator (OTA)

The Executive Director is responsible for the effective management of the facility's operations, personnel, and programs. The Executive Director oversees the entire operation which includes four divisions, one department and three providers: Division for Resident Daily Life, Division for Admissions, Security and Control, Division for Programs and Professional Services, Division for Administrative and Legal Services, and the Department of Resident Advocacy and Quality of Life. Providers include Nancy B. Jefferson (school), Cernak Health Services (medical), and Isaac Ray Center (mental health).



**OTA Staff*

Division for Administrative & Legal Services



Division for Administrative & Legal Services

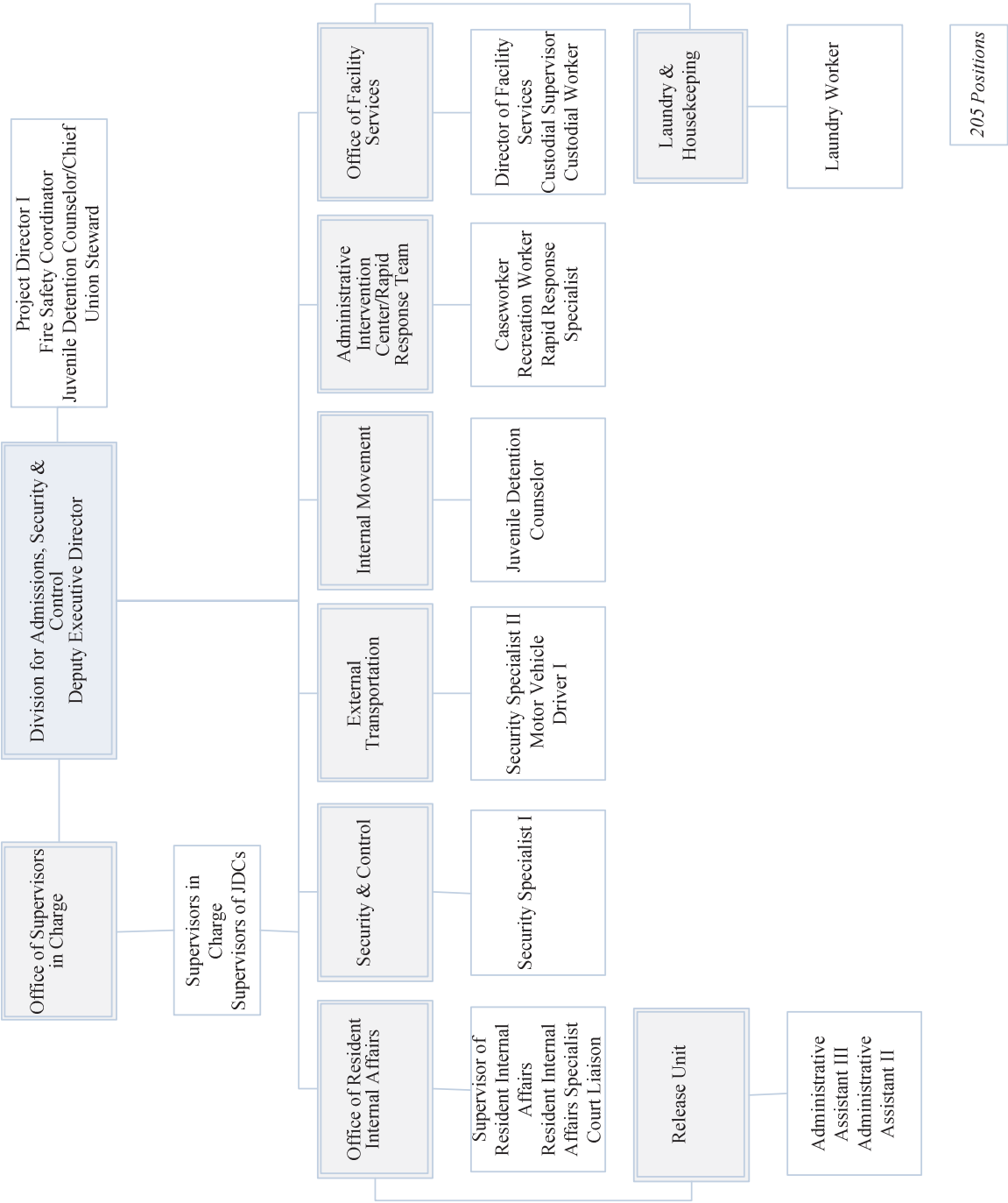
Mission: To manage, coordinate and provide for the JTDC all essential legal and court services; establish and implement all protocols related to the provision of human resources, business & finance, management information systems, and coordinate all public and media information.

The Deputy Executive Director/Chief Legal Counsel for Administrative Services will direct all activities of this Division and serve as Chief Legal Counsel for the JTDC. The Division staff is required to provide all inter-governmental and legal services for the JTDC. This Division will generally provide the following functions/services:

- **Office of Government & Labor Relations:** Refers to all functions related to the 1) Provision of legal services/opinions, 2) Review all federal, state and local laws and ordinances for potential impact on the operation of the JTDC, 3) Review, negotiate and finalize all contracts, 4) Review, for applicability and compliance, and sign off on all operational policy, 5) Participate in, negotiate and interpret all labor negotiations and related contracts, 6) Serve as the conduit for all public and media relations.
- **Office of Human Resources:** Refers to all functions related to the 1) Serving as the “keeper of the record” for all human resource activity, including but not limited to, the oversight of all employee personnel records, etc., 2) Oversee, analyze and make recommendations related to job classification and compensation, 3) Develop and implement strategies related to employee performance evaluations, 4) Develop and implement all employee timekeeping and payroll activities, 5) Monitors and makes necessary adjustments of all personnel classifications within business units, 6) Oversees compliance with all personnel regulation (e.g. FMLA, etc.).
- **Office of Business & Finance:** Refers to all functions related to the 1) Preparation of all fiscal budgets impacting programs and services; 2) Review and analyze all budget expenditures for compliance with the governing authority, 3) Preparation of all invoices and vouchers associated with budgetary business accounts, 4) Serves as liaison to the governing authority on all fiscal matters, 5) Preparation of all essential documents related to bidding and contracting for goods/services, 6) Prepares all essential reports for compliance with the National School Lunch Program and other external funding sources.
- **Office of Management Information Systems:** Refers to all functions related to the 1) Oversight and recommendations for all technology, computer hardware and programs, 2) Collaborates with the governing authority on all matters related to software programs impacting on the facility operation, 3) Maintains security protocols for all computer utilization, 4) Provides technical assistance in the development of software programs that impact on all managerial programs/services.

The Division for Administrative & Legal Services has a **Total of 25 FTE’s**.

Division for Admissions, Security & Control



205 Positions

Division for Admissions, Security & Control

Mission: To establish all protocols for the general security of the JTDC and oversee and manage all access and egress functions: processing of all youth to be admitted and released; general safety of residents and staff throughout the facility, transportation of residents within and away from the facility; oversee all custodial and laundry services.

The Deputy Executive Director for Admissions, Security & Control will direct all activities of this Division. The Division is staffed to maintain a required 24 hour, 7 days a week presence and will generally provide the following functions/services:

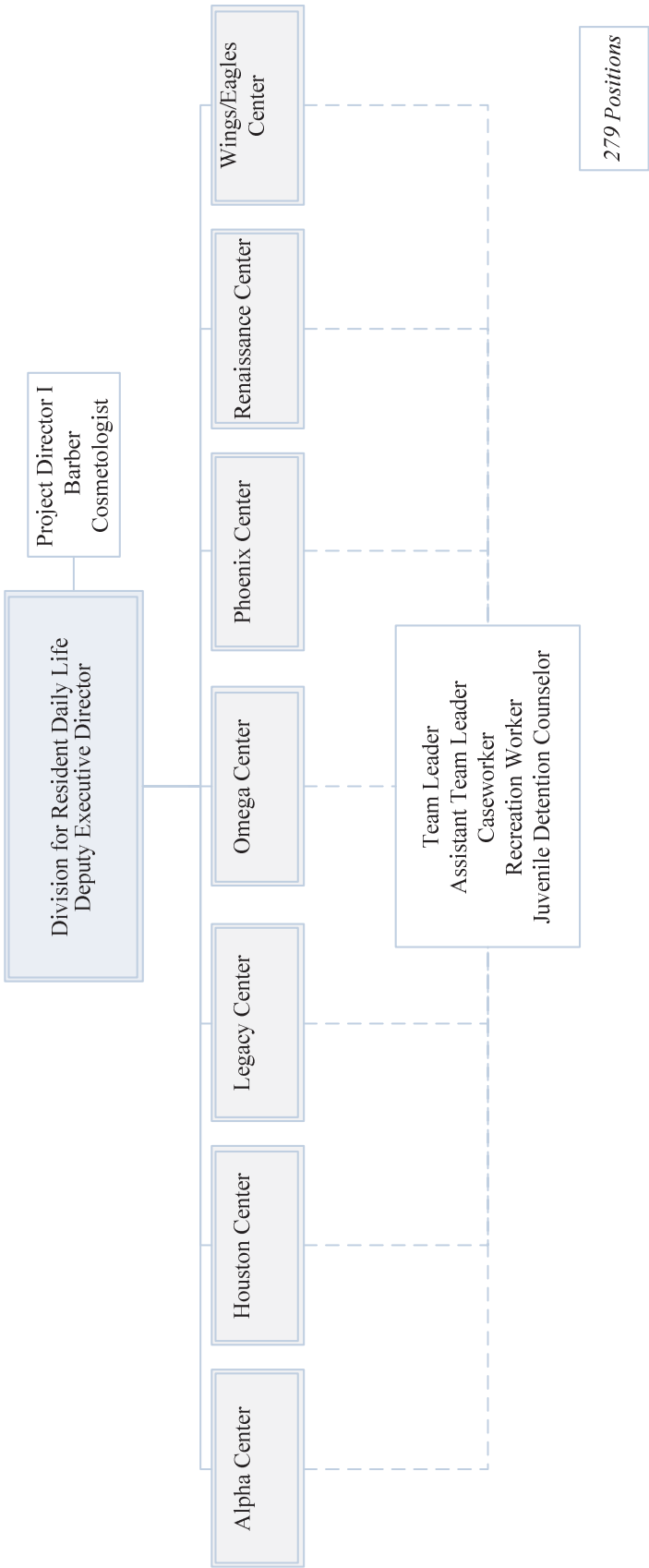
- **Security:** Refers to all functions related to maintaining the integrity of the security of the JTDC and involves time limited direct and continuous supervision of residents. Functions include, but are not limited to, managing the: 1) Security and Control Center; 2) Communication systems; 3) Sally port security; 4) Key Control; 5) Tool Control; 6) Access, egress and supervision of contract providers and deliveries; 7) Movement and coordination of all residents and authorized personnel/civilians throughout the facility.
- **Admissions/Release:** Refers to the initial processing of all youth ordered to be held in the custody of the JTDC and involves only time limited direct and continuous supervision of that youth. Functions include, but are not limited to: 1) Reviewing all relevant documentation to determine the legitimacy of the admission/release; 2) Conducting initial screening and necessary searches; 3) Collecting records/documents and properly secure all youth personal belongings; 4) Management and oversight of Property Room(s); 5) Efficient transfer of each resident to Screening/Assessment/Orientation Unit for classification.
- **Transportation:** Refers to internal and external movement and control of residents. Functions include, but are not limited to: 1) Safe/secure movement of resident to and from areas outside their daily living Units (e.g. medical, visitation, etc.); 2) Safe/secure movement to and from court proceedings, external medical appointments, appointments and events required and/or lawfully ordered by the Court (e.g. pre-placement interviews, long term residential treatment).
- **Rapid Response Team:** Refers to the management and coordination of all emergency preparedness activities, which include, but not limited to: riots, hostage situations, emergency medical, fires, power outage, work stoppage, etc. Selected staff in this Division will be specifically trained to respond to any emergency/crisis situation.
- **General Facility Services:** Refers to all activities related to the general upkeep of the JTDC and necessary laundering of resident and facility materials. Functions include, but are not limited to: 1) Custodial and Housekeeping of all assigned areas within the secure perimeter of the JTDC; 2) Managing, scheduling and providing all resident laundry services; 3) Interfacing of all activities associated with the work of County Facility

Management which includes the preparation of and reviewing/approving all capital construction and equipment activity.

- **Administrative Intervention Center:** Refers to centers where residents are assigned that have been charged with staff or resident assaults or exhibit extreme behaviors. This center provides direct and continuous supervision to residents assigned on this center.
- **Office of Resident Internal Affairs:** Refers to all functions related to the 1) Collection of intelligence and other related information associated with resident gang activity that may impact on the safety of all residents and the operation of the facility, 2) Serves as the facility Administrative Hearing Officer for all resident discipline resulting from “Extraordinary Occurrences” 3) Monitors all resident behavior contracts assigned to any Center, 4) Serves as the liaison with local law enforcement on matters related to new charges brought against JTDC residents.

The Division for Security, Control and Facility Management has a **Total of 205 FTE’s**.

Division for Resident Daily Life
“Centers within a Center”



Division for Resident Daily Life

“Centers within a Center”

Mission: To manage and implement a resident daily life program that incorporates all state regulatory requirements, nationally recognized minimum standards of practice and evidenced based best practice that embraces and promotes a safe, secure and helpful environment.

The Deputy Executive Director for Resident Daily Life will direct all activities of the Division. The Division staff is required to maintain a 24 hour, 7 days a week presence and will generally provide the following significant functions/services:

The configuration of seven (7) operating Centers within the Division for Resident Daily Life emphasizes the significance of moving away from operating a 498 facility and embracing the operational concept of seven (7) independent “Centers within a Center.” Each Center has a dedicated staffing pattern that promotes teamwork and consistency of services to residents. Each Center is led by a Team Leader and all staff assigned to the Center are assigned and scheduled to work only in the designated Center. In addition, Center staff all work a designed “rotational” schedule that allows each to receive one (1) weekend off a month and ensures they receive eight (8) hours of training per month as a part of their normal work schedule.

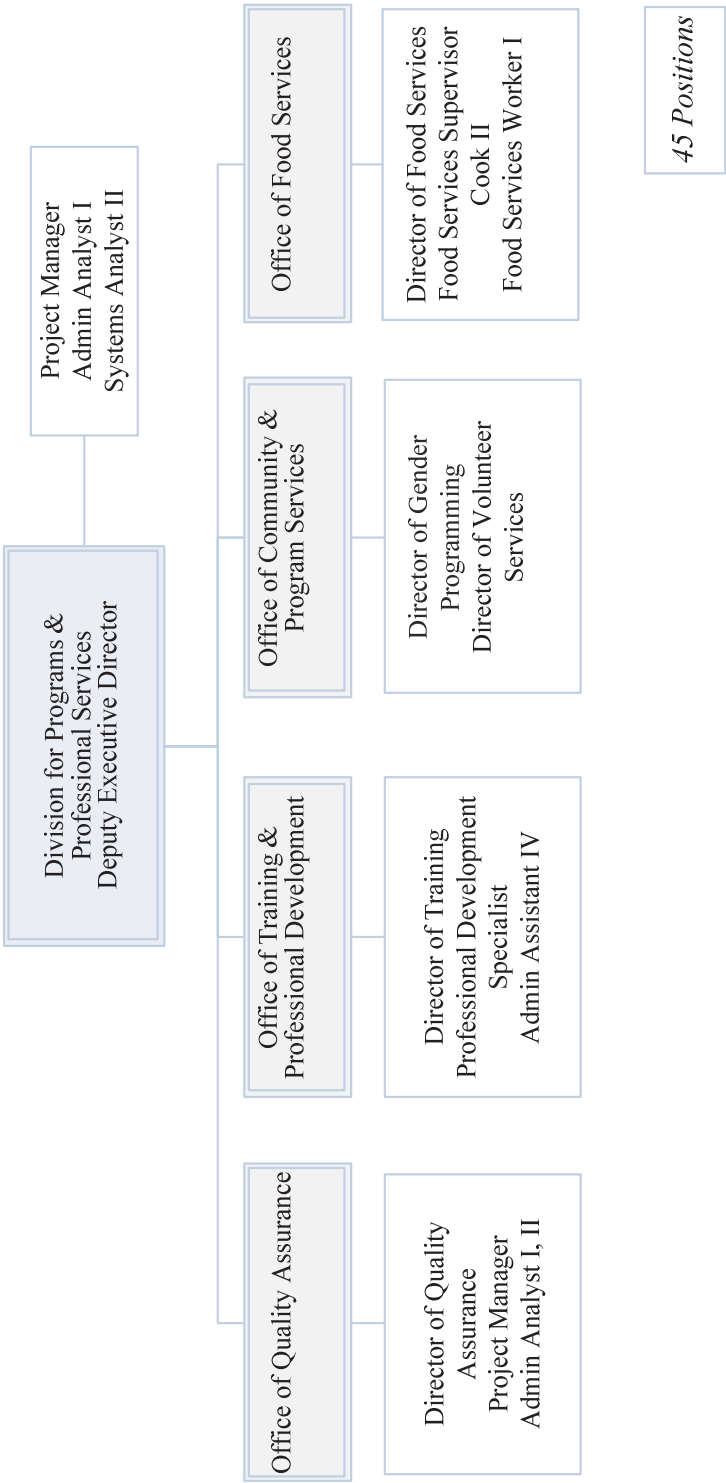
- **Housing:** Refers to the operational design of Units/Pods to be operated within the JTDC. Each operating Unit within the JTDC will consist of three (3) Pods and no less than 48 and no more than 54 beds for a maximum of seven (7) operating Units. Each Unit will be staff, operated as a “stand alone”, homogenous program, and will not be dependent on any other operating Unit.
- **Staffing:** Each Center generally will be comprised of: One (1) Team Leader and three (3) Assistant Team Leaders who will provide operational and program functions; 30 Youth Development Specialists whose primary focus consists of: providing direct and continuous supervision for 48 to 54 residents, crisis intervention, individualized program services and to evaluate resident daily life in accordance with the behavioral program; two (2) Recreation Specialists who will plan, coordinate and deliver all recreational services; three (3) Caseworkers who will serve as case managers and court liaisons for all residents assigned to the Center. The Alpha center has (5) caseworkers and one (1) Recreation Worker.
- **Screening/Assessment/Orientation:** One Center serves as the area where all youth entering the JTDC will be screened pursuant to medical/mental health requirements. Each Center will have an individualized educational program prepared and implemented, as well as receive a structured orientation related to the resident daily life program.
- **Behavior Management:** All staff will be trained in the implementation of a structured behavior management program that offers residents immediate rewards for success in meeting the requirements of a daily life program (e.g. Relationships with peers,

relationships with staff, personal hygiene, maintenance and care of living area, behavior, participation in educational and social opportunities). Conversely, residents will be held accountable for unacceptable behavior/rule violations, which will lead to varied levels of consequences/restrictions.

- **TEAM:** All Centers, in addition to those staffing classifications previously identified, will be made up of two (2) Mental Health providers, one (1) Health Services provider and a dedicated educational staff from the Chicago Public Schools. These classifications will serve as adjunct providers as it relates to planning, programming, training support, etc. The TEAM will set the tone and direction of resident daily life.

The Division for Resident Daily Life has a **Total of 279 FTE's**.

Division for Programs & Professional Services



Division for Programs & Professional Services

Mission: To enhance the overall quality of life in the JTDC for residents and staff through the development of comprehensive policies and procedures that promote nationally recognized standards of practice; monitoring, measuring and evaluating the delivery and effectiveness of programs and services; planning, developing and implementing strategies that promote the professional growth and development (training) of staff; and promoting a transparency within the community through the development and coordination of proactive volunteer networks and gender responsive programs; and oversee food services.

The Deputy Executive Director for Programs and Professional Services will direct all activities of this Division. The Division staff is required to maintain on-going collaborative strategies with all JTDC Division(s) and Office(s) in the development of policies and all programs and services for residents and staff. This Division will generally provide the following functions/services:

- **Office of Quality Assurance and Professional Standards:** Refers to all functions related to: 1) Development of all policies/procedures; 2) Monitoring and auditing of services 3) All regulatory compliance; 4) Monitoring of compliance with the MOA, ASO and MIP; 5) Evaluation of programs/services; 6) Preparing compliance and monitoring reports; 7) Collaborating with and participating in community juvenile justice planning.
- **Office of Training/Professional Development:** Refers to all functions related to: 1) Development, planning and delivery of all training and professional development; 2) Development & preparation of an annual training plan that meets regulatory and nationally recognized minimum standards of practice; 3) Preparing and delivering a pre-service orientation training for all newly hired staff; 4) Preparing and delivering annual in-service training for existing staff; 5) Identifying and coordinating all specialized training needs; 6) Maintaining and updating all training curricula; 7) Addressing any changing trends, best practices, etc. that may impact on the professional development of JTDC personnel.
- **Office of Volunteer Services:** Refers to the development, recruitment, screening, supervision and integration of all volunteer programs, including, but not limited to, faith-based programs, cultural and recreational programs and events, etc.
- **Office of Gender Responsive Services:** Refers to the community interface, coordination, development and implementation of gender responsive (initially girls) and culturally relevant programming for all residents of the JTDC. Also, this office will address changing trends and use best practices for its programming.
- **Office of Food Services:** Refers to the operation of the Food Services Department through the planning, preparation and serving of nutritious meals/snacks that comply with National School Breakfast/Lunch requirements and nationally recognized minimum standards of practice; promotes health and wellness; and is effectively integrated into the resident daily program.

- Liaison to the Nancy B. Jefferson School (NBJS): Refers to the communication and on-going collaboration with the Chicago Public Schools and specifically NBJS in order to adequately integrate the behavioral and educational services for all JTDC residents.

The Division of Programs and Professional Services has a **Total of 45 FTE's**.

Quality Assurance and Professional Standards

The Department of Quality Assurance and Professional Standards promotes organizational productivity and accountability at JTDC with the use of policies and procedures. The JTDC policy and procedure manual is the foundation of the quality assurance activities. The activities within the department are comprehensive to ensure that regulatory compliance is occurring, best practices are utilized, and quality services are provided.

The activities of the Department of Quality Assurance and Professional Standards entail:

- Developing policies and procedures that thoroughly define the operational practices and programs at the facility;
- Utilizing applicable national standards to develop performance-based indicators that will measure achievement in desired areas of programs and services;
- Evaluating and providing on-going monitoring;
- Documenting and providing detailed reports with summaries; and
- Making recommendations

The Department of Quality Assurance and Professional Standards offers training to all new staff on the policies and procedures of JTDC. All staff are provided with an electronic version of the policy and procedure manual (with updated versions provided when revisions are made).

The policies and procedures of JTDC are reviewed annually with processes in place to ensure regularly scheduled monthly reviews of all policies and procedures (by Chapter) and on-going monitoring for continuous improvements.

Analysis and evaluation of programs and services are conducted annually. Currently, monthly and quarterly reviews of JTDC practices are conducted with the use of national performance indicators that assist in the evaluation of the health, safety, and well-being of the residents

Training Center/Academy

The JTDC staff-training program consists of three major three (3) components.

The *first component* is the Self-Study Guide, an overview of core detention concepts that the new employee will complete with a mentor. The Self Study Guide constitutes 24 hours of pre-service orientation focusing on JTDC employee issues and procedures.

This pre-service training is an 80-hour training curriculum, consisting of 40 hours of Detention Basic training that parallels the Administrative Office of the Illinois Courts detention basic training. This core curriculum training is based on modules from the *National Juvenile Detention Association's Detention Care worker Curriculum*. This training includes: Physical Restraint Training (PRT) –developed by the national “Handle with Care “program; CPR training and First Aid from the Red Cross; mental health training; basic medical training; and 40 hours of Cognitive Behavior Training, focusing on the JTDC’s resident behavior modification models.

New employees who provide direct care to residents will also receive *On the Job Training* (OJT) or job shadowing experience. The OJT manual outlines training experiences and links with JTDC corresponding policy and procedures.

The *second component* is advanced 40 hour training for Team Leaders and Assistant Team Leaders. This Leadership training includes: security procedures; the use of physical and mechanical restraints and how to conduct contraband searches.

The *third component* is the annual mandated in-service training.

Each center has a specific training day in which employees attend a minimum of 40 hours of training in Physical Restraint Techniques, CPR, suicide behavior/observation, and report writing skills.

Professional and office staff receive training by taking courses offered by Cook County or through professional conferences, webinars and other educational opportunities.

Volunteer Services

The program is designed to be a dynamic, ever-changing process that is based upon persistently forming center-school-community partnerships. The program constantly seeks community assistance in the Center's efforts to provide leadership, structured care and supervision to youth being held in temporary custody through the use of a balanced approach of creative programs and services.

Through the volunteers' coordinated activities, our youth will establish and maintain a deeper appreciation the communities interacting with the center. There is a great appreciation for volunteers who touch the lives of the youth by offering programs that inform, educate, enlighten, inspire, and promote optimism for residents. Each volunteer demonstrates to the youth that their decisions to make smart choices will result in successful lives.

Programs and classes conducted for residents have included: **Money Management, Self Esteem, Chess, Law Related Education, Expressive Arts (dance and yoga), Bill Glass Ministries, Faith-based activities, Concerts, Academic Mentoring, Creative Writing, and Goal Setting/Decision-making.**

Gender Responsive Services

The purpose of the **Office of Gender Responsive Services** is to “ensure all residents detained at the JTDC are safe and engaged by ensuring their physical and mental health needs are being addressed via gender specific, trauma-informed, and culturally relevant programming and services.” The Office of Gender Responsive Services aims to provide programming and services that benefit residents beyond the detention center. Each program leaves the residents with skills and knowledge that will transcend their challenging adolescence and become tools to rely upon throughout their lives.

Since March of 2009, this office has provided various activities aimed at accomplishing the mission. With the help of JTDC staff and community advocates, this office has provided training to staff, numerous programs for the residents, and is working to facilitate a collaborative approach with probation.

Isaac Ray Mental Health Center

The Isaac Ray Center (IRC) staff at the Juvenile Temporary Detention Center provides mental health services to all JTDC residents and a more comprehensive set of services to youth identified as needing ongoing mental health support. The IRC staff is comprised of psychiatrists, advanced practice nurses, psychologists, licensed clinical social workers, and master's level mental health specialists.

Since 2007, the Isaac Ray Center has been serving the mental, emotional, developmental and social issues of the residents through clinical assessment and treatment, with the goal of successful reintegration back to the family and community.

Within 24 hours of entry into the JTDC, every resident receives a comprehensive face-to-face mental health screening. Residents of the JTDC receive a myriad of mental health services including:

- intake assessments,
- psychiatric evaluations,
- psycho-educational groups,
- skill-training,
- therapy,
- medication follow-ups,
- referrals and treatment planning,
- re-entry / linkage services back to the community.

IRC staff work with the residents and their families, the courts, probation, and the educational system to facilitate a successful transition back home. All residents of the JTDC may participate in psycho-educational groups, which visit daily on each Center by IRC staff. Mental health staff promptly evaluates any resident who is referred for mental health concerns. The resident or parents, teachers, court officials or JTDC staff may make referrals. Any resident in crisis, regardless of mental health transported to inpatient community psychiatric hospitals for acute treatment.

Nancy B. Jefferson School

*"Schools within a School" A Culture of Caring and Learning
(Operated by Chicago Public Schools)*

Mission: To operate, through an integrative and collaborative process with the Chicago Public Schools (CPS) system, an educational program for residents that embraces and balances the need for safety and security with a creative learning environment and the opportunity to advance academic, social and behavior competencies.

The school program design unites detention education and detention programming into a true collaboration by incorporating best practices currently utilized in the field. It combines the learning theory and design of David Kolb and Madeline Hunter with the research-based "Safe School", "schools within a school" concept, and the cognitive behavioral approach to changing delinquent behavior.

Goals:

1. To maximize the assurance for the SAFETY of all residents and staff by implementing an objective classification system.
2. To ensure that every resident receives educational programs and services consistent with federal, state and local laws/regulation.
3. To eliminate the need for resident suspension and/or expulsion from the educational setting at the JTDC facility.
4. To establish and implement a behavior program that reinforces positive resident behavior and achievement in the educational setting.
5. To establish a continuum of sanctions for inappropriate resident behavior that minimizes disruption and promotes every opportunity for the resident to continue in or return to the learning environment in a timely manner.
6. To "bridge" the role and the relationship of the CPS Instructor and the JTDC Youth Development Specialist in the classroom.
7. To develop strategies that recognize and respond to the "unique" environment that the JTDC/CPS educational program represents in a manner that offers an alternative to the "traditional" educational structure and approach.
8. To maximize learning and transition of residents through the development and implementation of Individualized Success Plans for each resident.

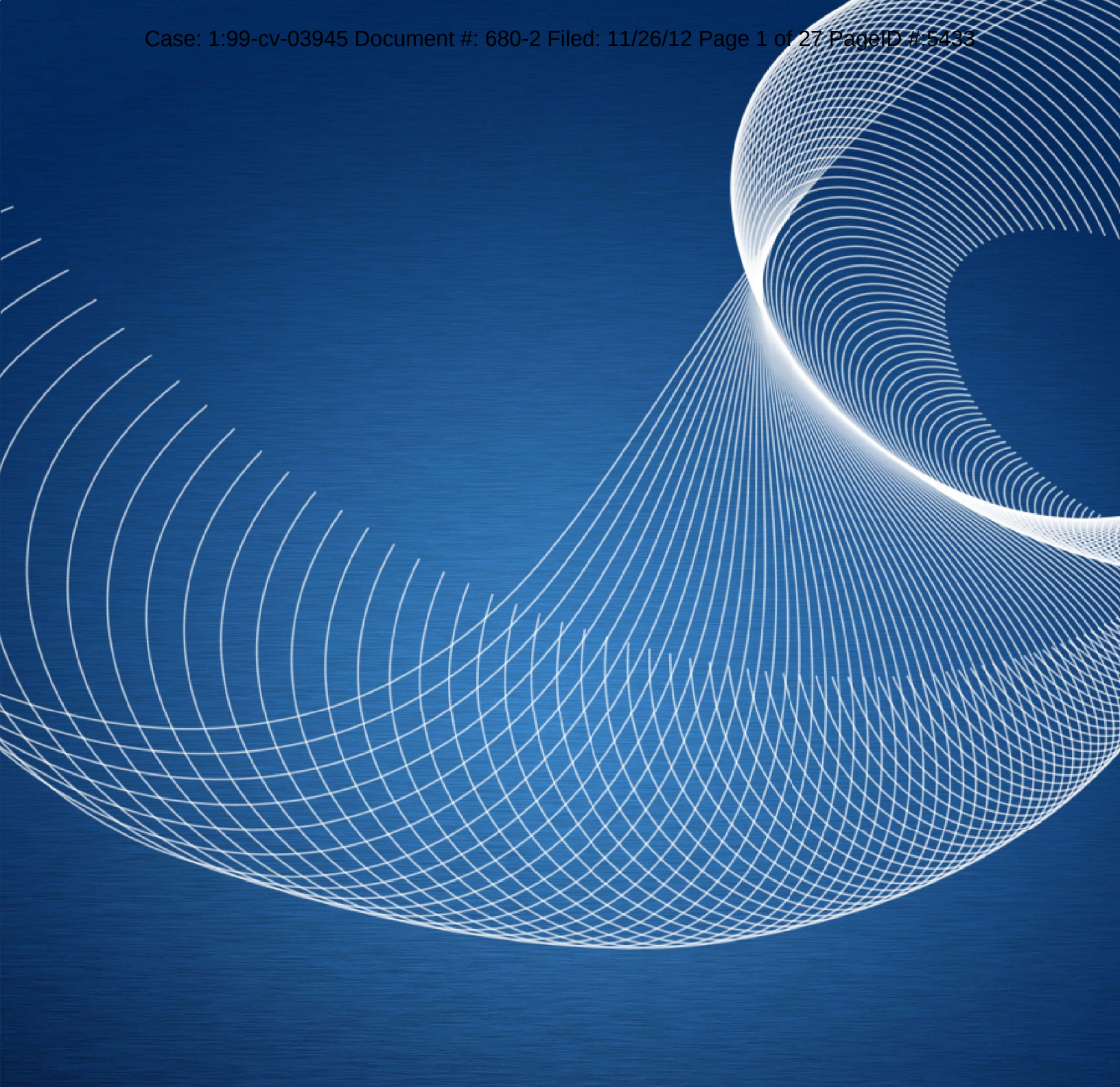
Over the 2012 calendar year, the school continued its partnership with Old Town School of Folk Music provided by the Arts Infusion Grant funding to enhance the educational curriculum. In addition, the curriculum will offer elective courses including music, art, dance and computer courses. The new curriculum will engage residents by focusing on arts and music to enhance creativity and problem-solving skills as a vehicle to redirect aggressive behavior. **The five (5) year "Arts Infusion" grant is provided by the Chicago Community Trust Company.**

2013 Goals

The **JTDC TEAM** will continue the work to improve its programs and services for residents in order to ensure a safe and secure environment.

- 1) The OTA is preparing for an orderly transfer of leadership to a new Executive Director in compliance with federal court orders under the direction of the Office of the Chief Judge (OCJ) of the Cook County Circuit Court.
- 2) SDI Engineering is writing specifications for a Request for Proposal to install an integrated surveillance video camera security system and guard tour system throughout the facility to improve security.
- 3) The reinforcement of ceiling tiles project in resident bedrooms is scheduled for completion June 2013 which will enhance safety & security of staff and residents.
- 4) The Isaac Ray Mental Health Center will re-instate the “Bridge Program” which provides transitional mental health services for residents upon release to the community.
- 5) Cermak Medical will implement Electronic Resident Medical Records system to increase efficiency and service to residents. Implementation targeted for 2014, but is dependent on vendor committed delivery date.
- 6) Continue to seek external funding to support programing and services for residents, which will improve academic, social and behavior competencies.
- 7) Purchase a new resident data system. The demo system was installed (OMS Evolution) for supervisors to receive training and evaluate prior to making a purchase decision.
- 8) Maintain an 80% compliance rate in responding within the 4-hour window for resident due process hearings.
- 9) Expand monitoring of programs such as recreation, commissary, barber/cosmetologist services, education, 30-30-5, and other conditions of confinement.
- 10) Enhance reporting of resident grievances, population statistics, and due process.
- 11) Improve quality assurance program at JTDC.
- 12) Negotiate Collective Bargaining Agreements.
- 13) Obtain an applicant tracking database and manage the recruiting and onboarding process internally.
- 14) Continue to improve on the behavior modification systems in place as well as have the Token economy policy approved and distributed to all appropriate parties.
- 15) Continue to enhance the healthy choices in the commissaries for each Center.

- 16) Implement a quality classification system for the Alpha (SACO) Center.
- 17) Reorganize the operational programming for the Omega Center for the Automatic Transfers.
- 18) Continue and build positive morale through our bi-weekly Staff Advisory Committee meetings.



ISAAC RAY CENTER AT THE
**COOK COUNTY JUVENILE
TEMPORARY DETENTION CENTER**
January 1, 2009 to December 31, 2011

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IRC MISSION STATEMENT

The Isaac Ray Center at the Juvenile Temporary Detention Center will address the mental, emotional, developmental and social issues of the residents through clinical assessment and treatment with the goal of successful reintegration back to the family and community.

All residents will receive equal access to services regardless of age, religion, gender, ethnicity, socioeconomic status and/or sexual orientation.

We will work with the entire CC-JTDC team to assure the safety of these youths and to appropriately evaluate and manage their mental health needs while in JTDC

We will develop a comprehensive system of mental health care for the residents providing psychiatric and psychosocial assessment, medication management, supportive therapies, and behavioral education in this temporary detention setting.

We will provide the necessary mental health support to enable the resident to proactively participate, with dignity and integrity, in their care, education and defense during the process of adjudication, transit through the detention center and reintegration into the community.

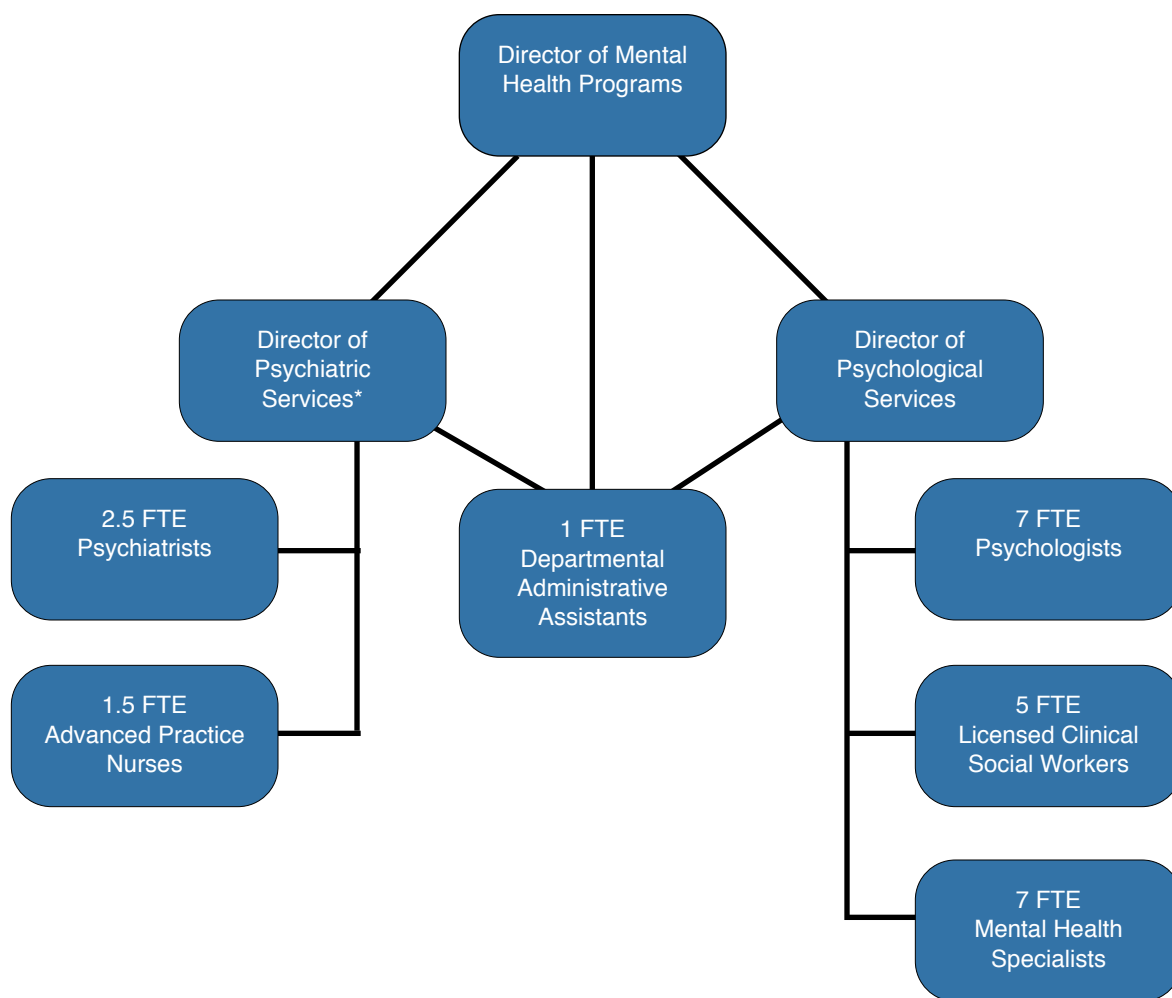
We will work with the residents and their families, the courts, probation, and the educational system to facilitate timely linkage to community.

We will seek feedback on our performance and make the necessary adjustments in our programs to increase productivity, encourage efficiency and continually provide accessible, innovative and effective mental health treatments.

We pledge to develop strategies to improve the quality of mental health care for the residents and to promote high standards of supportive, nonjudgmental care.

We will foster the personal and professional growth of our staff and model high ethical and professional standards.

IRC AT JTDC ORGANIZATIONAL CHART



as of
3/1/2012

INTRODUCTION

Introduction

This report covers the period of time between January 1, 2009 to December 31, 2011¹. The report presents information regarding clinical contact data of IRC staff with individual residents in the provision of regular services. It is meant to be an overview of IRC activities and is not meant as an “all-inclusive” review of all contact types.

The “Center” Concept

A “pod” is a living unit which holds 16 to 18 residents. A “Center” consists of 3 separate pods or living units. Each center has a dedicated: Team Leader, Assistant Team Leaders, Caseworkers Medical/Mental Health staff and Recreational staff for that particular center. The fundamental idea behind centers is to provide a greater concentration of trained support for both the residents and the working line-staff. The centers were initiated in June 2008 with a pilot project called the PHOENIX Center on the 5th floor. That August, the successful PHOENIX model was expanded to provide services for female resident units, and the WINGS Center was implemented. In May of 2009, the Intake units were formed into the ALPHA Center. Since that time, more centers such as ARROW, HOUSTON, LEGACY and OMEGA have come into being, as the facility has moved to a newer and more comprehensive service delivery system. Today JTDC is entirely center-based.

Movement through the JTDC System

Youths are transported from local police precincts and processed into juvenile detention center and processed in the concourse in the basement. From there they are transferred to either the ALPHA Center (for boys) or the WINGS/EAGLES Center (for Girls).

INTAKE & ASSESSMENT ALPHA CENTER

The Alpha Center receives all male residents after they have completed the admission process². Youths are given comprehensive measures to assess for the need of specialized services. All residents are offered the Massachusetts Youth Screening Instrument-Second Version (MAYSI-2) during the admission process. The MAYSI is a brief screening tool designed to assist juvenile justice facilities in identifying youths at admission who may have special mental health needs. The IRC Mental Health staff assigned to the Alpha Center conducts face-to-face Intake Mental Health Screenings for all male residents within 24-hours of their admission to the JTDC. The average stay on ALPHA is 1 to 3 days.

For those residents that are ordered to remain in detention for greater than seven days, we offer advanced mental health screening and psychological testing. These residents are offered the Practical Adolescent Dual Diagnostic Interview (PADDI). The PADDI is a comprehensive diagnostic assessment interview that documents both DSM-IV substance abuse/dependence diagnoses and major mental health conditions. Residents are also offered the Adolescent Substance Abuse Subtle Screening Inventory- A2 (SASSI-A2). The SASSI-2 identifies high or low probability of substance dependence and substance abuse

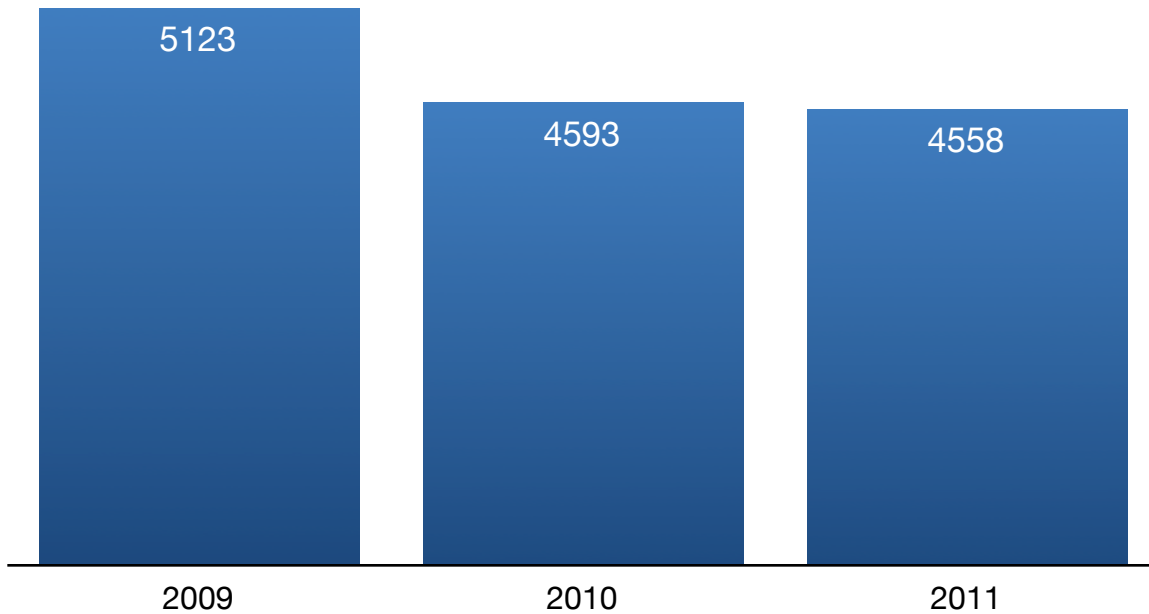
¹ Past IRC Annual Reports covered the period of time from May through June. The data reported herein have been scaled from January through December of each calendar year so totals from past reports to this one are not directly comparable.

² Female intakes are evaluated on the female unit - the W.I.N.G.S. center

disorders for residents 12 to 18 years of age. Our staff also consults to the JTDC Alpha Management Team on high-profile residents before they are transferred to a housing unit.

Since January 2009, Isaac Ray staff have performed 14,274 intake evaluations, averaging about 397 per month.

Total Intakes by Year



NEED FOR SERVICES THE MENTAL HEALTH ROSTER

Once a resident is determined to need mental health services s/he is placed on the Mental Health Roster. Usually identification occurs as part of ALPHA's Intake process but, sometimes a resident may have a crisis and be added to the Roster later during his/her stay. The Mental Health Roster, is a list of all residents being actively followed by IRC mental health staff. The rosters are compiled on average two times per week. The roster serves as a "working list" of all of the active mental health patients. Any resident on psychotropic medication is automatically added to the roster, however a resident need not be on psychotropics to be considered an active patient.

The Mental Health Roster averages around 100 residents across the the past three years. The majority of patients on the Roster take psychotropic medication (57% across 3 years). Like JTDC population the Roster is predominantly male (average 97) with a smaller number of female residents (average 13.6). ***Approximately one-third of the building population is currently on the Mental Health Roster.***

Size and Composition of Mental Health Roster

	2009	2010	2011	Average
Average Mental Health Roster	104.5	94.8	99.2	99.5
Males	94.8	99.2	98.2	97.4
Females	15.6	15.3	9.8	13.6
Number on Medication	57.2	63.5	51.3	57.3
Adult Transfer Residents	12.5	16.5	14.9	14.6

MENTAL HEALTH LEVELS OF SERVICES

Isaac Ray Center staff provide mental health services to all JTDC residents and a more extensive set of services to youth identified as needing ongoing mental health support (i.e. on the Mental Health Roster). Youths who are identified as having greater mental health needs are placed upon the Mental Health Roster, are more closely followed and are offered a *more extensive set of individualized services* than JTDC residents not on the Roster.

Within 24 hours of entry to JTDC every resident is given a Massachusetts Youth Screening Instrument (MAYSI) and a face-to-face comprehensive mental health screen by one of the IRC staff members. All residents are encouraged to participate in psycho-

educational groups, and all residents are seen as part of regular rounds by IRC staff members. Any residents in crisis, regardless of Mental Health Status (e.g. on the roster or not) are seen immediately by IRC staff members for crisis intervention and stabilization between 8am and 10pm. Likewise, any resident who is referred for mental health concerns is promptly evaluated by Mental Health Staff between 8am and 10pm. Anyone can refer a resident for Mental Health Services. A resident can be referred by any JTDC staff member, teacher, parent, court official or even self-referred by the resident him/herself.

Residents who are placed on the Mental Health Roster are provided with mental health services as deemed appropriate by the treatment team. Such services may include individual therapy, individualized skills training, psychiatric services, medication management, follow-up evaluations, comprehensive linkage planning and regular review of progress by the assigned treatment team.



- Intakes
- Psychiatric Evaluations
- Groups
- Referrals
- Rounds
- Crises
- Confinement Rounds
- Basic Linkage services



- Therapy
 - 1:1
 - Family
- Skill-Training
- Treatment Plans
- Comprehensive Linkage for residents on medication
- Follow-ups

PARENT CENTERS

STANDARD SERVICES

“Parent Centers”

Youths who finish with Intake on ALPHA Center are then transferred to “Parent” Centers based upon individual factors such as Gender, Age, Type of case (charged as a Juvenile vs. Adult) and others. The Parent Center is the Center where the resident will be permanently housed during his/her stay at JTDC while the legal case is adjudicated.

JTDC has the following Parent Centers:

Center	Population
WINGS/EAGLES	WINGS - 2 pods of female residents EAGLES - 1 pod of 17 year old male residents who have been charged with Juvenile cases
ARROW	Males charged with Juvenile cases
LEGACY	Males charged with Juvenile cases
HOUSTON	Males charged with Juvenile cases
PHOENIX	Juvenile Males (2 pods) and Males charged as Adults (1 pod)
OMEGA	Males charged as Adults
A.I. Center	Temporary placement for residents with behavioral problems

Initial Mental Health Contact

Every youth who is transferred from Alpha to a Parent Center is seen by a mental health clinician within their first 48 hours on the pod. The purpose of this encounter is to evaluate the youth’s adjustment to the pod, to re-assess mental status, and to provide the youth with an orientation to mental health services on that Center. This encounter is documented on a mental health progress note and is filed in the medical record. Some Centers such as WINGS/EAGLES & PHOENIX - provide newly arrived residents with entry packets describing specialized services. Other Centers such as Omega also include information about the stages adult legal system, in order to provide a realistic preview of what the resident will undergo in the upcoming months.

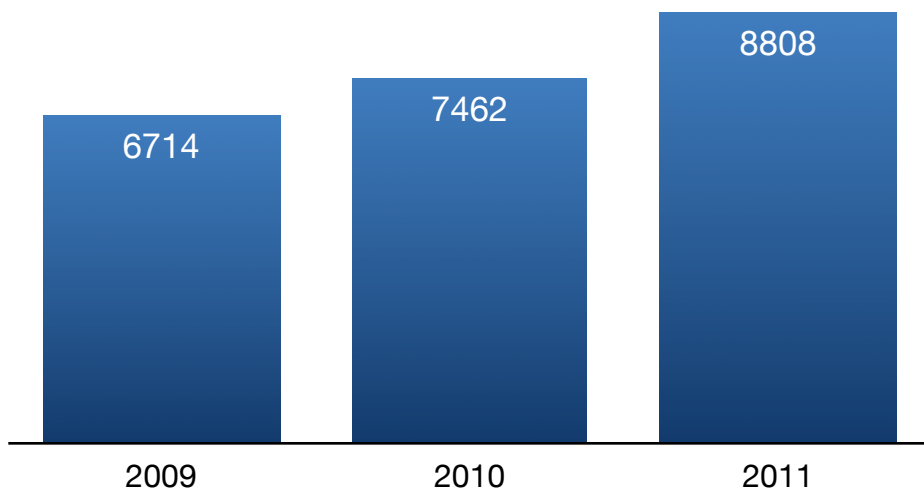
BASIC MENTAL HEALTH SERVICES

CLINICAL ROUNDS, CONFINEMENT ROUNDS & THERAPEUTIC GROUPS

Clinical Rounds

A "Clinical Round" Mental Health clinicians conduct daily rounds on their center during every shift. The main objective of these rounds is to identify problem issues that residents may be experiencing and intervene to address issues that may exist. During rounds, the clinician will speak with direct care staff (Youth Development Specialist), case workers, and center management staff about any mental health concerns and/or mental health referrals. The clinician may also review the pod's log book, incident reports and any major rule violations. During mental health rounds, the clinician speaks directly with any youth who requests services, youth who are confined, and youth who are serving extended cool-offs.

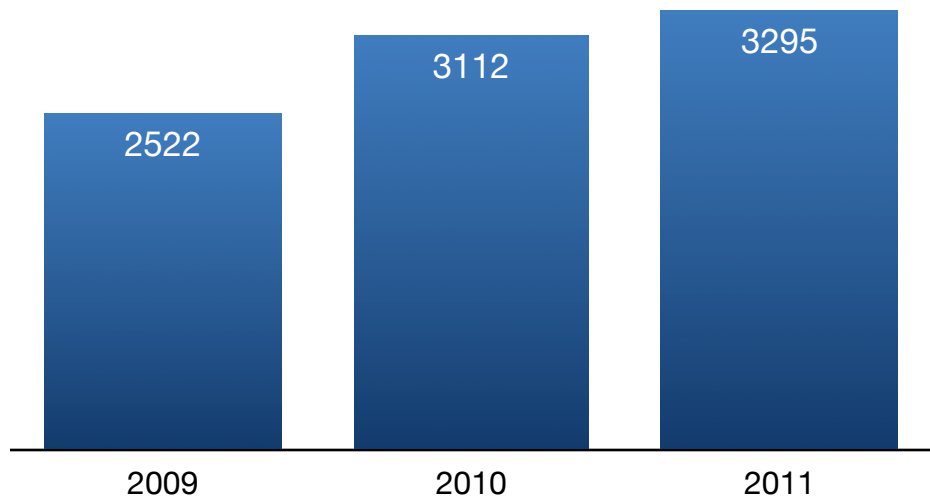
Total Clinical Rounds by Year



Confinement Rounds

Mental Health clinicians conduct daily confinement rounds to evaluate the youth's mental status and to ensure that the conditions of confinement are not contraindicated. In rare instances that a youth cannot be safely maintained in confinement, the mental health clinician will immediately provide an alternative plan, and the confinement will be discontinued.

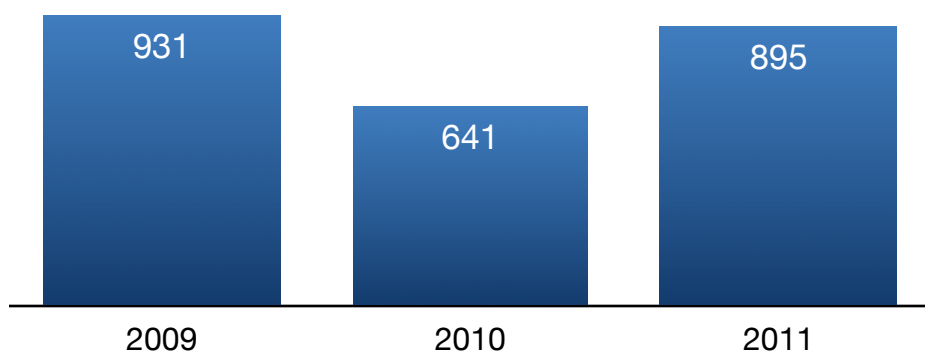
Total Confinement Rounds by Year



Therapeutic Groups

Isaac Ray clinicians conduct regular psycho-educational/therapeutic groups on the center pods. The majority of Centers receive core psycho-educational groups that are skill-based and intended to teach help residents make better adjustments within the environment, promote pro-social behaviors, and to encourage better decision making. Such groups include: Distress Tolerance, Anger Management, Substance Abuse, Problem Solving, Relaxation and Mindfulness. The Omega and Houston Centers also provide "Peace Circle" groups, a type of therapeutic group that focuses on member equality and practical problem solving. Isaac Ray clinicians have provided 2,467 groups over the past 3 years with a total 24,380 members.

Total Therapeutic Groups by Year



MENTAL HEALTH RESIDENTS SPECIALIZED SERVICES

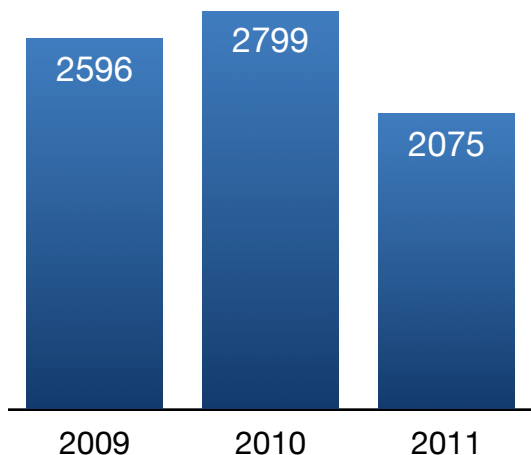
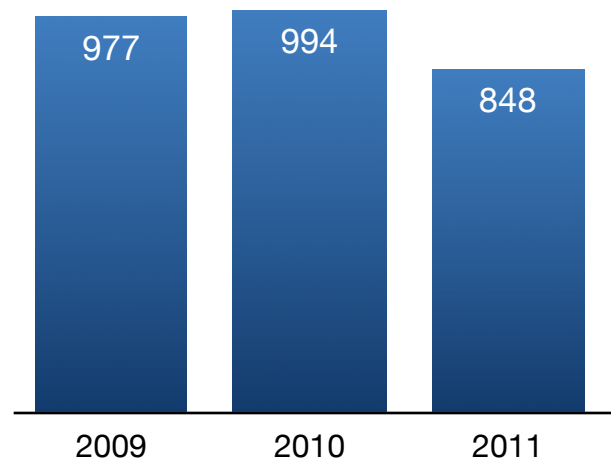
Overview

As mentioned above, residents who have been identified as having mental health needs receive a higher degree of support from Mental Health staff and higher degree of specialized services. Such services include: the prescribing and management of psychotropic medication, Individual Therapy/Follow-up contacts, multi-disciplinary staffings

Psychotropic Medication

Over one-half of Active Mental Health patients are on psychotropic medication. Before medication is started residents must first be evaluated by IRC Psychiatrists or Advanced Practice Nurses. Initial psychiatric evaluations are usually 60 to 90 minutes in duration, provide an initial diagnosis and serve as foundation for further treatment. Usually, this time includes obtaining consent and information from outside caregivers, however sometimes such persons cannot be reached the day of the initial evaluation. Often Psychiatry Department Staff are required to gather information regarding the resident's past treatment history from parents/guardians/agencies such as DCFS and to obtain consent to treat the resident while s/he is housed at JTDC. Psychiatry staff may also be attempt to speak with other mental health providers who have treated the resident in the past or at other settings.

**Total Initial Psychiatric Evaluations
by Year**



Psychiatric Follow-up visits

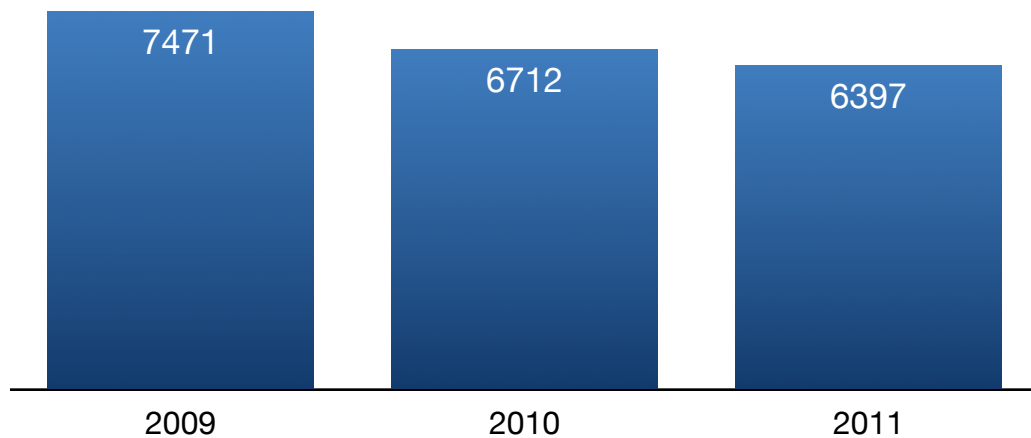
Once medication had been prescribed, residents must be "Followed-up" with, to assure treatment efficacy and monitor for the possibility of side-effects. There are two types of Follow-up contacts. Basic Follow-up Contacts are for residents housed on any of JTDC Pods or units and vary from as frequent as 1 x week for new/short-term residents (monitoring side-effects, compliance, reviewing lab results, etc.), to up to 1 x month for longer term residents.

As the JTDC population has fallen and the duration of stay in the building has shortened, the number of follow-up contacts has fallen commensurately.

Mental Health Therapy & Follow-up

Residents on psychotropic medication are automatically followed by other mental health staff. However, some residents can benefit from mental health support without the use of medication. These residents too, are placed on Follow-up status and seen by clinicians such as psychologist, social workers and/or mental health specialists on a regular basis. Such residents display a wide variety of issues. Some may simply be experiencing adjustment difficulties. Some may be cognitively delayed and need more extensive support. Some resident may e displaying clinical symptoms and parents/guardians have not given consent to treat with medication, but do consent to talk-therapy approaches. Whatever, the resident's specific issue, "Follow-up" status residents are seen at least one time per week, often more during periods of crisis, until the identified problems are resolved of the resident leaves the detention center.

Total Mental Health Therapy & Follow-up Contacts by Year



Again, as the JTDC population has fallen and the resident's duration of stay in the building has shortened the number of follow-up contacts has fallen commensurately.

Staffings and Collateral Contacts

Mental Health services **do not** operate in isolation from other system whether inside or outside of JTDC. Mental health staff operate in a consultant role communicating with a wide variety of disciplines including: Youth development Specialists, team Leader and assistant Team Leaders, Caseworkers, Probation Officers, medical personnel (inside and outside of JTDC), Judges and family members.

"Staffings" encompass two broad types on clinical contacts: Team staffings and Hospital staffings. Teams staffings are composed of the Mental Health treatment team designated to treat a particular individual. They are usually composed of a member of the Psychiatric Team (MD or APN), and several members of the Mental Health Team (PhD., MSW and or MHS). The purpose is to develop or refine a comprehensive approach to the mental health treatment of residents on the Mental Health Roster. Hospital Staffings are different from Team Staffings in that, when a resident is hospitalized outside of JTDC for psychiatric reasons, then that particular resident's Treatment Team sets up a meeting with the that resident's psychiatric treatment team at that particular hospital (More on Hospital Staffings in the section on Crises).

Consults are defined as meetings with in-house health providers (i.e. Nursing, Medical staff, other Mental Health, Youth Counselors, Team Leaders, etc.) to coordinate care and treatment for particular residents. Collateral contacts reflect contacts with outside providers such as parents/guardians, probation officers, court officials, medical personnel at John Stroger Jr. Hospital, personnel at other outside hospitals such as Hartgrove or Riveredge Hospitals. Such contacts reflect...Collateral contacts do not include formal Team Staffings or Hospital Staffings. Court Summaries and Probation Summaries are specific evaluations requested by those authorities about the resident's mental health condition, treatment regimen, etc..

	2009	2010	2011	Average
Team Staffings	263	279	281	274.3
Consultations¹	4,823	6,272	7,340	6,145.0
Collateral Contacts¹	2,454	2,754	2,417	2,541.7
Court Health Summaries	103	182	245	176.7
Probation Health Summaries	111	75	73	86.3

CRISES

PSYCHIATRIC EMERGENCIES

Crisis defined

Isaac Ray Mental Health responds to various resident crises. A "crisis" is defined as anytime a resident exhibits extreme behavior which requires an immediate mental health evaluation and possible response. Sometimes crises are a resident expressing suicidal ideation (i.e. "I want to die.", "I'm going to kill myself", etc.). Sometimes the resident is actively engaging in self-harm (scratching self, banging head on brick wall, attempting to hang self, etc.). Sometimes a resident is acting out in a violent behavioral fashion towards staff or peers and requires immediate assessment. Mental health staff respond to various crisis calls on a regular basis.

Environmental Alert

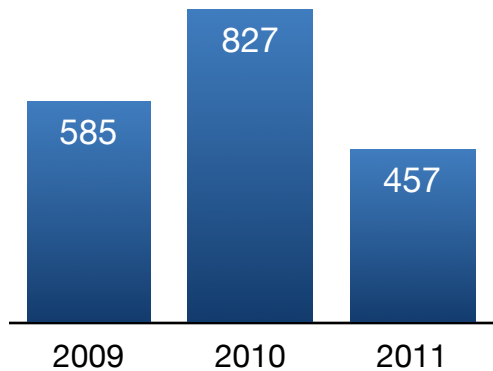
When youth is in crisis (or returning from an outside hospital following a suicidal crisis), the resident may be placed on an observational status called: Environmental Alert (EA). Residents on EA status, are evaluated by Mental Health staff at least twice per day (at least once on the day shift and at least once on the evening shift). These evaluations are documented on the Suicide Safety Plan. The purpose of these risk assessments is to evaluate the youth's current mental status and current level of risk. Determination regarding level of observation and housing are also documented on the Suicide Safety Plan.

¹ Consultations and Collateral contacts reported are a combination of Mental Health and Psychiatry contacts - see Appendices I & II for specific details

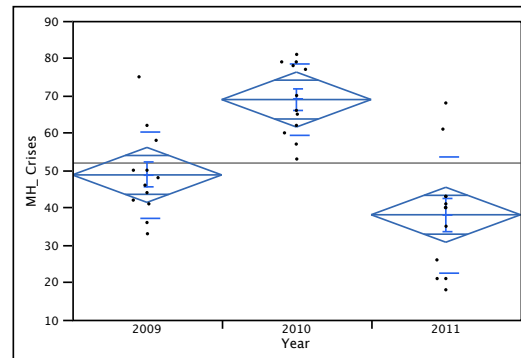
Psychiatric Crisis

The overall level of psychiatric crisis has fallen significantly from 2010 to 2011, following the shift to a smaller Center-based resident management system. Crises fell by 370 when 2011 is compared to 2010. The average monthly number of psychiatric crises fell from 68.9 per month in 2010 to 38.1 in 2011. The drop is statistically significant and not due to chance.

Total Crises by Year



ANOVA comparing Crises level across year

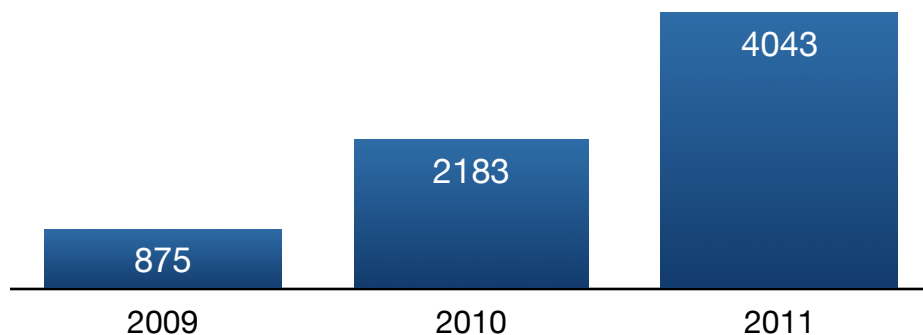


$R^2 = .53$, $df = 2$, $F\text{-Ratio} = 18.77$, $p < .0001$

Environmental Alert Status Checks

While the total number of crises have fallen the number of Environmental Alert checks performed by Mental Health staff on residents have increased. This past year one of IRC's primary goals was to ensure that all residents placed on EA were seen twice per day as opposed to the older practice of seeing such residents only one time day. Data indicate that IRC has met its goal. EA checks increased by 1,860, or 85% across the past two years. Resident's in distress are being monitored more frequently than previously.

Total Environmental Alert Checks by Year



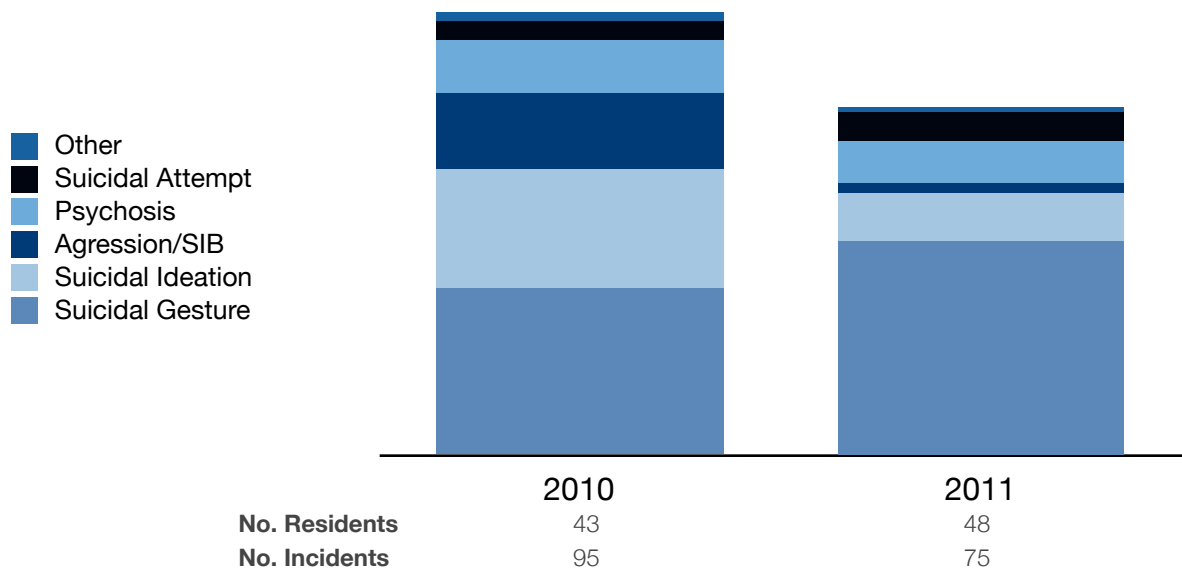
Hospitalizations

Sometimes residents experience symptoms which cannot be adequately managed in a correctional setting and require placement in an outside hospital for stabilization and treatment. In 2010, a total of 43 residents were hospitalized a combined total of 95 times³. During 2011, 48 residents were hospitalized a total of 75 times. The leading causes of outside hospitalization across both years were "Self-harming/Suicidal gestures". A self-harming/suicidal gesture is defined as: the verbal expression of suicidal ideation and associated *non*-lethal behaviors. Such behaviors may include: loosely tying string around neck and calling staff's attention to such, writing a suicide note, repeatedly banging head on toilet or walls, punching walls or windows or superficial scratching. Aggressive behavior is defined as actions of violence that pose a significant danger to other individuals (staff or residents).

Significant Self-harm/Suicidal attempt is defined as suicidal ideation in addition to a behavioral action which may result in serious injury or lethality to self. Such behaviors may include: tightly tied ligatures, climbing in ceiling, scratching, cutting or banging head to such a degree that medical attention is required.

Reasons for Hospitalization by Type and Year

	2010	2011	Average
Self-harming/ Suicidal Ideation	25	10	17.5
Self-harming/ Suicidal Gesture	35	45	40.0
Psychosis	11	9	10.0
Aggression/SIB	16	2	9.0
Self-harming/ Suicide Attempt	4	6	5.0
Other	4	3	3.5
TOTAL	95	75	85.0



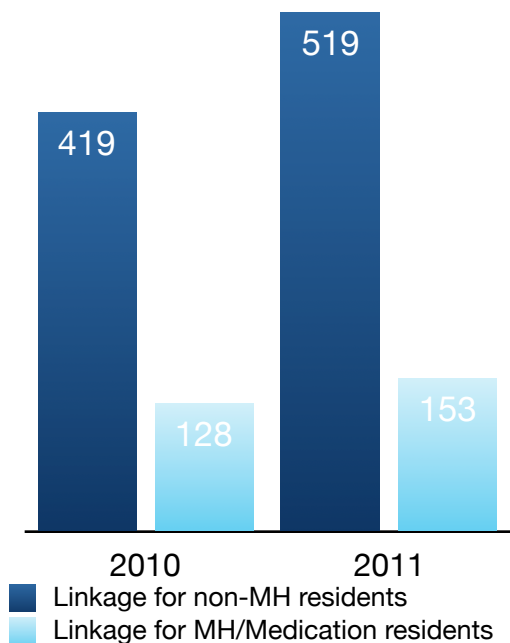
³ A single resident may be hospitalized multiple times during a single stay or may require hospitalization a single time each during multiple stays at the JTDC facility.

TRANSITION SERVICES

LINKAGE AND THE BRIDGE PROGRAM

Linkage Services

Specific Linkage data is only available for 2010 and 2011. Community re-entry planning, or Linkage, is designed for youth who are being released from the JTDC and returning home in effort to enhance the youth's and family's awareness of and access to community resources. Additionally, the goals of community re-entry are to promote a healthy life-style and reduce the risk of recidivism. Re-entry is a process that typically begins with a referral from the primary mental health clinician to the Center's social worker, indicating that the youth may be returning to the home and has identified mental health and/or psychiatric needs upon returning to the community. The re-entry planning process begins immediately upon admission and continues throughout the youth's stay in detention.



Re-entry services can address a wide range of programming needs including the following: educational programs (school re-enrollment, after-school programs, tutoring programs), mental health services (psychiatry services, counseling services, group programs), employment services (job training, Job Corps) and programs to manage the resident's free time (mentoring programs, sports and/or arts programs). Additional support services may also be coordinated with the Mental Health Juvenile Justice (MHJJ-I) initiative. However, one barrier to effective Linkage is a lack of available outside services for residents to be linked to.

The Bridge Clinic: Spanning the service gap

When adolescents who suffer from mental illness are released from juvenile detention centers, it is crucial that these youth be provided with continuity of care in the community. Without access to clinical services, their symptoms may worsen and their condition and functioning may deteriorate.

Many community based programs are overwhelmed and consequently have waiting lists. Wait time for services can take up to 3 months. This presents a significant challenge to youth and their families who will receive a maximum of 30 days worth of medication upon release from detention. The potential consequence would be that the youth would experience a lapse in medication and treatment for that period of time, placing the youth at risk for other problems at home, at school and in the community. Certainly, it increases the risk of hospitalization, re-offense, violation of probation and further detention.

Demonstration Project

The Bridge Program, a pilot program, addresses the existing gap in services by providing psychiatric services (i.e., medication management), case management, family services, and individual counseling. It is staffed by Isaac Ray Center psychiatrists, psychologists, licensed clinical social workers, and master's-level mental health specialists. The offices of the Bridge Program are located in the Court Building at 1100 South Hamilton and will offer eight hours of service per week. Residents of the JTDC who are taking psychotropic medications while at the detention center but not active with a community provider are referred to the Bridge Program prior to their release. These residents may also be active with the Cook County Juvenile Probation Department – Clinical Interventions Division. Consent to share/exchange information is obtained so that probation officers can attend staffings with the youth and Isaac Ray staff (to coordinate care of the youth). This collaboration enhances continuity of care between the clinical, home, school and community settings.

This initiative is a collaborative trial/model partnership between the CC-JTDC, the Isaac Ray Center, the Juvenile Probation Department and community providers. The goal is to close that critical gap in services as the youth transition back into their community and re-establish services in the community. The potential gain is that youth are supported during this transition and are able to maintain continuity of care and maintain any therapeutic gains they have achieved while in detention. The project was officially initiated on February 15, 2012 and assessment of this pilot program's efficacy is ongoing. Additional funding will be sought for further development.

APPENDIX I

MENTAL HEALTH CONTACT SUMMARY TABLE

	2009*	2010	2011	Difference between 2011 & 2010	Percent Change
Intake Evaluations	5,123	4,593	4,558	-35	-0.8%
Follow-up Contacts	7,471	6,712	6,397	-315	-4.7%
Referrals	2,899	1,917	3,969	2,052	107.0%
Clinical Rounds	6,714	7,462	8,808	1,346	18.0%
Confinement Rounds	2,522	3,112	3,295	183	5.9%
Consultations	4,651	5,949	6,541	592	10.0%
Collateral Contacts	1,313	1,314	1,100	-214.0	-16.3%
Crises	585	827	457	-370	-44.7%
Environmental Alert Evaluations	875	2,183	4,043	1,860	85.2%
Groups	931	641	895	254	39.6%
Group participants	10,157	6,013	8,210	2,197	36.5%
Non-Mental Health Linkage		419	519	100	23.9%
Mental Health Linkage		128	153	25	19.5%

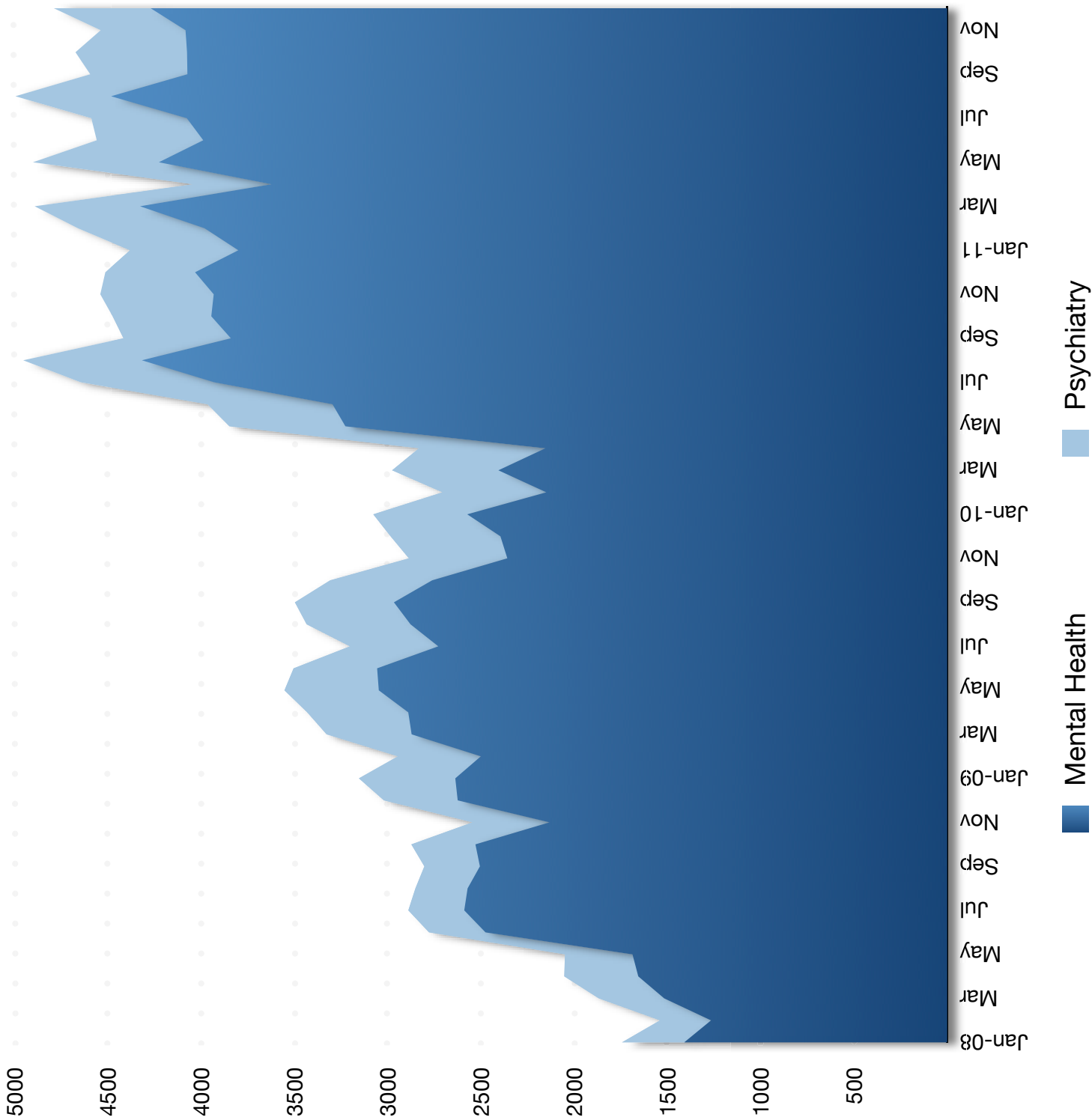
* No Linkage data is available for 2009

APPENDIX II

PSYCHIATRY CONTACT SUMMARY TABLE

	2009	2010	2011	Difference between 2011 & 2010	Percent Change
Initial Psychiatric Evaluations	977	994	848	-146	-14.7%
Psychiatric Follow-up Contacts	2596	2799	2075	-724	-25.9%
Refills & Lab Reviews	609	729	731	2	0.3%
Court Health Summaries	103	182	245	63	34.6%
Probation Health Summaries	111	75	73	-2	-2.7%
Team Staffings	263	279	281	2	0.7%
Hospital Staffings	118	179	112	-67	-37.4%
Crises	58	63	23	-40	-63.5%
Annual Review Evaluations	47	30	21	-9	-30.0%
Consultations	172	323	799	476	147.4%
Collateral Interviews	1141	1440	1317	-123	-8.5%

APPENDIX III
Total IRC Mental Health and Psychiatry contacts
2008-2011



APPENDIX II

PROGRAM DESCRIPTIONS

The Alpha Center

The Alpha Center receives all male residents after they have completed the admission process. All residents are offered the Massachusetts Youth Screening Instrument-Second Version (MAYSI-2) during the admission process. The MAYSI is a brief screening tool designed to assist juvenile justice facilities in identifying youths at admission who may have special mental health needs. The Alpha Center conducts Intake Mental Health Screenings and makes appropriate referrals for all male residents within 24-hours of their admission to the JTDC.

For those residents that are ordered to remain in detention for greater than seven days, we offer advanced mental health screening and psychological testing. These residents are offered the Practical Adolescent Dual Diagnostic Interview (PADDI). The PADDI is a comprehensive diagnostic assessment interview that documents both DSM-IV substance abuse/dependence diagnoses and major mental health conditions. Residents are also offered the Adolescent Substance Abuse Subtle Screening Inventory- A2 (SASSI-A2). The SASSI-2 identifies high or low probability of substance dependence and substance abuse disorders for residents 12 to 18 years of age. Our staff also consults to the JTDC Alpha Management Team on high-profile residents before they are transferred to a housing unit.

Phoenix Center

As a part of Mr. Dunlap's vision of creating "centers within centers " the Phoenix Center became the first center created within the CCJTDC in 2008.

The Phoenix Center is comprised of three living pods for male residents: two pods for juvenile court residents and one pod for Criminal Court / Automatic Transfer (AT) residents. The AT residents are youth who are being tried in adult court.

All three pods adhere to a Cognitive Behavioral Treatment (CBT) structure. Residents earn points daily in various categories (e.g., gestures, talk, area, participation), and every resident earns a weekly level. Every resident is assigned an individual, weekly goal that is focused on improving a target behavior. Throughout the day, counselors reinforce concepts of the CBT program. Residents earn points and goals throughout the day based on their appropriate behavior. Residents earn a weekly level, and each level has various privileges and incentives accordingly. Additionally, with the CBT structure, residents earn consequences in a progressive manner, beginning with a 5 minute time out for minor infractions. Following extended time outs, residents complete a self-analysis worksheet, examining irrational thoughts, actions and effective problem solving.

Every pod receives daily CBT groups that are facilitated by the youth development specialists. These groups may focus on anger management, restorative justice, moral decision making and Rational Behavior Training (RBT). In addition to the CBT groups, the Phoenix Mental Health staff also facilitate weekly mental health groups on each pod. Mental Health groups may focus on additional topics such as coping with grief/loss, teen parenting and substance abuse education.

Additionally, each Phoenix case worker facilitates a weekly group on their primary pod. Groups may be focused on restorative justice, team building and social skills.

Phoenix Center (Continued)

The Phoenix Center's recreation department has played a significant role in creating and implementing special programs that are unique to our center. Each month there is a special event on Phoenix that is centered around a theme. For example, in the month of February, Phoenix Center hosted a Black History Month program that included stepping, reading, art work, food and celebration. Family members were invited to attend the celebration as well.

Finally, the success of Phoenix rests with the dedicated and committed staff that consistently rise "above and beyond" what is expected. For example, our Assistant Team Leader has created a Phoenix Book Club and an extensive library, whereby residents may borrow books, read them and then process with staff what they have learned or gained from the reading material. Our Assistant Team Leader has also developed a writing program, which allows residents to further enhance their creative writing skills and computer skills. Residents are not only building essential reading and writing skills, but in the process are given positive outlets to express their emotions appropriately and help them cope with the stress that is inherent in detention.

The Phoenix Center demonstrates that various disciplines can effectively come together and collaborate effectively to assist our residents in their growth and overall wellbeing.

Wings/Eagles Center

The WINGS/EAGLES Center has the unique distinction of housing both girls and boys, respectively. The WINGS center consists of two sections of 15-17 year old girls awaiting sentencing and/or placement. The EAGLES center consists of one section of boys approximately ages 14-17 years, who are first and second time detainees awaiting sentencing and/or placement. The WINGS/EAGLES Mental Health team provides gender-responsive and trauma-informed services to the girls and boys with whom we work. We value the difference of growing up female or male in our society and develop our interventions with this difference in mind. Additionally, we take a "global precautions" approach to trauma. For the majority of our youth, interpersonal violence, community violence, and sexual violence have played some role in their lives. We understand this and integrate this knowledge into our work to provide the best services to our boys and girls.

Mental Health Services

Our individual and group interventions integrate experiential, drama, and narrative techniques to address the trauma, violence, and psychiatric issues experienced by these adolescents. Additionally, we include mindfulness and relaxation techniques (e.g. guided imagery) into our program to allow the adolescents to experience the calm and healing we promote. In addition to individual work, we offer at least 8 mental health groups every week. Because of the temporary length of stay for most of our youth on WINGS/EAGLES, we follow a monthly rotation of themed weeks and apply them in a gender-responsive manner to each center as you see below:

Week 1 – Emotion regulation (WINGS)/ Anger management (EAGLES)

Week 2 – Sisterhood and Support (WINGS) / Conflict Resolution (EAGLES)

Week 3 – Health Topics (Gender-responsive)

Week 4 – Substance use and abuse (Gender-responsive)

We include a special topics week some months to include topics such as:

The Sex-Trade Industry (what it is and how to avoid it)

Gang Violence

Media Influence

Culture and Race

Wings/Eagles Center (Continued)

Linkage Services

In addition to the mental health services provided during their stay at the JTDC, the Licensed Clinical Social Worker (LCSW) prepares and works with the youth on linkage services. While detained at the JTDC, the LCSW assigned to WINGS/EAGLE works with the youth, both individuals and in a group format, on resume building and interview skills. She also works with the youth and their guardians on a linkage plan which includes community resources to be accessed upon their release from the detention center. This linkage plan is reviewed with the guardian, the youth, and also sent home via mail. This linkage plan is vital not just for our youth on psychiatric medications but also on those who have expressed an interest in receiving mentorship, outpatient therapy, or becoming involved in a team sport.

Omega Center

The Omega Center serves a special population: residents, 15 ½ years or older, who are accused of committing felonies, and therefore being charged as adults. Adult Transfer (A.T.) Residents cope with unique challenges when compared to other JTDC residents. Not only are A.T.'s separated from family members throughout a lengthy trial process (lasting months or years) but they also face the prospect of being transferred to Cook County Jail upon their 17th birthday. This combination of extended and acute stressors places A.T. residents at higher risks for developing mood and associated behavioral disorders even when no such symptoms previously existed. Omega's specialized clinical services are designed to address these issues.

Specialized Clinical Services

1. Prevention focus

Because residents stay for such lengthy periods, mental health staff have an opportunity to get to know each resident to a greater degree than is possible on other JTDC Centers. As such, clinical rounds and groups offer chances for on going mental health evaluations in a less-formal manner to determine adaptation to incarceration and also allow the teaching of problem solving skills to help residents avoid a decline in functioning.

2. Pre-C.C.D.O.C. planning and education

Fear of the unknown is one of the primary causes of anxiety and stress. Thus as residents approach their 17th and commensurate transfer date, Dr. Jopp uses a variety of materials (including printed information, photos and web-based movies) to present a realistic picture of C.C.D.O.C. life and suggestions for adapting in a productive fashion. Dr. Jopp, who has a 10-year work history at C.C.D.O.C., provides residents with a reality-based preview of the daily life and challenges that residents will face during their C.C.D.O.C. stay.

Residents are educated in the scope of C.C.D.O.C. services including: intake, housing, classification, and protective custody, religious, legal, medical and mental health services. Key differences between JTDC and C.C.D.O.C. are highlighted including: C.C.D.O.C. disciplinary sanctions and visitation rules.

Consultation is done on an individual basis, because young men tend to ask more honest (and from their point of view) potentially embarrassing questions one-on-one with a trusted advisor than in front of a group of peers.

3. Therapeutic Restorative Justice groups/"Peace Circles"

Omega mental health staff regularly participates with Omega youth Development Specialists in Peace Circles, a type of therapeutic group that focuses on member equality and practical problem solving. Please the attached guide: "Peacemaking Circle Process: Alternative to psycho-educational groups" for a fuller overview.

General Information

Case Name	Doe, et al v. Cook Co, et al
Docket Number	1:99-cv-03945
Court	United States District Court for the Northern District of Illinois
Nature of Suit	Civil Rights: Other