

**YOUTH NETWORK COUNCIL / ILLINOIS COLLABORATION ON YOUTH  
JUVENILE JUSTICE / MENTAL HEALTH INITIATIVE (JJMHI)**

**FINAL EVALUATION REPORT**

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**EXECUTIVE SUMMARY**

**INTRODUCTION:** This report represents the final evaluation of the Juvenile Justice / Mental Health Initiative (JJMHI). The evaluation was performed by ABBATE GROUP, LTD., under the direction and supervision of Gary B. Beringer, Dr. P.H., Lead Evaluator. It charts the progress of this grant from the inception of the Initiative through the sixteen months of the grant period (September 1, 2005 through December 30, 2006, inclusive). Funding was provided by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (USDHHS/SAMHSA). JJMHI grew out of several years of discussion by Illinois community-based youth service providers identifying mental health needs in their juvenile justice involved clients.

**DISCLAIMER:** Opinions expressed and interpretations of the data are those of the Lead Evaluator. In part, both the accuracy and precision of the data are based upon the information supplied by the staff of Youth Network Council.

***ABBATE GROUP, LTD.***

JJMHI - FINAL EVALUATION REPORT – EXECUTIVE SUMMARY

**GOALS:** Based on the discussions among providers, the stated goals were:

- Increased local capacity to serve juvenile justice-involved 10-17 year olds with mental health problems.
- Higher utilization rates for existing community-based mental health services for the target population.
- Increased multi-system collaboration among youth services providers, mental health providers, law enforcement, and the courts.
- Client ownership of the recovery process through family, youth, and significant community stakeholders collaborating on the plan.
- Increased use of evidence-based methodologies, as well as gender- and cultural-specific approaches.
- Recognition within the State of Illinois of the youth services system as a competent delivery mechanism of mental health services, leading to sustained funding.
- Increased service integration for targeted youth.

**METHODOLOGY:**

***YNC Staff and Lead Evaluator:*** The 22 agency participants originally were selected by a competitive process. Data were submitted every two-to-three months throughout the program. Then, a 100% case audit of data submitted by the program staff was conducted by the administrative staff of YNC. Only after the YNC staff completed the audit, were the data then made available subsequently to the Lead Evaluator. The Lead Evaluator personally reviewed every case in depth to develop a qualitative and quantitative assessment of the particular individual and to determine their current situation.

***Participating Youth Agencies:*** The Youth Assessment and Screening Instrument (YASI) was used as the major inclusion criterion of the project. Youth who were rated at moderate-to-high risk of re-offending and moderate-to-high risk in the physical/mental health domain of the YASI were included in the population. It was supplemented, where necessary, when youth exhibited signs that were considered indicative of mental health problems in the trained and experienced judgment of a Qualified Mental Health Professional (QMHP).

At the initial collective meeting of the Executive Directors in August 2005, the participating agencies were given the choice of either using a psychiatrist, a Qualified Mental Health Professional (QMHP), or the V-DISC to reach a diagnosis.

A list of the 22 participating agencies is found at the end of this Executive Summary.

## **RESULTS:**

***Population:*** YNC submitted data on 702 cases gathered during the sixteen months to the evaluator. Four cases were excluded for various reasons leaving 698 cases available for evaluation. There were 437 males and 261 females. These figures include a diverse youth group that was composed of 275 African-Americans/Blacks (39.40% of the entire population of 698), 322 Caucasians (46.13%), 85 Hispanics/Latinos (12.18%), only 2 Asians (0.29%), and 9 self-described Others (1.29%).

***Inclusion and Exclusion Factors:*** Individuals were referred to the JJMHI Program on the basis of risk of re-occurrence of contact with the juvenile justice system substantiated by the Youth Assessment and Screening Instrument (YASI) scores. Youth at moderate-to-high risk of re-offending and at moderate-to-high risk in the physical/mental health domain of the YASI were included. There were no exclusion factors.

**Referral Sources:** Although many sources contributed referrals, Comprehensive Community-Based Youth Services (CCBYS) contributed more than half of the total “internal” referrals to the Juvenile Justice / Mental Health Initiative.

**Service Unit Contacts:** JJMHI provided the youth with 18,791 service units during the grant period. This includes direct services such as individual and family counseling, individual therapy, mental health assessment, psychiatric services, peer group counseling, case management, and treatment planning. A service unit does not take into account the actual time involved. Each service unit represents various amounts of time. These services would not have been provided to these youth except for this program.

**Age:** The largest portion of the population was 14, 15, or 16 years old (58.02%). There were fewer younger children in the group. Those individuals less than 13 only amounted to 13.61%.

**Education:** Eighth, ninth and tenth graders made up a major portion of clients (n=381, or 54.58% of the group). It might be appropriate to initiate intervention strategies towards adolescents in these age groups, or even prior to reaching these grades.

**Geographic Distribution:** There were 34 counties throughout the state represented by the youths’ primary residence. There are 8 urban counties, 22 rural counties, 3 collar counties and 1 county that generally acknowledged locally and throughout Illinois to have unique characteristics, i.e., Cook County, the location of Chicago. This program had statewide coverage throughout the State of Illinois.

**Primary Residence:** The population overwhelmingly lived with the biological or adoptive mother (63.47%). Less than 10% lived with the fathers and another 5% lived with grandparents, while 13.18% lived with both parents.

**School:** Despite their contact with the juvenile justice system, school enrollment was high. The majority of the children were enrolled in public settings (67.48%). Although there were some students who performed remarkably well, academic life was a major stumbling block. At least 41.17% were experiencing academic failure in some or all their classes.

**Diagnoses:** Final diagnoses established for each case were enumerated for the entire population according to the current version of the *Diagnostic and Statistical Manual of the American Psychiatric Association, Text Revision*. Multiple diagnoses were included, usually primary and secondary. Final diagnoses were reached in 632 cases out of 698 (90.54%). The most prevalent primary and secondary diagnoses for the JJMHI youth were:

- Attention-Deficit and Disruptive Disorders  
390 cases 61.71% of the diagnosed subgroup  
(Attention Deficit/Hyperactivity Disorder) and (Oppositional Defiant Disorder, Conduct Disorder, Adolescent Antisocial Disorder)
- Mood Disorders  
134 cases 21.20% of the diagnosed subgroup  
(Depression Disorders, Bipolar Disorders)
- Substance Related Disorders (all chemicals including alcohol)  
117 cases 16.76% of the diagnosed subgroup
- Anxiety Disorders  
80 cases 12.65% of the diagnosed subgroup  
(General Anxiety Disorder, Social Phobia, Obsessive Compulsive Disorder, Separation Anxiety)

**Health Insurance:** More than three-quarters (79.94%) of these youth were covered by some form of health insurance, either privately supplied or through the State of Illinois. Almost one-third (29.22%) were privately insured while more than one-half (50.72%) were covered by Medicaid / Kid Care with nearly another one-tenth (9.74%) eligible.

**Referral pattern:** After initial evaluation, 195 referrals were made by the psychiatrists or QMHPs. They referred to other psychiatrists 92 times and mental health facilities accounted for another 103 referrals.

**DISCUSSION:** Perhaps the greatest strength of JJMHI was to initiate a statewide program for an unrecognized special population in Illinois. Access to comprehensive mental health care for a critical need, such as those exhibited by the youth, has not been supported by traditional funding streams in the past.

**WHAT DO THE PROGRAMS NEED TO GO FORWARD?** The participating organizations need at least four things to advance in the future. These are psychiatric support, more QMHPs, funding, and training. First, YNC must make psychiatrists even more available to the participating agencies by various strategies. This means even more resources available to procure the clinical services of psychiatrists. Preferably these will be appropriately trained child and adolescent psychiatrists. Prescribing medications may be part of their role, but they need to be available to do more. In the alternative, perhaps an innovative telecommunications system approach might be feasible. Second, the programs need more QMHPs. Third, the programs need the ability to collect reimbursement for enhanced mental health services to reinvest in

expansion of these services. This funding stream is being pursued. Fourth, the staff needs additional training in childhood and adolescent mental health issues. It has been shown that the better members of a staff are trained, an important difference in understanding of the assessment of need is evident. Even if the professional staff appears knowledgeable, the availability of additional in-service sessions specifically about mental health issues and the psychopathology of children and adolescents is justified.

**CONCLUSIONS:** Based upon the contents of this Evaluation Report, one can draw the following conclusions about the program activities of the Juvenile Justice / Mental Health Initiative (JJMHI) of Youth Network Council / Illinois Collaboration On Youth (YNC / ICOY), as well as about the participating agencies and the model presented for assessment:

1. There is substantial unmet need for mental health services, including proper mental health assessment, among the 10-17 year olds with one or more prior juvenile justice contacts.
2. Many youth-serving human services agencies and programs around the State of Illinois will refer clients to JJMHI although these relationships could be improved further. CCBYS is a major internal referral source.
3. JJMHI drew its clients from 34 counties throughout the State of Illinois, including urban, rural, and collar counties, as well as Cook County, and was statewide.

4. The range of psychiatric diagnoses is extensive with conduct disorder, oppositional defiant disorder, and ADD/ADHD being the most frequent disorders, followed by substance abuse, depression, bipolar disorder, and mood disorder.
5. JJMHI provided 18,791 service units to youth who otherwise would not have been served. A service unit does not take into account the actual time involved, but demonstrates the service was labor-intensive.
6. Almost 80.00% of the clients are insured. Private third-party payers account for about 30.00% while 50.00% are insured through Medicaid / Kid Care.
7. A combination of mental health providers reached the confirmed final diagnosis: Psychiatrists (31.17%); Qualified Mental Health Professionals or QMHPs (46.68%); the V-DISC, a computerized diagnostic instrument (18.67%); as well as Non- Psychiatrist Physicians (2.21%); Clinical Psychologists (1.26%).
8. Diagnostic services were provided and finalized in 632 of 698 clients (90.54%).
9. Among clients, 356 youth accounted for 896 status offenses.

10. There were 350 youth who accounted for 953 contacts with the police. Of these, leaving out single episodes, the remaining 205 had multiple contacts which accounted for 808 involvements with the police.
11. Rated by an independent evaluator, in terms of further total contacts with the justice system, JJMHI clients “improved” (64.49%). “did not change” (30.56%), or “got worse” (4.97%).
12. However, rated by an independent evaluator, in terms of re-offending while enrolled in the program, 505 (89.23%) did not re-offend during JJMHI while 61 (10.77%) did re-offend.
13. Specific services were expanded or added in community-based youth-serving human services agencies throughout the State of Illinois’ Youth Service System.
14. The model advanced by Youth Network Council / Illinois Collaboration On Youth (YNC/ICOY) is innovative and effectively deals with the unmet mental health needs of youth 10-17 with prior juvenile justice contacts, those at moderate-to-severe risk of becoming involved with the juvenile justice system, and moderate-to-high risk in the physical/mental health domain of the YASI.

<b>PARTICIPATING ORGANIZATIONS</b>	<b>LOCATION</b>
Aunt Martha's Youth Service Center	<ul style="list-style-type: none"> <li>• Aurora</li> <li>• Kankakee</li> </ul>
The Bridge Youth & Family Services	<ul style="list-style-type: none"> <li>• Paletine</li> </ul>
The Center for Children's Services	<ul style="list-style-type: none"> <li>• Danville</li> </ul>
Chicago Youth Centers	<ul style="list-style-type: none"> <li>• Chicago</li> </ul>
Children's Home Association of Illinois	<ul style="list-style-type: none"> <li>• Peoria</li> </ul>
Children's Home & Aid Society of Illinois	<ul style="list-style-type: none"> <li>• Granite City</li> </ul>
Delta Center	<ul style="list-style-type: none"> <li>• Cairo</li> </ul>
DuPage Youth Service Coalition: <ul style="list-style-type: none"> <li>- Quad Community Social Services</li> <li>- Center for Community Services</li> <li>- NCO Youth &amp; Family Services</li> <li>- Outreach Community Ministries</li> </ul>	<ul style="list-style-type: none"> <li>• Addison</li> <li>• Aurora</li> <li>• Naperville</li> <li>• Wheaton</li> </ul>
Hanover/Schaumburg Township Youth Services Planning Board, Inc.	<ul style="list-style-type: none"> <li>• Hoffman Estates</li> </ul>
Illinois Coalition for Community Services	<ul style="list-style-type: none"> <li>• Charleston</li> </ul>
Kids Hope United	<ul style="list-style-type: none"> <li>• Effingham</li> </ul>
OMNI Youth & Family Services	<ul style="list-style-type: none"> <li>• Buffalo Grove</li> <li>• Arlington Heights</li> <li>• Wheeling</li> </ul>
Project Oz	<ul style="list-style-type: none"> <li>• Bloomington</li> </ul>
Southern Illinois Regional Social Services	<ul style="list-style-type: none"> <li>• Carbondale</li> <li>• Pinkneyville</li> </ul>
The Success Center	<ul style="list-style-type: none"> <li>• Lansing</li> </ul>
Transitions of Western Illinois	<ul style="list-style-type: none"> <li>• Quincy</li> </ul>
Universal Family Connection, Inc.	<ul style="list-style-type: none"> <li>• Chicago</li> </ul>
Uhlich Children's Advantage Network / Westside Association for Community Action	<ul style="list-style-type: none"> <li>• Chicago</li> </ul>
Youth Outreach Services	<ul style="list-style-type: none"> <li>• Chicago Neighborhoods               <ul style="list-style-type: none"> <li>- Albany Park</li> <li>- Austin</li> <li>- Irving Park</li> <li>- Melrose Park</li> <li>- New City</li> </ul> </li> <li>• Cicero</li> </ul>
Youth Organization Umbrella, Inc.	<ul style="list-style-type: none"> <li>• Evanston</li> </ul>
Youth Service Bureau	<ul style="list-style-type: none"> <li>• Springfield</li> </ul>
Youth Service Bureau of Illinois Valley	<ul style="list-style-type: none"> <li>• Ottawa</li> <li>• LaSalle</li> <li>• Princeton</li> </ul>

## NOTES