




# MENTAL HEALTH/JUVENILE JUSTICE PROGRAM 1999 - 2009

Division of Mental Health  
Illinois Department of Human Services



# WHY DO WE NEED MHJJ?



A project funded by the NIMH found that **66%** of juvenile detainees had a diagnosable psychiatric condition.

Substance abuse and conduct disorders made up about the majority of these disorders.

Approximately **15%** of the total population were believed to have a major mental illness, such as major depressive disorder or psychosis.





# PROGRAM HISTORY

- In January of 2000, the Division of Mental Health awarded contracts to providers in 7 counties to pilot the MHJJ program.
- Based on the early success of the program, in 2001 and 2002, it was expanded to all counties with detention centers.
- The MHJJ Program has continued to expand and is now in 37 counties and involves 21 community agencies.

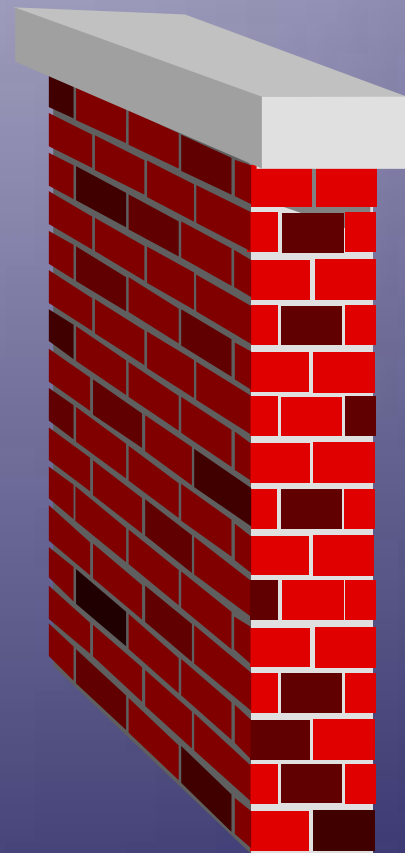
# Mental Health Juvenile Justice Program

- Division of Mental Health funds local community agencies to provide a liaison to work with the local Juvenile Court and Juvenile Detention Center.
- Liaisons are Masters level, specially-trained clinicians who assess each youth for the presence of serious mental illness.
- Liaison develops a treatment plan outlining needs, strengths, community services, and funding.
- Liaisons serve as the primary link between the family, community treatment providers and the court system.



# PROGRAM GOALS

To **divert** youth with mental illnesses from secure detention and/or from further penetration into the juvenile justice system.



# PROGRAM GOALS

To identify and screen justice-involved youth with mental illnesses and to refer them to appropriate community-based treatment.



# PROGRAM GOALS



To strengthen **partnerships** with courts, probation, detention, schools, health care, mental health, and other community-based services.



# REFERRAL

Youth can be referred to the MHJJ program by:



Court  
Personnel

Probation  
Officers

Parents

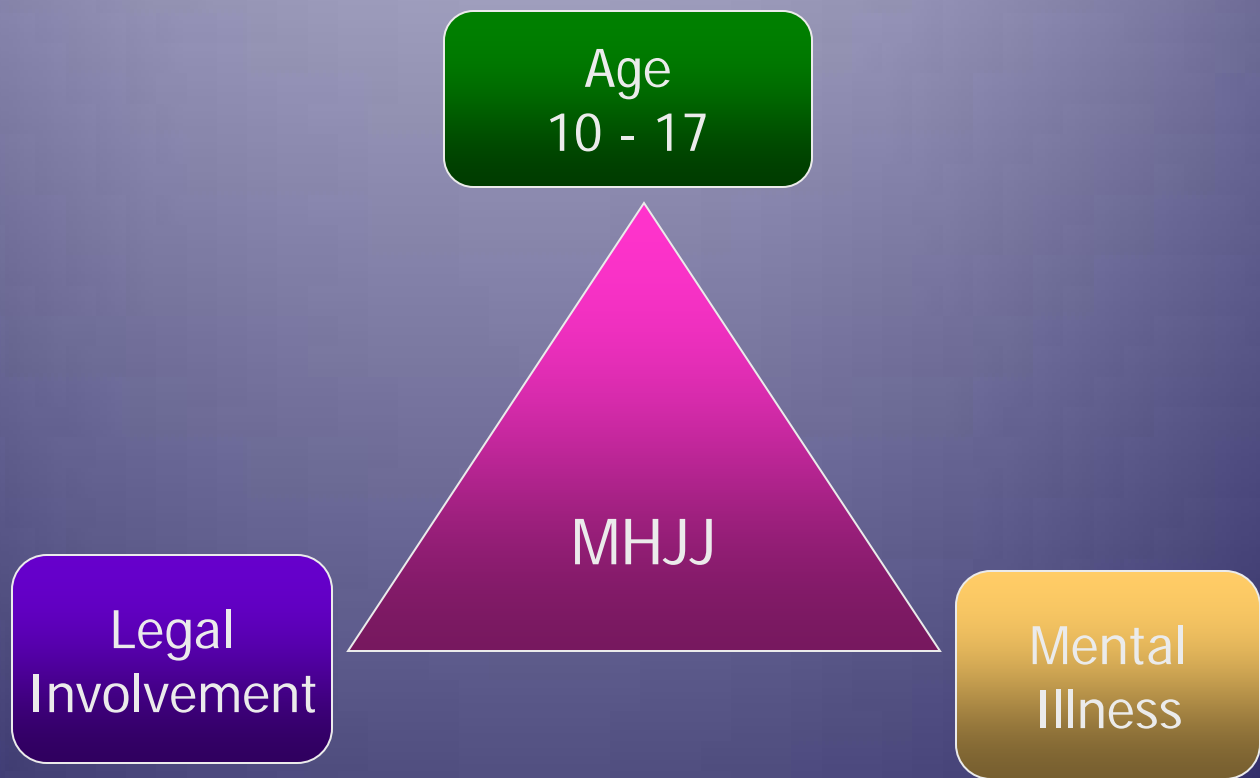
Detention  
Staff

Other  
Professionals

The MHJJ program relies on the liaison's ability to educate referral sources on the program and which youth might qualify.



# ELIGIBILITY

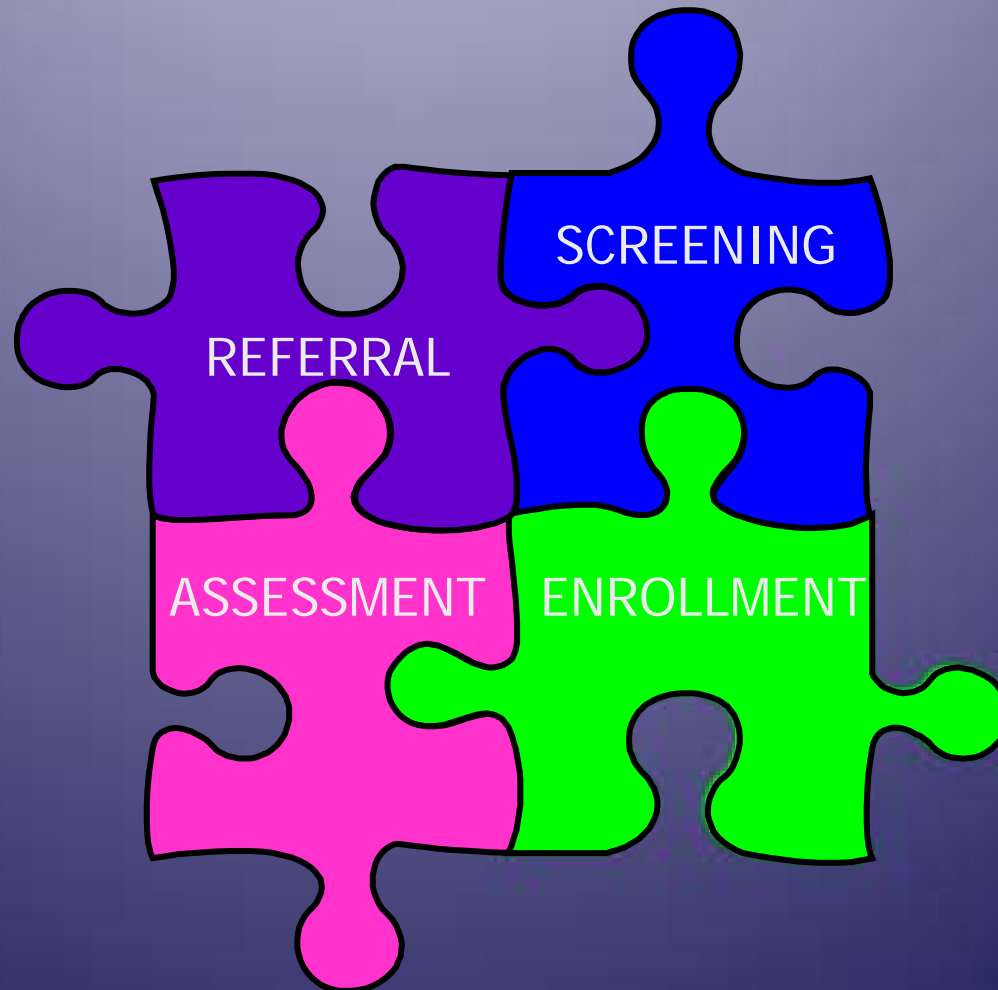


It is **NOT** required that youth have a prior mental health diagnosis.

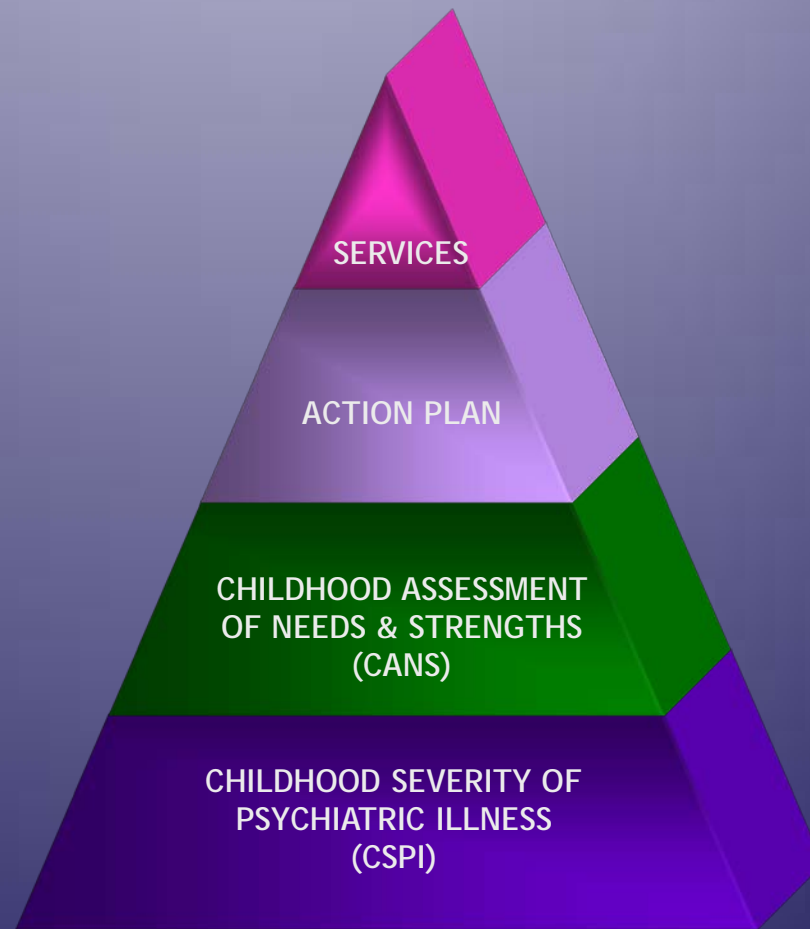
Disruptive behavior disorders are excluded **UNLESS** there is a comorbid affective or psychotic disorder.

Wards of Department of Children & Family Services are not eligible for the program.

# ENROLLMENT PROCESS



# ASSESSMENT





# MHJJ Provides Linkage to:

- Substance Abuse Treatment
- Family Therapy
- Psychiatric Services
- Educational Advocacy
- Job Training
- Psychological Assessment
- Court Advocacy
- Group Therapy
- Individual Therapy
- Recreational Therapy
- Mentoring

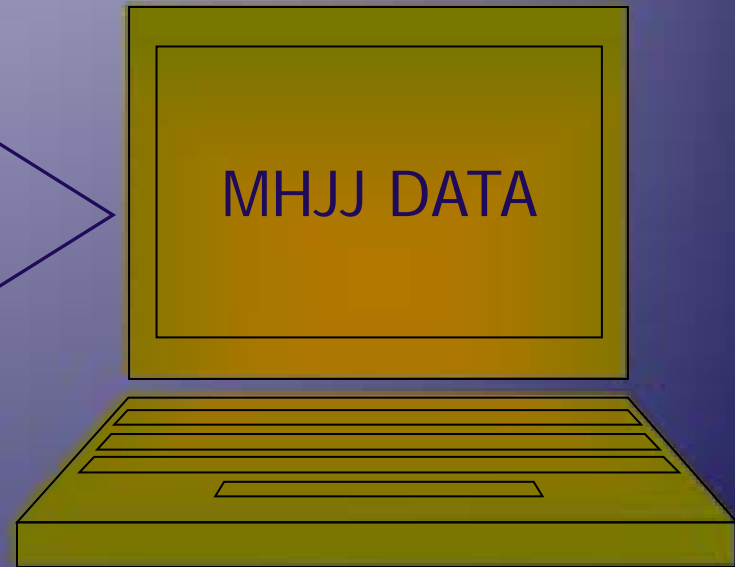


# FLEX FUNDS

- ◆ Transportation
- ◆ Psychotropic medication
- ◆ Psychiatric/Psychological services
- ◆ Emergency Psychiatric services
- ◆ Tutoring or other educational assistance
- ◆ School supplies
- ◆ Vocational Activities
- ◆ Recreational activities (e.g., YMCA)
- ◆ Emergency Family Stabilization
- ◆ Respite care
- ◆ Mentoring

# WEB-BASED APPLICATION

Since 2003, all assessment data are aggregated and analyzed using a web-based data collection system.





## Since MHJJ's Inception in 2000:

- ✿ Over 12,000 Children Referred for Screenings.
- ✿ Over 5,500 Children Identified as Having Significant Mental Health Issues.
- ✿ Over 4,500 of These Children Received Community Treatment.

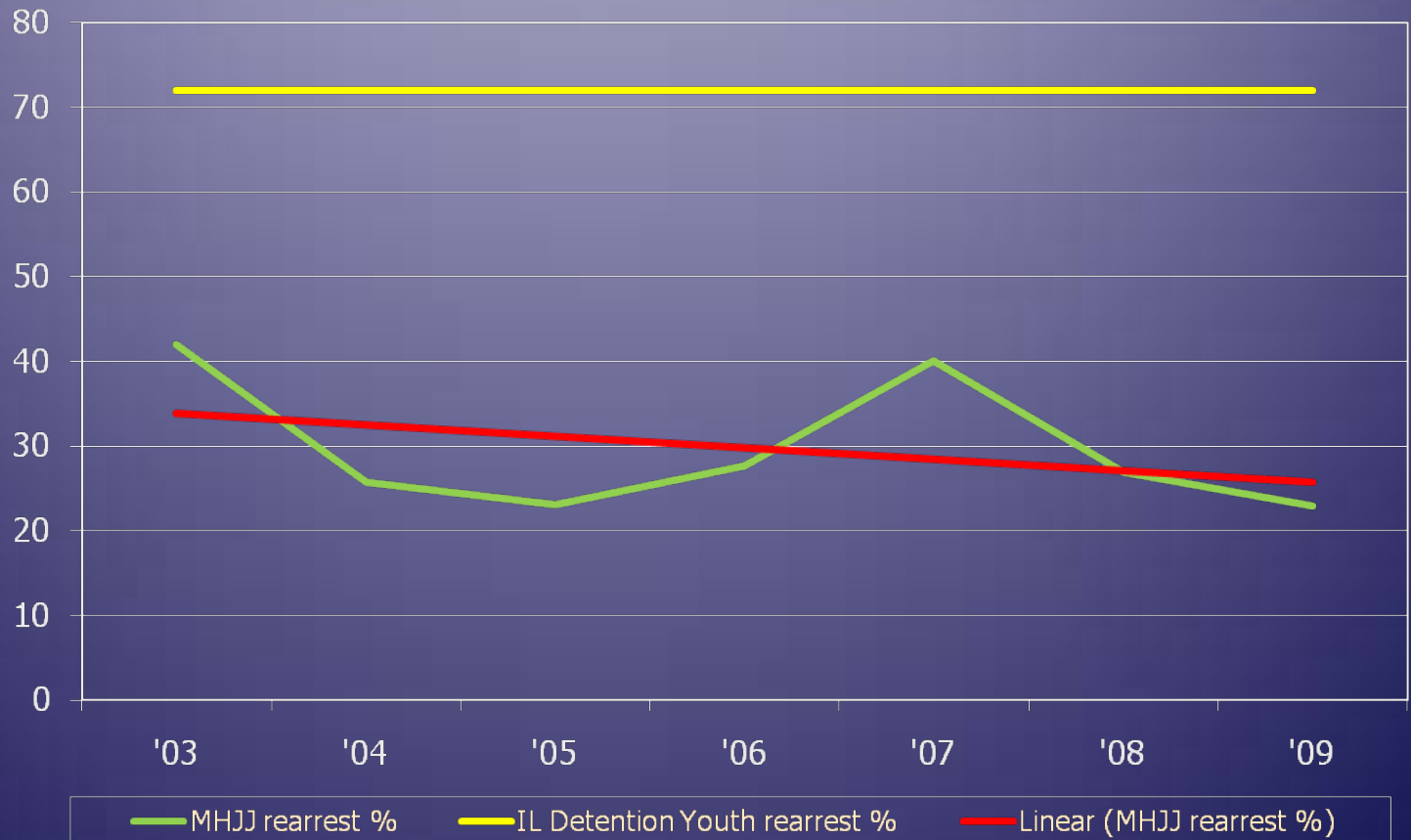


# Program Evaluation Results

When Youth with Mental Illnesses involved in the Juvenile Justice System Receive Community Treatment:

- Their Clinical Symptoms Improve
- Their School Attendance Goes Up
- Their Recidivism Rate Goes Down Dramatically

# Re-arrest rate of MHJJ Youth vs. Illinois Youth in Detention

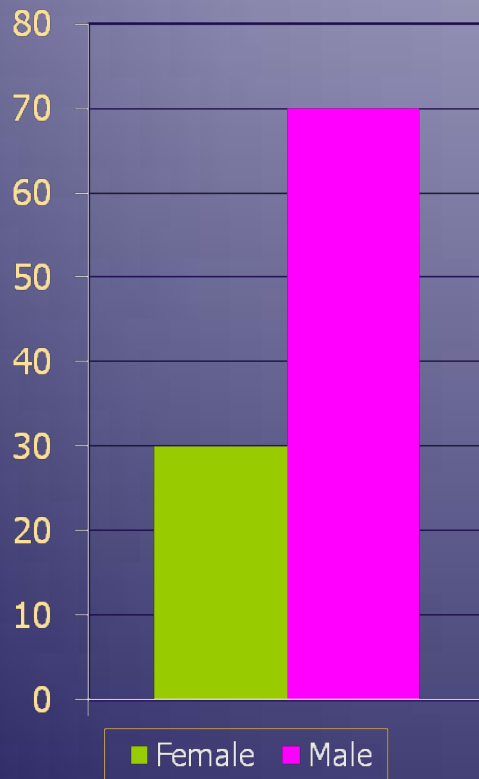


# Referred vs. Eligible Youth: Consistent Identification of Mental Illness

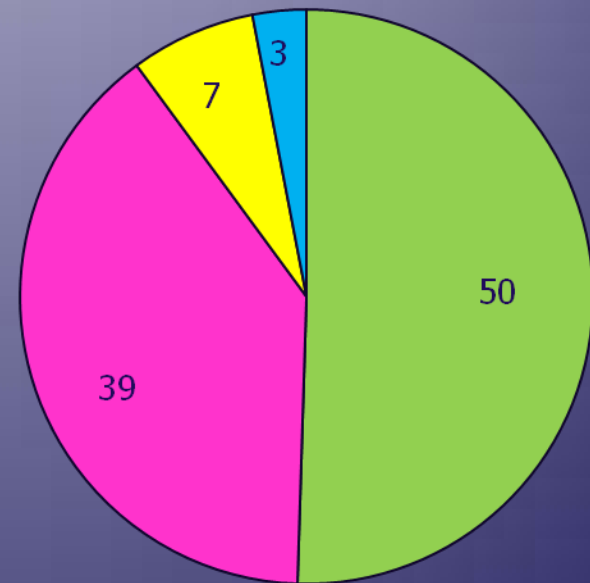


# 10 – Year Demographics

Percentages by Gender



Percentages by Race/Ethnicity



■ White ■ African-American ■ Hispanic ■ Other

# Previous Treatment

- Over 55% had already received some mental health treatment.
- Over 33% were on psychiatric medications.
- Fewer than 25% had already received some substance abuse treatment.
- About 10% had been placed in a group home or residential treatment setting.

# School

- ◆ Over 85% of youth were still enrolled in school
- ◆ Over 50% of youth were in Special Education



# Resource Usage

Services used by **>75%** of youth each year:

- Individual Therapy\*
- Case Management
- Family Therapy

# Resource Usage

Services used by >50% of youth each year

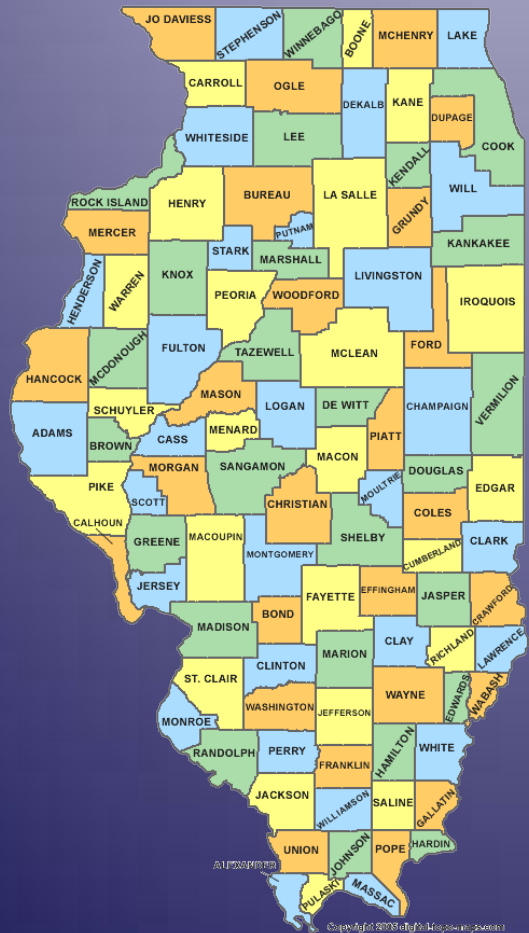
- Flex Funds
- Psychotropic Medication
- Education Advocacy
- Community Programs

# Resource Usage

Services used by **>25%** of youth each year

- Mentoring
- Educational Services
- Transportation
- Anger Management Group

# Other MHJJ Factors



- Flex Funds
- MHJJ services are currently available in all 17 counties with detention centers and provide services in 34 counties
- 21 Agencies (4 in Cook County)
- Uses Web-based data reporting since 2004




# MHJJ Awards and Recognitions

- Program cited by Children's Committee of President's New Freedom Commission on Mental Health
- Finalist in Innovations in State Government Award, 2002
- Multiple research publications including an article in *Psychiatric Services*, 2003

# Agencies Offering MHJJ Program

- ✚ Transitions of Western Illinois
- ✚ Mental Health Center of Champaign County
- ✚ Community Mental Health Council
- ✚ Community Counseling Centers of Chicago
- ✚ Pilsen Wellness Center
- ✚ Association House of Chicago
- ✚ Mental Health Centers of Central Illinois
- ✚ Children's Home Association of Illinois
- ✚ Family Services Association of Greater Elgin
- ✚ McLean County Center for Human Services
- ✚ Bridgeway
- ✚ Lake County Health Department
- ✚ North Central Behavioral Health
- ✚ Heritage Behavioral Health Center
- ✚ Chestnut Health Systems
- ✚ Center for Children's Services
- ✚ Will County Health Department
- ✚ The H Group
- ✚ Janet Wattles/Mildred Berry
- ✚ DuPage County Health Department



Karlisa Williams, MA  
Juvenile Forensic Program Specialist  
Division of Mental Health  
Illinois Department of Human Services  
312-814-8849

[Karlisa.Williams@illinois.gov](mailto:Karlisa.Williams@illinois.gov)

Debra Ferguson, Ph.D.  
Associate Deputy Director for Forensics  
Division of Mental Health  
Illinois Department of Human Services  
312-814-4771

[Debra.Ferguson@illinois.gov](mailto:Debra.Ferguson@illinois.gov)

Slides based on MHJJ evaluation by:  
The Mental Health Services & Policy Program,  
Northwestern University Feinberg School of Medicine,  
July 2009.