Cook County Juvenile Court Clinic:
Responding to Clinical Information Needs

Juvenile Detention Alternatives Initiative
Inter-site Conference
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Agenda

- Origins of the Cook County Juvenile Court Clinic (CCJCC): Research and Reform

- CCJCC’s Model of Operation
  - Focus: Clinical Coordination
  - Focus: Resource Identification and Consultation

- Outcomes of the Reform Process
CCJCC Research Origins

- Request from Office of the Chief Judge (1996)
  - Increased acknowledgement of mental health issues in juvenile proceedings
  - Concerns regarding quality and quantity of “clinicals” in juvenile court

- Stakeholders
  - Juvenile Justice and Child Protection
  - Court personnel: judges, lawyers, probation officers
  - Children, families, and youth in juvenile court proceedings

  - Inter-disciplinary team
  - Comprehensive evaluation
  - Recommendations for reform
  - Pilot
Research Findings: Strengths of the Clinical Information System

- Court personnel value clinical information
- Clinic location in court building
- Judges’ support for system reform
- Funding for providing clinical information
Research Findings: Constraints on Clinical Information System

- Pervasive lack of communication
  - Gap between consumers and providers
  - Vague referral questions from consumers
  - Jargon and technical terms in clinical reports

- Insufficient quality controls
  - Use of invalid, inappropriate, or unreliable assessment methods
  - “Cookie cutter” recommendations
  - Unnecessary assessments

- Untimely responses to court requests
Research Outcome:
A New Court Clinic Model

- Training and Education
- Resource Consultation
- Program Evaluation
- Administration
- Clinical Coordination
Research Outcome: System Reform

- Model implemented court-wide: CCJCC
- Multi-functional clinical information system
- Mission: to ensure that clinical information in juvenile court proceedings is
  - Relevant
  - Timely
  - Culturally sensitive
  - Accurate
  - Used in an informed manner
CCJCC Operation: Clinical Coordination

- System to help court personnel with clinical information needs
- Each courtroom assigned a Clinical Coordinator who
  - screens inappropriate requests
  - specifies questions to be answered
  - directs to appropriate provider
  - follows up on pending requests
- Clinical coordination fosters
  - better communication
  - targeted requests
  - individualized information
  - timely responses
Results of Clinical Coordination

- Consult
  - Request premature
  - Duplicative request
  - Otherwise inappropriate

- Service Memo
  - Information concerning services
  - Court not using information for legal decision

- RCI (Request for Clinical Information)
  - CCJCC forensic evaluation
  - JTDC (Juvenile Temporary Detention Center)
  - DCFS work group
  - Minor’s service provider
Juvenile Justice Division
Services Provided
June 1, 2003 through August 31, 2008

Request for Clinical Information: Forensic Evaluations, 1550, 55%
Request for Clinical Information: Follow-up on JTDC Evaluations, 89, 3%
Consultation with Court Personnel, 637, 22%
Service Memos, 557, 20%
CCJCC Forensic Evaluations

Information for the court to use when making the following legal decisions:

- Appropriateness of sentencing (disposition) options
- Minor’s fitness (competence) to stand trial
- Competence to waive Miranda warnings
- Transfer of jurisdiction to adult court
- Not guilty by reason of insanity
- Extended Juvenile Jurisdiction
CCJCC Forensic Evaluations: An Overview of the Process

- Court order incorporates terms of RCI
- Intake
  - Initiated on day of court order
  - Participants identify record sources and authorize release
- Record Gathering
- Clinical evaluation
  - Record Review
  - Multiple interviews
  - Collateral sources
  - Testing, if needed
- Resource consultation, if needed
- Report tendered to court and parties
Resource Consultation

- CCJCC Community-Based Resource Database
  - Continual updating
  - Flexible access

- Service memos for court personnel
  - Reduce inappropriate evaluations

- Clinician memos incorporated into forensic reports
  - Provide information to the court on resources available for implementing clinical recommendations
Community Based Resource Database
Type of Programs

Substance Abuse, 91, 7%
Non-Clinical, 248, 19%
Mental Health, 713, 57%
Parenting, 118, 9%
Domestic Violence, 108, 8%
Outcomes of System Reform

- Reduce inappropriate requests
- Better communication among participants
- Timely provision of requested information
- Improve utility of clinical reports
  - Individualized responses to specified questions
  - Appropriate evaluation methods
  - Sensitivity to cultural issues
  - User-friendly reports: relevant and readable
Contact Information

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