

**ANNUAL REPORT**  
**OF THE**  
**STUDY COMMITTEE ON JUVENILE JUSTICE**  
**TO THE ILLINOIS JUDICIAL CONFERENCE**

Hon. John R. McClean, Jr., Chair  
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Hon. Lori M. Wolfson

Prof. Lawrence Schlam, Reporter

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## I. STATEMENT ON COMMITTEE CONTINUATION

It is the function of the Study Committee on Juvenile Justice (Committee) to review and assess practices related to the processing of juvenile delinquency, abuse, neglect, and dependency cases. The Committee's stated purpose is to provide judges with current developments in the processing of juvenile court cases through up-dating and distributing the *Illinois Juvenile Law Benchbook*.

The Juvenile Law Benchbook, which consists of Volumes I and II, is designed to provide judges with a practical and convenient guide to procedural, evidentiary, and substantive issues arising in juvenile court proceedings. Each volume is organized transactionally, whereby issues are identified and discussed in the order in which they arise during the course of a case. In general, the discussions begin with an examination of how a case arrives in juvenile court and end with post-dispositional matters such as termination of parental rights proceedings, termination of wardship, and appeal. The appendix in each volume contains procedural checklists and sample forms that can be used or adapted to meet the needs of each judge and the requirements of a particular county/circuit. Each volume is intended to provide judges with an overview of juvenile court proceedings, to direct them to relevant statutory provisions and caselaw, to highlight recent amendments, and to identify areas that present special challenges. Historically, the Committee has focused its attention on creating and updating this benchbook, each volume of which is updated every other year.

The Committee therefore believes that its work in providing instruction on the continually developing area of juvenile law is a valuable source of information for judges who preside over juvenile matters in Illinois. For this reason, the Committee requests that it be permitted to continue its work in Conference Year 2009.

## II. SUMMARY OF COMMITTEE ACTIVITIES

### A. *Committee Charge*

The Committee is charged with studying and making recommendations on the processing of juvenile delinquency, abuse, neglect, and dependency cases. The Committee also is charged with preparing supplemental updates to the juvenile law benchbook for distribution to judges presiding over juvenile proceedings. Finally, the Committee's charge includes making recommendations regarding training for juvenile court judges on emerging issues of juvenile law identified during the course of the Committee's work on the benchbook or during Committee meetings. This charge provides the framework to guide the Committee's work during the Conference year.

Consistent with its charge, during this Conference year, the Committee will complete its update of Volume II of the Juvenile Law Benchbook. Volume II, published in 2002 and most

recently updated in 2006, addresses proceedings brought in juvenile court that involve allegations of abused, neglected and dependent minors. In preparing the update to Volume II, the Committee researched statutory changes and relevant case law through June 2008. The Committee reasonably anticipates that its update to Volume II will be available for the New Judge Seminar in January 2009. Through its work on the benchbook, along with member participation in various juvenile law seminars, the Committee remains interested in the education of judges in juvenile issues.

The Committee also remains interested in other matters affecting juvenile law, including the status of pending juvenile law legislation and the implementation of Illinois' Program Improvement Plan in response to the federal Child and Family Services Review.

#### *B. Conference Year 2007 Continued Projects/Priorities*

The following subjects represent the projects/priorities assigned by the Court to the Committee for consideration in Conference Year 2007, which were extended into Conference Year 2008.

##### *1. "Problem-Solving Courts"*

The Court requested that the Committee study, examine and report on the efficacy of "Problem-Solving Courts" in the management of juvenile delinquency, abuse, neglect, and dependency cases. In response to this request, the Committee sent a letter to the chief judges in the state to canvass the existence/nature of any specialty courts handling juvenile cases. Due to the limited responses received, the Committee considered the results of the problem-solving courts survey that was prepared by the IJC Criminal Law and Probation Administration Committee. That survey rendered information on juvenile problem-solving courts from Cook County, Kane County, Peoria County and Will County. The Committee formed a subcommittee to review the referenced survey responses and to follow up with the judges and the probation departments responding to the survey about additional details, including the number of juveniles in the program and its effectiveness. After consulting with judges and other court personnel, it appears there are differing opinions as to the effectiveness of the juvenile specialty courts.

Cook County has two specialty courts that address juvenile matters; namely, Project RENEW (Reclaim Empower Nurture Embrace Womanhood) otherwise known as Girls' Court and Juvenile Drug Court. The Girls' Court was created to have specialized units which only serve a segment of the female population of juvenile delinquents. The Cook County Gender Responsive Initiatives noted several differences in behaviors of females versus males involved in delinquency matters. For example, girls average two years on probation while boys only spend an average of one year on probation. Girls tend to run from placements more than boys. Girls have pregnancy issues to contend with while males have lack of responsibility as their issue. Because of these and

other noted issues, a specialized court was created for a segment of the female delinquent offenders. The Girl's Court committee consists of representatives from the judiciary, Cook County Juvenile Probation, Chicago Police Department, Cook County Juvenile Detention Center, Cook County State's Attorney, Cook County Public Defender, Girls Link, Illinois Department of Corrections, and consultants.

This court is viewed by judges overseeing the call as being effective although there is no analytical data to measure its effectiveness. One female minor gave a testimonial as to how this court changed her life at a recent awards ceremony. C.P. had been on probation at age 15 and became a teenage mother of two children. Her boyfriend was beating her and her two children. She stated that the Girls' Court gave her the confidence to move forward in her life. She left her boyfriend, returned to high school, moved to her own apartment, and enrolled her children in daycare while she worked a part time job. She graduated with honors from high school and is now enrolled in a college nursing program.

Cook County also has a Juvenile Drug Court. The Juvenile Drug Court Team consists of the Deputy Chief Probation Officer, treatment providers, judicial officers, and probation officers. The program has collected statistics on the number of referrals, the number of youth enrolled, and the number of successful completions. However, there is no reported data regarding recidivism rates for those successfully completing the program. One minor, J.H. reported his success from his participation in the Juvenile Drug Court Program. J.H. was referred to the program because of a possession of a controlled substance case. At the time of the referral, he was repeating the 9<sup>th</sup> grade and would often cut classes or not even go to school. After completion of the program, he planned to take the GED since he would be older than the other students in his class upon returning to school. J.H., however, changed his mind and wanted to earn his high school diploma. He enrolled in school and joined the basketball team. He has remained substance free since November 2006 after a brief relapse following his discharge from treatment. He has been informed that basketball scouts are showing an interest in him. J.H. contributes his change of life style in part to his participation in Juvenile Drug Court.

Kane County also has a Juvenile Drug Court modeled after several different state models as well as utilizing the best practices outlined by the federal government. The Juvenile Court Drug Team consists of the Judge, State's Attorney, Public Defender, Treatment Provider, Evaluator, Coordinator, Educational Representative, Mental Health Provider, Community Representative and a Juvenile Court Services Representative. The funding for the Juvenile Drug Court was previously provided in part from a grant from the Bureau of Justice Administration and Office of Juvenile Justice Programs but is currently being funded in part by donations as well as funding allocated by the county board. Kane County reports using recidivism rates and continued abstinence from substances as a way to measure the efficacy of the court. Limited statistics are available as to the program's effectiveness. However, the judges who preside over the drug court view it as being effective.

Peoria County likewise has a Juvenile Drug Court which is funded through the probation department; however, the local treatment provider operates the program. The Drug Court Team is comprised of the Judge, State's Attorney, Public Defender, Treatment Provider and Probation Department. One limitation of the program is that little input is allowed from any of the Drug Court Team other than the treatment provider who operates the program. It is a voluntary program and the juvenile has to test substance free for at least six months in order to graduate from the program. Once they complete the program, their probation can be terminated. Most cases do not terminate early. Moreover, juvenile offenders are aware that this program is usually longer than serving a probation sentence, and therefore they do not opt to participate in it. This county reports its drug court is not very effective at this time due to the above limitations. In response, some consideration is being given to making the program an involuntary one

Finally, Will County's Juvenile Drug Court is modeled after the Adult Drug Court program and the Peoria Juvenile Court program. It has been in existence since April 1, 2002. It is funded by the county. The Juvenile Drug Court Team consists of the Juvenile Probation Department, State's Attorney's Office, Public Defender's Office, Will County Health Department, Juvenile Judge, and Drug Court Coordinator. The team determines appropriateness of juveniles for the program, maintains monthly compliance, and determines appropriate sanctions if necessary. Judicial inquiries indicated the Juvenile Drug Court to be very effective as it appears there is a decrease in repeat offenders. Again, there is no mechanism in place to record data from the Juvenile Drug Court. One noted desire for change is the ability for the court to order a minor into the program. The Juvenile Court Judge may be in a better position than the minor to ascertain if the juvenile offender would benefit from drug court. Nonetheless, at this time, the program is strictly a voluntary one.

After considering the information obtained about the above specialty courts, the Committee is struggling with making any recommendations to the Court on this subject because there appears to be a lack of conformity when it comes to gathering data on the effectiveness of specialty courts; no standards for follow-up data to measure the success of the program are in place; and no statewide uniform standards exist to measure and collect data with regard to these courts. The Committee therefore hopes to continue its work in this area with the goal of addressing these noted concerns and offering recommendations to the Court.

## *2. Mental Health Services*

The Committee was assigned the project of gathering information from each circuit court regarding their need for mental health evaluations and services for juveniles. In addressing this project, the Committee conducted a survey, in the form of a questionnaire, whereby each circuit was asked to describe the nature and availability of mental health evaluations/services it offers for juveniles. Each circuit offering such services also was asked to provide some statistical

information and to comment on the adequacy of its services and application of assessment results in rendering a dispositional order.

All but three of the reporting circuits indicate they have access to mental health evaluations for juveniles. However, some specific counties within those circuits do not have access to mental health evaluations for juveniles. More specifically, four circuits reported at least one county not having access to juvenile substance abuse resources. At least seven circuits have some counties that do not offer sex offender evaluations for juveniles. In-patient psychiatric treatment is not available for juveniles in at least one county of six of the reporting circuits. The same is true for juvenile sex offender treatment programs. A chart with the results on the responding circuits is attached for further explanation, including comments about mental health services. The survey results indicate there is an obvious lack of mental health services available to juveniles in various regions of Illinois, often because of scarcity of providers, funding and lack of transportation. The Committee therefore seeks to continue its work in this area to explore possible remedies to this identified issue.

### **III. PROPOSED COMMITTEE ACTIVITIES FOR THE NEXT CONFERENCE YEAR**

During the 2009 Conference Year, the Committee seeks to update Volume I of the *Illinois Juvenile Law Benchbook*, which addresses juvenile court proceedings involving allegations of delinquency, addicted minors, minors requiring authoritative intervention, and truant minors in need of supervision. The Committee requests that it be permitted to continue its work in regards to the availability of mental health services for juveniles in Illinois, including researching the issue in other states in order to gain insight on practices that might prove beneficial in Illinois. Lastly, the Committee would like to continue its work with specialty courts to try and assess any data collected in the counties and create some standards and conformity for data collection.

### **IV. RECOMMENDATIONS**

The Committee is making no recommendations to the Conference at this time.

2008 REPORT

# ATTACHMENT

## Mental Health Resources in Illinois

Circuit	County	Description of Services/Comments	Mental Health Evaluations	Substance Abuse	Sex Offender Evaluations	In-Patient Psychiatric	Sex Offender Treatment
1 <sup>st</sup>		<ul style="list-style-type: none"> <li>▶ Scarcity of providers</li> <li>▶ Cost</li> </ul>	No	No	No	No	No
2 <sup>nd</sup>		<ul style="list-style-type: none"> <li>▶ 70% of youth receive services</li> <li>▶ Additional Services, especially in rural communities, are needed</li> <li>▶ 10% of youth receive in-patient services</li> <li>▶ Assessments are utilized by court</li> <li>▶ Lack of transportation plays a role in many services being inaccessible</li> </ul>	Yes	Yes	Yes	Yes	Yes
3 <sup>rd</sup>		<ul style="list-style-type: none"> <li>▶ 8 juvenile sex offenders receive treatment</li> <li>▶ Other statistics not available</li> <li>▶ Anger Management or Aggression Reduction Therapy is difficult to assess due to service provider funding loss.</li> <li>▶ Occasionally psychiatric evaluations are ordered pre-dispositionally.</li> <li>▶ Funding issues have caused a reduction in program service delivery.</li> </ul>	Yes	Unclear from survey response	Yes	Yes	Yes
4 <sup>th</sup>							
	Shelby	<ul style="list-style-type: none"> <li>▶ 15 out of 40-50 seek mental health or substance abuse treatment</li> <li>▶ No juvenile sex offender treatment</li> <li>▶ Counseling referrals for assessments are post disposition only</li> </ul>	Yes	Yes	No	Yes	No
	Effingham	<ul style="list-style-type: none"> <li>▶ Sex offender treatment 3-4 clients</li> <li>▶ Limited services available</li> </ul>	Yes	Yes	Yes	No	Yes

<b>Circuit</b>	<b>County</b>	<b>Description of Services/Comments</b>	<b>Mental Health Evaluations</b>	<b>Substance Abuse</b>	<b>Sex Offender Evaluations</b>	<b>In-Patient Psychiatric</b>	<b>Sex Offender Treatment</b>
4 <sup>th</sup> cont'd.	Christian	<ul style="list-style-type: none"> <li>▶ No psychological or sex offender treatment</li> <li>▶ 53% of juveniles have some kind of mental health treatment</li> <li>▶ In patient - None</li> </ul>	Yes	Yes	No	No	No
	Clinton	<ul style="list-style-type: none"> <li>▶ All mental health referred to community partners</li> <li>▶ Evaluations are done one hour away and take at least 60 days</li> <li>▶ 17/49 receiving services</li> <li>▶ 50% of juveniles have evaluations</li> <li>▶ Inadequate services</li> <li>▶ Sex offender evaluations 30 to 60 miles away</li> <li>▶ Problem with medical card</li> <li>▶ Inpatient - Rarely - nearest hospital 60 miles away</li> </ul>	No	No	No	No	No
	Marion	<ul style="list-style-type: none"> <li>▶ Limited mental health services</li> <li>▶ 25% of juveniles receive services</li> <li>▶ Services inadequate</li> <li>▶ Few in-patients</li> </ul>	Yes	Unclear from survey response	Yes	Yes	Yes
	Montgomery	<ul style="list-style-type: none"> <li>▶ Mental health and assessments</li> <li>▶ 20% of minors receiving services</li> <li>▶ Post Dispo - needs treatment groups</li> </ul>	Yes	Unclear from survey response	Unclear from survey response	Unclear from survey response	Unclear from survey response
5 <sup>th</sup>							
	Coles/ Cumberland	<ul style="list-style-type: none"> <li>▶ 20% of caseload receive services</li> <li>▶ Services are inadequate through providers other than probation</li> </ul>	Yes	Yes	Yes	Yes	Yes
	Vermilion	<ul style="list-style-type: none"> <li>▶ 10% of juveniles receive services</li> <li>▶ Lack of residential treatment</li> <li>▶ Assessments are utilized by Court</li> </ul>	Yes	Yes	Yes	Yes	Yes

Circuit	County	Description of Services/Comments	Mental Health Evaluations	Substance Abuse	Sex Offender Evaluations	In-Patient Psychiatric	Sex Offender Treatment
6 <sup>th</sup>	Piatt	<ul style="list-style-type: none"> <li>▶ 2 - 4 youth will be referred to a residential treatment program</li> <li>▶ Assessments not being utilized</li> </ul>	Yes	Yes	No	No	No
7 <sup>th</sup>							
	Sangamon	<ul style="list-style-type: none"> <li>▶ 30% of caseload receiving mental health services</li> <li>▶ Probation has in-house services</li> <li>▶ Sex offender treatment inadequate</li> <li>▶ Less than 10% - in-patient</li> <li>▶ Assessments are utilized</li> </ul>	Yes	Yes	Yes	Yes	No
8 <sup>th</sup>	Adams		No	No	No	No	No
	Calhoun		No	No	No	No	No
	Cass	<ul style="list-style-type: none"> <li>▶ 25% receive services</li> <li>▶ Assessments not utilized</li> <li>▶ Scarcity of providers and transportation and cost</li> </ul>	Yes	No	No	No	No
	Mason		No	No	No	No	No
	Pike	<ul style="list-style-type: none"> <li>▶ Scarcity of providers</li> </ul>	No	No	No	No	No
	Menard	<ul style="list-style-type: none"> <li>▶ One out of seven using services</li> </ul>	Yes	Unclear from survey response	No	Unclear from survey response	No
9 <sup>th</sup>		In Patient - Rare Assessments not done in a timely manner Assessments utilized by Court					
	Knox	<ul style="list-style-type: none"> <li>▶ 20 to 25 juvenile sex offenders</li> <li>▶ 28% Receive Services</li> </ul>	No	Unclear from survey response	Yes	Yes	Yes

<b>Circuit</b>	<b>County</b>	<b>Description of Services/Comments</b>	<b>Mental Health Evaluations</b>	<b>Substance Abuse</b>	<b>Sex Offender Evaluations</b>	<b>In-Patient Psychiatric</b>	<b>Sex Offender Treatment</b>
	Fulton	<ul style="list-style-type: none"> <li>▶ Treatment 10% of caseloads</li> <li>▶ 25% Receive Services</li> </ul>	No	Unclear from survey response	Yes	No	Yes
	Hancock	<ul style="list-style-type: none"> <li>▶ Assessments - utilized</li> <li>▶ 48% Receive Services</li> </ul>	No	Unclear from survey response	Yes	No	Yes
	Henderson	<ul style="list-style-type: none"> <li>▶ 0% Receive Services</li> </ul>	No	Unclear from survey response	Yes	No	Yes
	McDonough	<ul style="list-style-type: none"> <li>▶ Sex offender treatment: adequate</li> <li>▶ 25% Receive Services</li> </ul>	No	Unclear from survey response	Yes	No	Yes
	Warren	<ul style="list-style-type: none"> <li>▶ 10% of caseload - in-patient</li> <li>▶ 5% Receive Services</li> </ul>	No	Unclear from survey response	Yes	No	Yes
10 <sup>th</sup>	Peoria	<ul style="list-style-type: none"> <li>▶ 63 Received Services - 11% of caseload</li> <li>▶ Inadequate services</li> <li>▶ Small in-patient population</li> <li>▶ Assessments utilized by Court</li> </ul>	Yes	Yes	Yes	Yes	Yes
11 <sup>th</sup>	Ford Livingston Logan McLean Woodford	<ul style="list-style-type: none"> <li>▶ 60-70% of caseload receives some service</li> <li>▶ All counties other than McLean report lack of local resources</li> <li>▶ Few counties have local sex offender treatment</li> <li>▶ 3-5% in-patient services</li> <li>▶ Assessments are not good or timely</li> </ul>	Yes	Yes	Yes	Yes	Yes

<b>Circuit</b>	<b>County</b>	<b>Description of Services/Comments</b>	<b>Mental Health Evaluations</b>	<b>Substance Abuse</b>	<b>Sex Offender Evaluations</b>	<b>In-Patient Psychiatric</b>	<b>Sex Offender Treatment</b>
12 <sup>th</sup>	Will	no response					
13 <sup>th</sup>	Bureau Grundy LaSalle	<ul style="list-style-type: none"> <li>▶ Reporter approximates services up to 80% of caseload</li> <li>▶ Inadequate number of service providers</li> <li>▶ 10% in-patient</li> <li>▶ Assessments not utilized at sentencing</li> </ul>	No	No	No	No	No
14 <sup>th</sup>	Rock Island	<ul style="list-style-type: none"> <li>▶ 39% of caseload receive mental health services</li> <li>▶ Psychiatric evaluations - inadequate</li> <li>▶ Inadequate service providers</li> <li>▶ Short term psychiatric in-patient</li> <li>▶ Assessments utilized at sentencing</li> </ul>	Yes	Yes	Yes	Short-Term	Yes
15 <sup>th</sup>	Carroll	<ul style="list-style-type: none"> <li>▶ 50% of minors receive services</li> <li>▶ Adequate Services</li> <li>▶ 1 out of 5 minors receive in-patient services</li> <li>▶ Cost is an issue that renders a dispositional order</li> <li>▶ Cost and Transportation are issues for not offering services</li> </ul>	Yes	Yes	Yes	Yes	Yes
	Lee	<ul style="list-style-type: none"> <li>▶ Individualized Treatment Services</li> <li>▶ Specialized Family Services</li> <li>▶ Psychiatric Services</li> <li>▶ Community Related Services</li> <li>▶ Alliances Counseling provides sex offender evaluations, victim services, sex offender services, and domestic violence groups</li> <li>▶ Lutheran Social Services provides in-school counseling, individual and family counseling, UDIS Program for Youth and Intensive Outpatient Program</li> </ul>	Yes	Yes	Yes	Yes	Yes

<b>Circuit</b>	<b>County</b>	<b>Description of Services/Comments</b>	<b>Mental Health Evaluations</b>	<b>Substance Abuse</b>	<b>Sex Offender Evaluations</b>	<b>In-Patient Psychiatric</b>	<b>Sex Offender Treatment</b>
15 <sup>th</sup> cont.d	JoDaviess	<ul style="list-style-type: none"> <li>▶ 45% of minors receive mental health services</li> <li>▶ Juveniles receive individual and family services</li> <li>▶ 5% of minors have received in-patient mental health services</li> <li>▶ Mental health assessment results are reviewed and taken into consideration at the minor's disposition</li> </ul>	Yes	Unclear from survey response	No	No	No
	Stephenson	<ul style="list-style-type: none"> <li>▶ 31% of active caseload receive mental health and/or sex offender services</li> <li>▶ Concerns about high turnover rate of the mental health staff, too long of waiting period for the beginning of services, no dual diagnosis programs, transportation issues, no sex offender group</li> <li>▶ 13 minors receive in-patient services</li> </ul>	Yes	No	Yes	No	Yes
16 <sup>th</sup>	Kane	<ul style="list-style-type: none"> <li>▶ 85 psychological evaluations for minors, of the 85 there are 8 sex offender evaluations</li> <li>▶ 1600 hours of therapy provided</li> <li>▶ Adequate Services</li> <li>▶ Assessments utilized for sentencing</li> </ul>	Yes	Yes	Yes	Yes	Yes
17 <sup>th</sup>	Winnebago	<ul style="list-style-type: none"> <li>▶ 30% of juveniles receive mental health services</li> <li>▶ Sex offender treatment</li> <li>▶ Small percent in-patient treatment</li> <li>▶ Assessments utilized for sentencing</li> </ul>	Yes	Unclear from survey response	Yes	Yes	Yes

<b>Circuit</b>	<b>County</b>	<b>Description of Services/Comments</b>	<b>Mental Health Evaluations</b>	<b>Substance Abuse</b>	<b>Sex Offender Evaluations</b>	<b>In-Patient Psychiatric</b>	<b>Sex Offender Treatment</b>
18 <sup>th</sup>	DuPage	<ul style="list-style-type: none"> <li>▶ Significant mental health services with 52% of detainees receiving medication</li> <li>▶ 40% of females and 20% males were indicated for mental health services</li> <li>▶ Lack of Spanish speaking service providers</li> <li>▶ Small percent in-patient</li> <li>▶ Assessments utilized</li> </ul>	Yes	Yes	Yes	Yes	Yes
19 <sup>th</sup>	Lake	<ul style="list-style-type: none"> <li>▶ 71% youth received assessments</li> <li>▶ 71% youth received treatment</li> <li>▶ 20% youth received residential treatment</li> <li>▶ Adequate Services</li> <li>▶ 107 out of 476 youth were provided residential treatment</li> <li>▶ Assessments utilized</li> </ul>	Yes	Yes	Yes	Yes	Yes
20 <sup>th</sup>	St. Clair Monroe Perry Randolph Washington	<ul style="list-style-type: none"> <li>▶ 22% have been identified with mental health services</li> <li>▶ Lack of psychiatric care</li> <li>▶ Limited residential placements</li> <li>▶ Lack of services to juveniles with mild to moderate diagnosis</li> <li>▶ Assessments are utilized</li> <li>▶ Sex offender treatment available</li> </ul>	Yes	Unclear from survey response	Yes	Yes	Yes
21 <sup>st</sup>	Kankakee	<ul style="list-style-type: none"> <li>▶ 45-50% of clients received mental health services</li> <li>▶ Transportation Issues</li> <li>▶ Lack of Spanish speaking counselors</li> <li>▶ Male counselors are in short supply</li> <li>▶ Assessments utilized</li> </ul>	Yes	Yes	Unclear from survey response	Yes	Unclear from survey response

<b>Circuit</b>	<b>County</b>	<b>Description of Services/Comments</b>	<b>Mental Health Evaluations</b>	<b>Substance Abuse</b>	<b>Sex Offender Evaluations</b>	<b>In-Patient Psychiatric</b>	<b>Sex Offender Treatment</b>
22 <sup>nd</sup>	McHenry	<ul style="list-style-type: none"> <li>▶ 20% of juveniles receive mental health services</li> <li>▶ Lack of residential mental health services</li> <li>▶ 12% of juveniles are receiving in-patient services</li> <li>▶ Assessments are utilized</li> </ul>	Yes	Yes	Yes	Yes	Yes
	Cook	<ul style="list-style-type: none"> <li>▶ 35% of adjudicated youth and 20% of diverted youth scored as needing mental health or substance abuse assessment</li> <li>▶ 63 youth received Mental Health evaluations</li> <li>▶ Assessments are utilized by court</li> </ul>	Yes	Yes	Yes	Yes	Yes