

**Circuit Court of Cook County Performance Metrics
Department 440 - Juvenile Temporary Detention Center**

Department Number and Name:	440-Juvenile Temporary Detention Center (JTDC)	Program Description: Human Resources, Legal, Investigation and Management	In order to ensure that youth are housed in safe and humane conditions and to maintain a secure living and working environment for residents and staff, JTDC complies with all state and federal mandates. Administration manages all human resources (HR) services, including the hiring and payroll processes, compliance with all mandates and guidelines of the Administrative Office of the Illinois Courts (AOIC); and oversees the performance management process. It supervises all JTDC legal matters, including litigation and responding promptly to complaints and discovery requests. Administration also handles all labor-related matters, including employee discipline, and the processing of employee grievances. It conducts comprehensive and fair investigations of all alleged violations of JTDC, Court, or County policies and procedures or other infractions.
Program Name:	Administration		
FTE:	82.5		

OUTPUT METRICS (count of work units processed or produced, persons served, etc.)												
#	Metric name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
1	Number of staff positions filled during the fiscal period	Number of open positions filled in the fiscal period.	27	36	32	21	2	5	....	....	....	....
2	Number of paychecks processed using CCT*	Total number of time cards processed and sent to comptrollers for paycheck runs utilizing CCT in the fiscal period.	Not applicable	Not applicable	1,358 (FY16 4th QT)	17,654	4,072	4,104	....	....	....	....
3	Staff percents of white and non-white employees in the fiscal period	Composition of JTDC staff utilizing white and non-white categories. JTDC collects racial data using guidelines from the U.S. Office of Management and Budget (OMB), also used by the Census Bureau, and are based on self-identification. OMB requires five minimum categories: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.	White 13% Non-White 87%	White 13% Non-White 87%	White 13% Non-White 87%	White 12% Non-White 88%	White 12% Non-white 88%	White 12% Non-white 88%	....	....	....	....
4	Staff by age group, in years, in the fiscal period	Staff composition by age group in five-year increments from 21 to to 70 and one category over 70 years of age.	21 to 25 = 14 26 to 30 = 104 31 to 35 = 142 36 to 40 = 113 41 to 45 = 100 46 to 50 = 122 51 to 55 = 66 56 to 60 = 55 61 to 65 = 28 66 to 70 = 9 >70 = 2	Not available	21 to 25 = 14 26 to 30 = 97 31 to 35 = 132 36 to 40 = 109 41 to 45 = 96 46 to 50 = 116 51 to 55 = 62 56 to 60 = 56 61 to 65 = 28 66 to 70 = 9 >70 = 2	Not applicable	21 to 25 = 11 26 to 30 = 87 31 to 35 = 119 36 to 40 = 107 41 to 45 = 91 46 to 50 = 110 51 to 55 = 69 56 to 60 = 55 61 to 65 = 24 66 to 70 = 8 >70 = 1	22 to 25 = 11 26 to 30 = 89 31 to 35 = 121 36 to 40 = 101 41 to 45 = 95 46 to 50 = 105 51 to 55 = 64 56 to 60 = 50 61 to 65 = 23 66 to 70 = 7 >70 = 1	....	....	....	....
5	Number of employee discipline referrals processed in the fiscal period	Number of of employee discipline referrals processed in the fiscal period along the continuum from occurrence of incidents to formal disciplinary hearing.	235	200	199	210	79	82	....	....	....	....
6	Number of employee grievances initiated in the fiscal period	Number of employee grievances initiated in the fiscal period.	84	84	84	84	84	52	....	....	....	....
7	Litigation Support Services completed	Number of responses to discovery requests and liaisons with outside counsel in the fiscal period.	53	58	40	58	10	27

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8	Number of investigations in the fiscal period resulting from alleged violations of the JTDC, Court, or County policies and procedures or other infractions.	Number of investigations in the fiscal period resulting from alleged violations of the JTDC, Court, or County policies and procedures or other infractions.	47	47	47	47	47	47
9	Number of PREA Resident Assessments in the fiscal period	PREA standard 115.341(a) requires an assessment of every resident that entails obtaining and using information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon the resident.	3,923	Not available	3,371	4,118	784	804

* The Cook County Time (CCT) Time & Attendance project is being implemented at JTDC from October 2016 through November 2017. CCT is a Countywide effort to automate the time and attendance reporting function and improve the accuracy of reporting.

EFFICIENCY METRICS (cost per unit, work units processed per staff person, cycle time to complete work unit, etc.)												
#	Metric name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
1	Average time to fill an open position from posting to onboarding in the fiscal period	The average number of days elapsed from the day an open position is posted to the start date of the selected candidate in the fiscal period.	192 days	320 days	173 days	158 days**	128 days	129 days	....	....	....	....
2	Number of pay discrepancies in the fiscal period	Total number of reported discrepancies in projected pay vs. actual pay received by employees in the fiscal period.	Not applicable	Not applicable	225* (FY16 4th QT)	240***	156	156	....	....	....	....
3	Average employee discipline case processing time in the fiscal period	The average processing time, in hours, in the fiscal period between the receipt of a discipline request by HR and its outcome.	10 hours	11 hours	11 hours	11 hours	7.25 hours	6.98 hours	....	....	....	....
4	Average employee grievances case processing time in the fiscal period	The average processing time, in hours, in the fiscal period between the receipt of a grievance by HR and the outcome of the grievance.	17 hours	17 hours	7 hours	6 hours	2.17 hours	8 hours	....	....	....	....
5	Litigation Support average time to process a request in the fiscal period	The average time spent, in hours, in the fiscal period by all Litigation Support personnel involved in processing one case.	14 hours	13 hours	18 hours	13 hours	18.2 hours	6.74 hours	....	....	....	....

* The implementation of CCT programming and related system glitches from 10/16/2016 to 11/20/2016 account for the majority of the pay discrepancies in FY 2016.

** Target reflects the goal to decrease by 5 percent the number of days to fill based on 2015 and 2016 actual figures.

*** 2017 Target is based on the expectation of a more efficient rate due to CCT system adjustment.

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OUTCOME METRICS (percentage of success accomplishing a program's primary task, customer satisfaction survey results, etc.)												
#	Metric Name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
1	Percent of open positions filled during the fiscal period	The percent of open available positions filled during the fiscal period.	84%	Not available	89%	100%	10%	10%	....	....	....	....
2	End-of-year retention rate of that year's hires	The percent of employees hired during the fiscal year that maintain employment at the end of the fiscal year.	88%	Not available	93%	95%	99%	99%	....	....	....	....
3	Payroll Proficiency Rate	The percent of employee paychecks that are discrepancy-free during the fiscal period	Not applicable	Not applicable	83%*	98%	92%	92%	....	....	....	....
4	Percent of completed employee discipline per fiscal period	All discipline accepted and fully processed during the fiscal period.	99%	Not available	100%	100%	100%	98%	....	....	....	....
5	Percent of employee grievances completed per fiscal period	Percent of grievances accepted and fully processed within the fiscal period.	90%	Not available	89%	100%	46%	19%	....	....	....	....
6	Completion rate of Litigation Support requests in the fiscal period	Percent of Litigation Support document requests accepted and completed within the requested deadlines in the fiscal period.	100%	100%	100%	100%	100%	100%

* Reflects data from the start CCT implementation on 10/16/2016

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Department Number and Name:	440-Juvenile Temporary Detention Center (JTDC)	Program Description:	<p>The JTDC complies with all federal and state mandates and follows the 2014 standards for secure detention facility, entitled CHAPTERS. The CHAPTERS standards developed by the Annie E. Casey Youth Law Center and the Center for Children's Law and Policy provide an overview of operation at the JTDC.</p> <p>CLASSIFICATION AND INTAKE - Is responsible for intake and admission of residents providing required orientation including compliance with the Prison Rape Elimination Act (PREA).</p> <p>ACCESS - JTDC provides access to family engagement, effective case management, visitation and resident releases.</p> <p>PROGRAMMING - JTDC ensures residents receive educational services, transportation, recreation, religious services, volunteer services, positive behavior management and gender responsive programming.</p> <p>TRAINING AND SUPERVISION OF STAFF - JTDC provides training for staff that meet federal and state mandates. Ensures that staff receive training that meet all Administrative Office of the Illinois Courts (AOIC) mandated requirements. Provides quality assurance to ensure compliance with legal mandates.</p> <p>ENVIRONMENT - JTDC ensures the safety and security of its 650,000 sq. ft. secured detention facility. Also provides emergency preparedness based upon Homeland Security standards. The JTDC maintains, cleans and sanitizes the facility including the living units, offices, gyms and kitchen.</p> <p>RESIDENT BEHAVIOR MANAGEMENT - administer daily behavior programming for residents, administer daily rewards for residents, administer behavior management rules and consequences for residents, conduct due process hearings for resident rule violations, coordinate resident grievances, plan, coordinate and administer resident behavior plans as appropriate for rule violations and violent behavior.</p> <p>SAFETY - monitor and protect the facility, staff, residents, and visitors, respond to crisis situations, administer the standards of the Prison Rape Elimination Act (PREA), inventory radios, keys, and equipment to ensure the security of the facility, monitor and coordinate everyone and everything that enters and exits the secure areas of the facility to prevent the introduction of contraband and maintain security, search for and seize any contraband introduced into the secure facility, conduct residents counts as required by detention standards, coordinate all movement within the secure areas and investigations of abuse, neglect and retaliation.</p>
Program Name:	JTDC Chapters		
FTE:	596.5		

OUTPUT METRICS (count of work units processed or produced, persons served, etc.)												
#	Metric name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
1	Number of admissions processed in the fiscal period	Number of JTDC admissions in the fiscal period.	3,923	3,923	3,371	4,118	784	804	....	....	....	....
2	Number of releases processed in the fiscal period	Number of JTDC releases in the fiscal period.	3,972	3,972	3,397	4,117	1,619	800	....	....	....	....
3	Resident percents by race or ethnicity	JTDC collects racial data using guidelines from the U.S. Office of Management and Budget (OMB), also used by the Census Bureau, and are based on self-identification. OMB requires five minimum categories: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.	Black - 81% Latino - 15% Asian- 0% Other - 0% White - 3%	Not applicable	Black - 80% Latino - 15% Asian- 0% Other - 5% White - 3%	Not applicable	Black - 72% Latino - 12% Asian- 1% Other - 5% White - 10%	Black - 83% Mexican - 7% Puerto Rican - 1% Other Hispanic, Latino, or Spanish - 6% Other - 3% White - 12%	....	....	....	....
4	Average resident length of stay by gender (M for males, F for females) in days in the fiscal period.	Resident average length of stay in days by gender in the fiscal period.	M - 21 days F - 13 days	M - 21 days F - 13 days	M - 31 days F - 18 days	M - 47 days F - 23 days	M - 20 days F - 13 days	M - 19 days F - 29 days	....	....	....	....
5	Percent of each gender in residence during the fiscal period	Proportion of males and females in residence during the fiscal period	M - 92% F - 8%	M - 92% F - 8%	M - 92% F - 8%	M - 92% F - 8%	M - 92.2% F - 7.3%	M - 91% F - 9%

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#	Metric name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
6	Implementation of Effective Case Management total hours per fiscal period	Effective Case Management: A process that requires the Caseworker to work collaboratively with residents and families to provide residents individual intensive diagnostic assessment by identifying educational, health, mental health, and behavioral needs; rewarding and acknowledging positive behavior as well as sanctioning ceptable behavior. Resident Visits: Visits including family, legal personnel, volunteers, clinical agencies, probation officers, and other stakeholders. Administrative Intervention Plan: An individual multidisciplinary Administrative Center. All plans are developed by the resident's parent center TL/ATL and Caseworkers and include restorative justice goals that focus on a timely and successful reentry strategy for the resident to return to his/her parent center. Caseworkers conduct Prison Rape Elimination Act (PREA) training with residents two times per year.	Not available	Not available	215,350	348,575	54,990	51,300	....	....	....	....
7	Average caseload per caseworker in the fiscal period	Caseworkers collaborate with residents and families to provide residents with an individual intensive diagnostic assessment that identifies educational, health, mental health, and behavioral needs. This metric reports the average number of clients receiving services from each caseworker in the fiscal period.	130	137	112	137	28	81	...	...	...	...
8	Internal Prison Rape Elimination Act (PREA) allegations	PREA mandates (Standard 115.322) an investigation is completed for all allegations of sexual abuse and sexual harassment. This metric reports the total number of sexual abuse and sexual harrassment allegations at JTDC in the fiscal period.	29	Not available	32	30	2	1	...	...	...	...
9	PREA Referrals and Multi-Disciplinary Team (MDT) meetings in the fiscal period	PREA standard {115.342} mandates that the information received from the screening and resident self disclosures is utilized to make housing, bed, program, and education assignments with the purpose of keeping all residents free from sexual abuse and sexual harassment. Multi-Disciplinary Team (MDT) is a group of staff from diverse disciplines who collectively share information, develop recommendations, utilize comprehensive assessments, and coordinate services to address and effectively meet the specific needs of JTDC residents. This metric reports the total number of referrals plus the total number of MDT meetings in the fiscal period.	121	Not available	177	175	51	64	...	...	...	...
10	Hours of Large Muscle Exercise offered to residents per year	Recreation and Activities Program: Develops and implements comprehensive recreation and activities programs for residents of each Center that includes indoor and outdoor recreation as well as at least one hour of large muscle activity per day. This metric reports the total number of hours of large muscle exercise offered to residents in the fiscal period.	117,895	Not available	91,250	139,430	21,960	49,247	...	...	...	...
11	Number of staff that received training in the fiscal period	The total number of staff who received training in the fiscal period .	698	703	648	679	111	248

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12	Number of volunteers that received training in the fiscal period	The total number of volunteers who received training in the fiscal period.	215	225	255	280	111	102
13	Number of staff trained on the PREA in the fiscal period	The total number of JTDC staff who received training on the PREA in the fiscal period.	478	703	647	679	626	626	...	...	...	...
14	Number of events captured on video and archived in the fiscal period	Number of events in the fiscal period captured on video and archived for possible future reference. Events that are captured on video and archived include: Major rule violations, extraordinary circumstances, allegations of neglect and abuse, allegations of staff misconduct, staff injuries and staff training opportunities.	2,557	2,557	2,007	2,282	308	303	...	...	...	...
15	Behavior Management Program hours provided on average per center in the fiscal period	JTDC's Behavior Management Program is a round-the-clock effort by all staff members to reinforce appropriate resident behaviors while providing positive and corrective consequences for inappropriate resident behaviors as necessary. This metric reports the total average number of hours of behavior management provided per center in the fiscal period.	282,948	334,632	258,420	334,632	58,560	49,247	...	...	...	...
16	Resident Disciplinary Due Process Hearings	Hearings conducted by JTDC officers to assess formal behavioral charges on residents.	5,667	5,184	4,885	5,616	1,228	1,536	...	...	...	...
17	Number of resident grievances in the fiscal period	Resident grievances are collected every business day. They are tracked by a grievance coordinator who distributes them for response by departmental staff. This metric reports the total number grievances collected from residents in the fiscal period.	2,453	2,453	1,842	844	283	178	...	...	...	...
18	Work orders submitted to the Cook County Department of Facilities Management in the fiscal period	Work orders are submitted to inform the Cook County Department of Facilities Management about all areas of the JTDC's 650,00 square feet physical plant in need of repairs and maintenance. This metric reports the total number of work orders submitted in the fiscal period.	3,901	3,901	7,289	8,476	753	762	...	...	...	...

#	Metric name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
1	Average daily cost of housing a minor at JTDC in the fiscal period	Average daily cost of housing a minor at the JTDC in the fiscal period.	\$431	\$431	\$520	\$520	\$520	\$520	....	....	....	....
2	Average amount of time expended in processing a PREA resident assessment in hours in the fiscal period	PREA standard 115.341(a) requires obtaining and using information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon the resident. This metric reports the average amount of time	0:18	Not available	0:21	0:17	0:23	0:26	....	....	....	....
3	Average amount of time expended in processing an internal PREA allegation in hours in the fiscal period	PREA Coordinator provides follow-up on every PREA investigation to ensure proper notifications were issued, resident services provided, reporting to the Department of Justice, Office of Justice Program, and included in the federally mandated PREA report. Additionally, conducts incident reviews of all substantiated investigations. This metric reports the average amount of time spent in processing an internal PREA allegation in the fiscal period.	23.66	Not available	21:00	23:00	20:00	20:00

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4	Average amount of time expended in processing PREA referrals and conducting Multi-Disciplinary Team Meetings (MDT) in hours in the fiscal period	PREA Coordinator provides follow-up on every PREA referral to ensure all appropriate actions are taken such as housing recommendations, additional security measures needed, review of incident report, and conducts MDT meetings as needed. This metric reports the average amount of time spent in processing a PREA referral and conducting a MDT in the fiscal period.	7:46	Not available	4:00	4:00	3:36	3:25
5	Average number of events captured on video processed per video analyst in the fiscal period	This metric reports the average number of events captured on video by each video analyst in the fiscal period.	1,279	1,279	1,003	1,141	308	303	....	....	....	....
6	Hearings Conducted Per Hearing Officer Average number of hearings conducted by each hearing officer in the fiscal period.	This metric reports the average number of hearings conducted by each hearing officer in the fiscal period.	1,133	1,250	1,221	1,404	307	384	....	....	....	....
7	Average amount of time, in days, in the fiscal period that lapses between the time a grievance is received to the time it is resolved	The grievance process provides a formal way for residents to complain about something believed to be wrong or unfair. It teaches residents how to voice dissatisfaction in a socially acceptable way. Length This metric reports the average length of time, in days, in the fiscal period from when a grievance is received to when it is resolved (in days).	2	3	3	3	2	6	....	....	....	....
8	Number of instances in the fiscal period that any resident is transported to any location outside of the JTDC premises	JTDC has a specialized division of staff trained in transporting residents for an authorized purpose and location outside of the JTDC premises. Examples include transport to a court beyond the building that houses JTDC, placement, hospitals, and funeral furloughs.	813	813	1,041	1,041	252	221	....	....	....	....
9	Number of instances in the fiscal period that any resident is transported to any location within the JTDC premises or the building that houses JTDC	Internal transportation is the movement of any resident within the physical structure of the JTDC; inclusive of court, medical, programming, school, visitation, recreation, scheduled meetings, and other authorized purposes.	130,369	130,369	117,139	149,587	24,733	25,214	....	....	....	....
10	Total number of responses in the fiscal period to emergency and non-emergency assistance calls from residents	A specialized team of trained staff responds around-the-clock to emergency and non-emergency calls for assistance from residents.	1,892	1,892	1,146	1,146	233	211	....	....	....	....
11	Average number of external transportation events per day per staff	All residents must be accompanied by JTDC trained transportation staff for court beyond the JTDC building, placement, hospitals, funeral furloughs, etc.	2	2	3	3	1	1	....	....	....	....
12	Average number of internal transportation events per-day per staff	All moves (inclusive of court in the JTDC building, medical, programming, school, visitation, recreation, scheduled meeting, etc.) for residents are escorted by JTDC staff.	13	13	12	12	3	3	....	....	....	....
13	Average number of emergency and non-emergency responses per staff per day in the fiscal period	A specialized team of trained staff responds on a 24-hour basis to assistance calls of an emergency or non-emergency nature from residents.	5	5	3	3	1	1

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#	Metric name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
14	Average number of work orders submitted to Cook County Facilities Management by each authorized JTDC staff member during the fiscal period.	Formal established process for JTDC's two authorized staff members to submit work order requests to Cook County Facilities Management to address repair and maintenance needs of JTDC's 650,000 square feet physical plant.	1,950	1,950	3,644	4,238	377	381	....	....	....	....
15	Total number of training hours provided to JTDC staff during the fiscal period	The total number of training hours held for JTDC staff through the fiscal period.	45,451	45,451	51,319	57,000	15,077	11190	....	....	....	....

OUTCOME METRICS (percentage of success accomplishing a program's primary task, customer satisfaction survey results, etc.)												
#	Metric Name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
1	Percent of residents admitted who complete the PREA orientation process in the fiscal period.	The orientation process includes intake, inventory of personal property, parent notification, review of the resident handbook, and review of JTDC rules and procedures with newly-admitted residents. A medical or mental health crisis may prevent a resident from completing the orientation upon arrival; however, orientation in such cases takes place when the resident is stabilized. Also, a decision by the assistant state's attorney not to file charges, or a release of the youth may also impact the ability to complete the orientation process.	100%	100%	100%	100%	88%	94%	....	....	....	....
2	Percent of PREA Resident Assessments successfully completed in the fiscal period	Federal mandates require all residents admitted are assessed for the risk of sexual abuse and sexual harassment (PREA standard 115.341). A resident's refusal, medical or mental health crisis, or release may impact the ability to complete an assessment.	100%	100%	100%	100%	100%	100%	....	....	....	....
3	Percent of Internal PREA Investigations successfully completed in the fiscal period	All allegations of sexual abuse and sexual harassment are investigated as <u>required</u> by federal mandates (<u>PREA standard 115.322</u>). A successfully completed investigation means that a finding, typically "Substantiated", "Unsubstantiated" or "Unfounded", has been made. An unsuccessful investigation is one that does not have a finding and does not meet PREA standards. Federal law requires the tracking of all investigations and findings. While it is unlikely that an unsuccessful investigation would take place, it is still required that JTDC record whether investigations are successful.	100%	100%	100%	100%	100%	100%

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#	Metric Name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
4	Percent of PREA Referrals and Multi-Disciplinary Team (MDT) meetings successfully completed in the fiscal period.	Federal mandates require the use of information obtained during resident screening, mental and medical assessment, resident disclosures, and any other relevant information to determine residents housing placement, programming, and education assignments (PREA standard 115.342). Relevant information obtained triggers a PREA Referral and an MDT meeting. A successfully completed investigation means that a finding, typically "Substantiated", "Unsubstantiated" or "Unfounded", has been made. Unsuccessful would be if a resident left the facility and there was no finding that could be made. A successful MDT Meeting would mean that the meeting actually took place and accommodations and/or changes in operations were made as a result of the meeting. While highly unlikely, an unsuccessful referral and MDT would be a resident who was referred to PREA follow-up but did not receive it.	100%	100%	100%	100%	100%	100%	....	....	....	....
5	Estimated percent of residents who participate in Large Muscle Exercise program	Comprehensive recreation and activities programs for residents of each center include indoor and outdoor recreation as well as at least one hour of large muscle activity per day.	90%	100%	90%	100%	100%	90%	....	....	....	....
6	Percent of staff trained according to PREA training standards who attained a passing score on the PREA training exit examination in the fiscal period	PREA standards require all staff trained according to PREA standards and attain a passing score on an exit examination upon completion of training.	68%	100%	96%	100%	92%	93%	....	....	....	....
7	Percent of detention staff that received the 40 hours of training required by AOIC's Detention Staff Training Standards in the fiscal period	The percent of detention staff in the fiscal period that received training that brought them into compliance with AOIC's Detention Staff Standard of 40 hours of training per year.	55%	100%	74%	100%	16%	53%	....	....	....	....
8	Percent of all admissions and release data in the fiscal period entered into RMIS during the fiscal period.	The entry into RMIS of all admission and release data of residents is required by JTDC policy	Not available	100%	100%	100%	100%	100%	....	....	....	....
10	Rate of Residents participating in Behavioral Management Program	All residents are supervised and participate in behavioral management programming; including rewards, consequences, safety and security checks.	100%	100%	100%	100%	100%	100%	....	....	....	....
11	Due Process Hearings completed within 4 Hours	Percent of hearings completed within 4 hours.	84%	100%	89%	100%	88%	89%	....	....	....	....
12	Satisfaction Rate on Parent Satisfaction Survey	Parent Satisfaction Surveys are distributed when parents are picking up residents for release. The results provided here are regarding responses to the question, "Was JTDC staff helpful during your son/daughter's detention at the JTDC?"	Not available	100%	83%	100%	88%	88%	....	....	....	....
13	Resident perceptions of physical safety at JTDC as measured by the Social Climate Scale - Safety Subscale	The Social Climate Scale (SCS) is an environmental assessment conducted semi-annually at juvenile detention centers across the nation. The safety subscale assesses resident perceptions of physical safety at the detention center. SCS data is calculated by a consultant from Michigan State University. The mean score for juvenile detention centers nationally is 50.	54	55	56	56	Not available*	Not available*

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#	Metric Name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
14	Social Climate Scale - Activity Subscale	The Social Climate Scale (SCS) is a environmental assessment conducted semi-annually at juvenile detention centers across the nation. The activity subscale assesses resident perceptions of the activities available to residents at the detention center.	53	53	55	55	Not available*	Not available*	....	....	....	....
15	Social Climate Scale - Order/Organization Subscale	The Social Climate Scale (SCS) is a environmental assessment conducted semi-annually at juvenile detention centers across the nation. The activity subscale assesses resident perceptions of the detention center.	54	54	55	55	Not available*	Not available*	....	....	....	....

* Surveys are completed in April & November each year. Reports are generated in June and December.

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Department Number and Name:	440-Juvenile Temporary Detention Center (JTDC)	Program Description: CCHHS Cermak	Conducts crisis interventions and provides medical assessments and services to all residents including dental care, scheduling of external appointments, and follow up. Medically required direct care supervision of residents on crisis watch and/or other medically required supervision. Provides psychological and psychiatric assessment and follow up services. Provides psycho-educational groups and individual mental health services to all residents. Also provides health and mental health educational services.
Program Name:	Health and Mental Health Care		
FTE:	CCHHS* FTEs and not in JTDC's FTE appropriation.		

* Cook County Health and Hospitals System

OUTPUT METRICS (count of work units processed or produced, persons served, etc.)												
#	Metric name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
1	Number of dental services provided in fiscal period	Oral examinations, oral treatment, extractions, x-rays, periodontal, restorations, etc.	5,890	Not applicable	5,946	6,000	1,153	1,078	....	....	....	....
2	Number of nursing health assessments completed in the fiscal period.	Nurses perform health assessments for injuries, restraints and confinements.	10,461	Not applicable	10,034	10,000	2,793	3,582	....	....	....	....
3	Number of nursing sick calls completed in the fiscal period	Residents' health service requests are triaged by the nurse within 24 hours.	10,562	Not applicable	9,305	10,000	1,448	1,542	....	....	....	....

EFFICIENCY METRICS (cost per unit, work units processed per staff person, cycle time to complete work unit, etc.)												
#	Metric name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
1	Daily average number of patients served per dentist in the fiscal period	Average number of patients seen by a dentist in a clinical day.	11	Not applicable	9	10	21	8	....	....	....	....
2	Daily average number of nursing health assessments completed per nurse in the fiscal period	Average number of daily health assessments by a registered nurse per day day.	5	Not applicable	5	6	5	6	....	....	....	....
3	Daily nursing sick calls completed per nurse in the fiscal period	Average number of sick calls attended by a registered nurse per day.	14	Not applicable	15	20	16	17	....	....	....	....

OUTCOME METRICS (percentage of success accomplishing a program's primary task, customer satisfaction survey results, etc.)												
#	Metric Name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Q1 Actual	2017 Q2 Actual	2017 Q3 Actual	2017 Q4 Actual	2017 YE Actual	2018 Target
1	Percent of residents who report being satisfied with medical services at JTDC	Percent of residents in the fiscal period who report agreement with item number 14 in a survey administered when released from JTDC. Item number 14 of the survey states: "I found the medical service helpful."	Not applicable	Not applicable	91%	95%	Not available*	68% Satisfied on 5/28/17 survey**	....	....	....	....

* Developed questionnaire in quarter 1 and the administration of the survey will begin the following Quarter

** Next survey will be in Q3

** Target reflects the goal to decrease by 5 percent the number of days to fill based on 2015 and 2016 actual figures.

**Circuit Court of Cook County Performance Metrics
Department 440 - Juvenile Temporary Detention Center**

Department Number and Name:	440-Juvenile Temporary Detention Center	Program Description: Cook County Health and Hospitals System (CCHHS) Cermak	Conducts crisis interventions and provides medical assessments and services to all residents including dental care, mental health services, transportation to appointments, and medically required direct care supervision of residents on crisis watch and/or other medically required supervision; and provides mental health services to all residents.
Program Name:	Health and Mental Health Care		
FTE:	Contract cost not County FTE		

OUTPUT METRICS (count of work units processed or produced, persons served, etc.)												
#	Metric name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Qtr 1 Actual	2017 Qtr 2 Actual	2017 Qtr 3 Actual	2017 Qtr 4 Actual	2017 YE Actual	2018 Target
1	Mental health follow-up (MHFU) counseling sessions conducted during the fiscal period.	"Follow-up" status residents are provided with weekly individual counseling sessions, often more depending on acuity, until the identified problems are resolved or the resident leaves the detention center.	5,065	5,616	6,228	5,616*	1,400	1,323	....	....	....	....
2	Psychiatric follow-up visits conducted in the fiscal period	Youth who are prescribed psychotropic medication are monitored closely by way of follow-up clinic visits with the prescribing Psychiatrist/Advanced Practice Nurse (APN).	889	988	1,117	988**	258	259	....	....	....	....
3	Clinical rounds completed in the fiscal period	A "Clinical Round" is a meeting or conference conducted daily by Mental Health clinicians with center staff to identify problem issues that residents may be experiencing and design interventions to address them before they worsen.	16,510	9,855	16,584	9,855	3,199	3,171	....	....	....	....

* If the average number of residents on MHFU status per week remains at 108.

** If the average number of residents being treated remains at 38 per week.

EFFICIENCY METRICS (cost per unit, work units processed per staff person, cycle time to complete work unit, etc.)												
#	Metric name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Qtr 1 Actual	2017 Qtr 2 Actual	2017 Qtr 3 Actual	2017 Qtr 4 Actual	2017 YE Actual	2018 Target
1	Average number of clinical contacts per clinical FTE during the fiscal period	Clinical contacts occur in activities such as individual and group counseling, assessments, psychiatric contacts, clinical rounds and clinical consultations.	2,223	1,750	2,263	1,750	522	559	....	....	....	....
2	Average number of clinical contacts in the fiscal period per Mental Health Clinical FTE	Annual clinical contacts by MH clinical FTE. These FTEs include Licensed Clinical Psychologists, Licensed Clinical Social Workers, and masters-level Mental Health Specialists.	2,099	1,500	2,138	1,750	495	502	....	....	....	....
3	Average number of clinical contacts in the fiscal period per psychiatry FTE	Annual clinical contacts by Psychiatry FTE. These FTE include board certified Child and Adolescent Psychiatrists and an Advanced Practice Psychiatric Nurse.	3,143	2,500	3,286	2,750	721	896	....	....	....	....

** Target reflects the goal to decrease by 5 percent the number of days to fill based on 2015 and 2016 actual figures.

**Circuit Court of Cook County Performance Metrics
Department 440 - Juvenile Temporary Detention Center**

OUTCOME METRICS (percentage of success accomplishing a program's primary task, customer satisfaction survey results, etc.)												
#	Metric Name	Definition	2015 Actual	2016 Target	2016 Actual	2017 Target	2017 Qtr 1 Actual	2017 Qtr 2 Actual	2017 Qtr 3 Actual	2017 Qtr 4 Actual	2017 YE Actual	2018 Target
1	Rate of compliance in the fiscal period by psychiatrists and other Qualified Mental Health Providers (QMHP) with chronic disease treatment protocols	The rate of compliance in the fiscal period by psychiatrists and other QMHPs with chronic disease treatment protocols as evidenced by documentation in the medical record that the patient's condition and status are monitored and appropriate action is taken to improve patient outcome.	Not available	100%	100%	100%	Not available*	Not available*	....	....	....	....
2	Rate of overall client satisfaction as reoported by residents in the Youth Satisfaction Survey	The Youth Satisfaction Survey evaluates the quality of IRC clinical services as assessed by the youth at the JTDC. The survey is also intended to identify opportunities for improvement.	Not available	75%**	76%	85%*	Not available*	Not available*	....	....	....	....
3	Number of psychiatric hospitalizations*** in the fiscal period	Instances in the fiscal period of residents experiencing symptoms which cannot be adequately managed in a correctional setting and require placement in an outside hospital for stabilization and treatment.	11	15	11	15	4	2	....	....	....	....

* Surveys are completed in April and November each year. Reports are generated in June and December.

** The majority of residents affirm that IRC provides quality MH services, reporting a rate of overall satisfaction of 78.26%. Most respondents agreed they are approached with a positive attitude and treated with respect.

*** Our annual number of psychiatric hospitalizations has decreased by 88% over the last 7 years. Very significant because they disrupt the judicial process and are very costly - cost of a one-week youth hospitalization in Illinois is between \$12,000 and \$16,000.