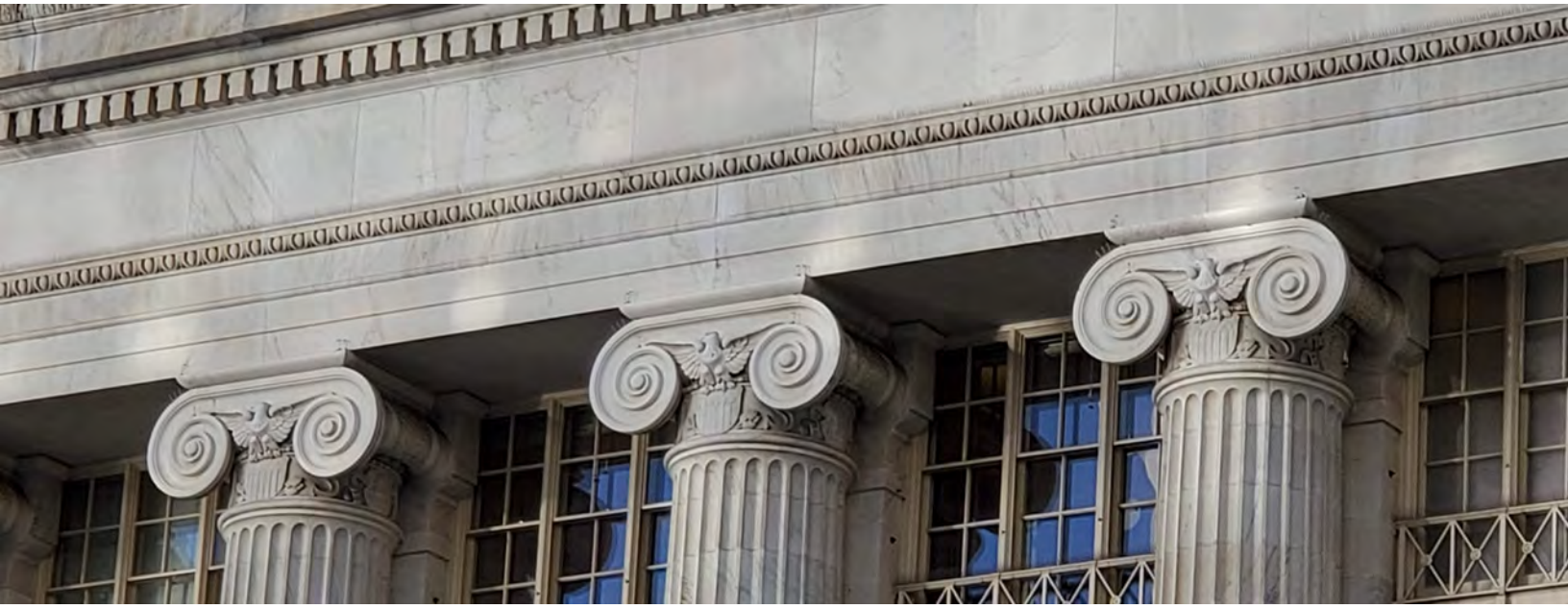
Illinois Supreme Court Task Force on Improving the Court and Community Response to Mental Health and Co-Occurring Disorders

Organizational Plan



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Acknowledgements

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Pursuant to the State Justice Institute Act of 1984 (42 U.S.C. 10701, et seq.), the State Justice Institute (SJI) is authorized to award grants, cooperative agreements, and contracts to state and local courts, nonprofit organizations, and others for the purpose of improving the quality of justice in the state courts of the United States.

State Justice Institute

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Introduction

In 2019, the State Justice Institute (SJI) funded a three-year project called the National Initiative to Improve the Justice System Response to Mental Illness and Co-Occurring Disorders. A National Initiative Advisory Committee was appointed to guide the work. The SJI grant recognized that state court leaders require resources, education and training, data and research, best practices, and other tools to devise solutions to the growing number of ways in which state courts are impacted by cases involving individuals with behavioral disorders. On March 30, 2020, based on the recognition of the importance and need to improve the state courts' response to mental illness, the National Initiative was elevated to a National Judicial Task Force. The Conference of Chief Justices and Conference of State Court Administrators established the *National Judicial Task Force to Examine State Courts' Response to Mental Illness* with a charge to "assist state courts in their efforts to more effectively respond to the needs of court-involved individuals with serious mental illness." Led by four chief justices and four state court administrators, joined by 40 additional judges and court and behavioral health experts, and funded by SJI, the Task Force will spend the next year developing tools, resources, best practices and policy recommendations for the state courts. The Task Force will deliver its final report during the 2022 CCJ-COSCA Annual Meeting in Chicago.

> *The Conference of Chief Justices and Conference of State Court Administrators National Judicial Task Force to Examine State Courts' Response to Mental Illness conducted a survey to create a picture of the national landscape regarding adult behavioral health diversions and practices available in each state. The survey was completed by State Court Administrators or State Court Behavioral Health Administrators and oftentimes in conjunction with input from State Behavioral Health Departments. The survey results provide a national landscape that will help inform the work of the Task Force and provide more helpful resources to courts going forward.*
>
> *In order to address behavioral health needs in our communities and the overrepresentation of individuals with behavioral health needs in local courts and jails, community resources and diversion pathways and practices must be available, accessible, and used. To reduce unnecessary involvement, support those who need services and promote fairness throughout the criminal justice system. Judges and other behavioral health and criminal justice partners must come together to create a system that will improve outcomes for all.*
>
> *Collaborative Court and Community Diversion for Individuals with Behavioral Health Needs: An Interim Report June 21, 2021*

Rewinding to October of 2019, the Conference of Chief Justices and the Conference of State Court Administrators hosted a Midwest Regional Summit in Deadwood, South Dakota. The respective Midwest Chief Justices and State Court Administrators appointed multidisciplinary teams to attend the Midwest Summit which combined educational sessions with opportunities for state teams to identify opportunities for improvement and to develop priorities. Illinois Supreme Court Chief Justice Anne M. Burke and Illinois State Court Administrator Marcia Meis assembled and led an Illinois delegation at the Midwest Regional Summit. Four main priorities were established by the Illinois delegation during team meetings.

1. Bring stakeholders to the table to develop a statewide multi-branch commission, committee, or task force focused on improving responses to those with mental illness.
2. Hold a statewide summit.
3. Improve data and information sharing across systems analyzing what data is collected and developing strategies and partnerships to establish collaborative data.
4. Add a national partner to assist with identifying stakeholders to develop next steps and accomplish priorities.

After the Midwest Regional Summit, SJI committed to support the state teams that attended, including the Illinois team, with financial assistance to achieve their identified priorities. Upon returning to Illinois, the team began work by inviting an interdisciplinary, multi-branch group of leaders to form the Illinois Mental Health Task Force (Task Force). Through SJI funding, the Illinois Supreme Court added a national partner, the National Center for State Courts (NCSC), to provide technical assistance. The Task Force then began work to plan an in-person Illinois Mental Health Summit (Summit). When discussing topics for the Summit, Task Force members wanted to ensure the inclusion of timely and relevant topics, national and local speakers, and giving a voice to those affected by mental illness. Task Force members wanted to use information gained from the sessions to inform how Illinois should move forward to improve responses for persons with mental illness. The COVID-19 pandemic, however, necessitated a change in plans from holding the Summit as a traditional conference to a series of six virtual sessions. The series, *Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders through Compassion and Hope*, convened by Illinois Supreme Court Chief Justice Anne M. Burke, started on September 29, 2020 and ended on December 1, 2020.

Following the Summit, NCSC developed a report summarizing the work of the Task Force, the information gathered through the Summit series, and made recommendations for the Task Force. The members of the Task Force continued work to define its structure, build relationships, and move their efforts forward. In 2021, the AOIC hired Illinois' first Statewide Behavioral Health Administrator. The Statewide Behavioral Health Administrator is located in the Executive Division of the AOIC and reports directly to the Administrative Director. The Statewide Behavioral Health Administrator provides administrative and leadership support for Supreme Court initiatives aimed at improving the court and community response to mental health and co-occurring disorders and serves as the project manager for the Task Force.

With technical assistance from the National Center for State Courts, the AOIC Statewide Behavioral Health Administrator will facilitate the Task Force's response to five goals.

1. Build a community-by-community approach, supported by statewide leadership from all three branches of government.
2. Conduct a statewide mapping or needs assessment to identify what is working and what gaps exist.
3. Assist in creating a vision for Illinois' mental health continuum of care.
4. Develop and implement a statewide strategic plan.
5. Ensure accountability through transparency and accessible reports on Task Force activities.

Task Force Structure

Through a technical assistance grant allowing for contracting with NCSC, SJI is assisting the Illinois Supreme Court in developing a foundation to accomplish the bold goals of the Task Force, in coordination with the National Judicial Task Force to Examine State Courts' Response to Mental Illness and relevant federal agencies. This funding and technical assistance will not only support the ambitious and necessary efforts in Illinois but will position Illinois as a leader in the national reform efforts. These efforts will develop strategies to provide tools for a coordinated court and community response to persons with behavioral health needs which will be shared at the national level.

Under the leadership of the Illinois Supreme Court, the project structure includes multidisciplinary, multi-branch members charged with carrying out the Summit goals; judicially led Regional Mapping Workshops charged with facilitating cross-system communication and collaboration to identify resources and data sources; improving early identification and diversion of people with mental health and co-occurring disorders encountering the courts; and increasing effective service linkages. Subcommittees will also be developed to examine and promote identified diversion and court driven strategies designed to lessen the likelihood of persons recycling through the criminal justice system. See Appendix A for the Task Force Roster.

Illinois Supreme Court

AOIC Statewide
Behavioral Health Administrator

National Center for State Courts
(Technical Assistance)

Task Force

Judicially led, multidisciplinary/multi-branch team of court professionals, treatment/health and human service providers, legislators, state departments, and university officials

Subcommittees are based on CCJ/COSCA Guiding Principles to reexamine and redefine diversion for individuals with behavioral health needs*

Five Regional Mapping Committees

In order to complement and inform statewide planning efforts mandated via Public Act 102-0043, which requires Illinois Department of Healthcare and Family Services and the Illinois Department of Human Services-Division of Mental Health (DMH), with meaningful input from stakeholders, to develop a Comprehensive Statewide Behavioral Health Strategy and submit this strategy to the Governor and General Assembly no later than July 1, 2022, the Task Force chose to develop five multidisciplinary regional mapping committees following the Illinois Department of Human Services regional boundaries. Committee results will also inform the Illinois Supreme Court's efforts to develop a strategic plan aiming to reduce the criminalization of behavioral health disorders.

The Regional Mapping Committees will use the Sequential Intercept Mapping framework to explore challenges identified at the Summit and develop an understanding of where each region stands in terms of resources, gaps, and what needs to be accomplished to improve court and community responses.

Potential pilot programs, evidence-based/promising practices, supporting data sources, shall be identified and shared across the state.

* Potential Subcommittees: Assisted Outpatient Treatment, Competency, Civil Process (Guardianship, Power of Attorney, Involuntary Commitment), Caseflow Management, etc.

Task Force Timeline

Federal Fiscal Year 22

Tasks and Deliverables	Months												Responsible Party(s)
	O	N	D	J	F	M	A	M	J	J	A	S	
Statewide Behavioral Health Administrator starts	X												AOIC
Task Force Meeting(s)	X	X	X		X		X		X			X	AOIC/COURT
BJA-Illinois Justice and Mental Health Collaboration Program Grant Notice *(Timeline to be revised if awarded)*	X												AOIC
Complete Task Force Operational Plan		X											AOIC/NCSC
Contact Regional Mapping Council Chairs/Co-Chairs	X	X											AOIC/NCSC/COURT
Summit Report – Media Release, Webinar, and Task Force Invitation		X											AOIC/COURT
Task Force Overview at Meeting of Chief Judges	X												AOIC/COURT
Confirm Regional Mapping Council Participants & Meeting Dates			X										AOIC/COURT
Regional Mapping Workshops				X	X	X	X	X					AOIC/NCSC
Subcommittee Meeting(s)				X		X		X				X	AOIC/NCSC
Complete Regional Mapping Workshop Report/Subcommittee Update – Presentation									X				AOIC/NCSC/COURT
CCJ/COSCA – Chicago										X			AOIC/COURT
SJA Grant Ends										X			AOIC/NCSC

Federal Fiscal Year 23

Tasks & Deliverables	Months												Responsible Party(s)
	O	N	D	J	F	M	A	M	J	J	A	S	
Subcommittees	X	X	X	X	X	X	X	X	X	X	X	X	
Partnerships/Local Implementation of State and National Initiatives	X	X	X	X	X	X	X	X	X	X	X	X	AOIC/TASK FORCE
Pilot Project Implementation	X	X	X	X	X	X	X	X	X	X	X	X	AOIC/TASK FORCE/COURT

Regional Councils and Mapping Workshops

To lead the Illinois change initiative, the Task Force chose to develop five judicially led, multidisciplinary regional councils to conduct mapping workshops within each Illinois Department of Human Services state hospital catchment area. Regional councils will include representation from multiple court and community stakeholders including but not limited to court personnel, community behavioral health providers, state government department officials, university officials, law enforcement agencies, persons with lived experience, and other interested participants.

The councils will be supported by the AOIC Statewide Behavioral Health Administrator and will use the National GAINS Center Sequential Intercept framework to facilitate cross-system communication and collaboration to identify resources and data sources, improve early identification and diversion of people with mental health and co-occurring disorders coming into contact with the courts, increase effective service linkage, and lessen the likelihood of persons recycling through the criminal justice system. Ultimately, the workshop results will inform a statewide vision of what a behavioral health continuum of care with multiple diversion pathways should look like in Illinois while identifying:

- Service delivery processes that support recovery;
- Opportunities to divert individuals from the criminal justice system to the treatment and service system;
- Best practices, promising initiatives, and potential pilot programs to address needs;
- Gaps in service, local resources, and barriers to service delivery; and
- Supporting data sources.

Each Council also aims to include representation from the following professional stakeholders and members of the community:

- Judges
- Community Mental Health Centers and/or Certified Community Behavioral Health Clinics
- Mental Health Boards
- Trial Court Administrators
- Law Enforcement
- Prosecutors
- Defense Counsels
- Probation/Pretrial
- Legislators
- Housing Providers
- University Officials
- Persons with Lived Experience
- State Government Departments
- Medicaid Authority
- General Community Members

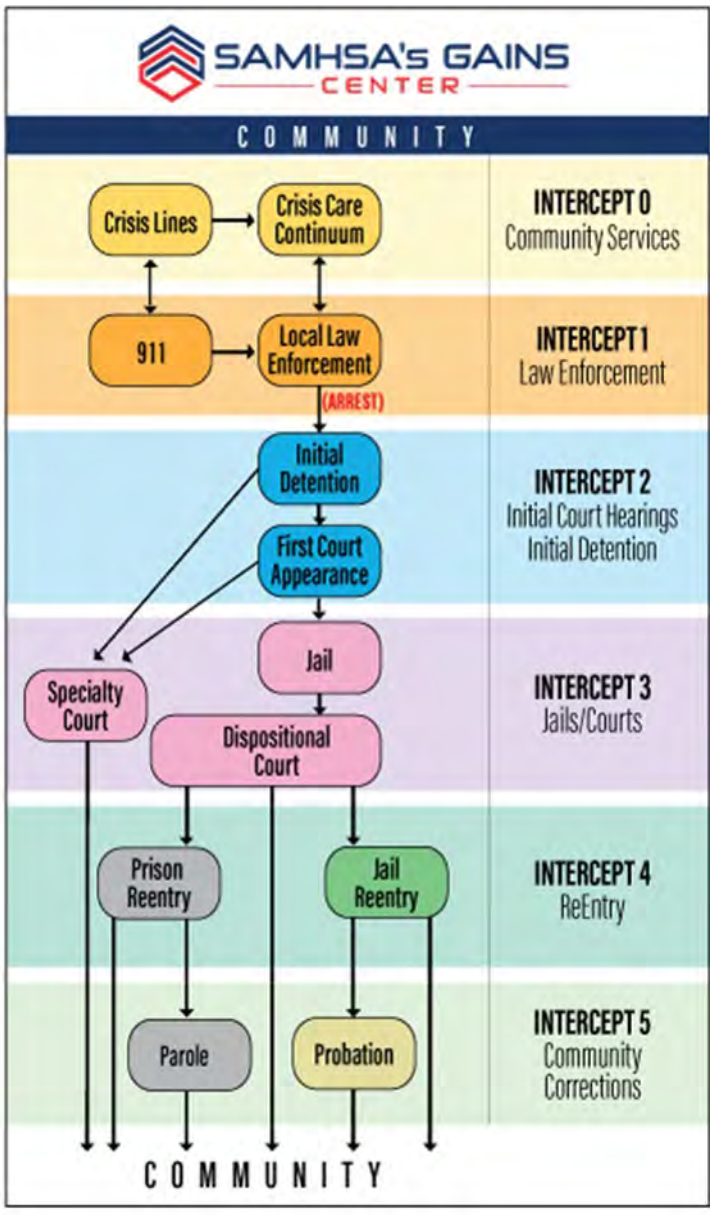
The Regional Council workshop results will also complement and inform statewide planning efforts mandated by Public Act 102-0043, which requires the Illinois Department of Healthcare and Family Services and the Illinois Department of Human Services-Division of Mental Health (DMH), with meaningful input from stakeholders, to develop a Comprehensive Statewide Behavioral Health Strategy and submit this strategy to the Governor and General Assembly no later than July 1, 2022.

Sequential Intercept Model Overview

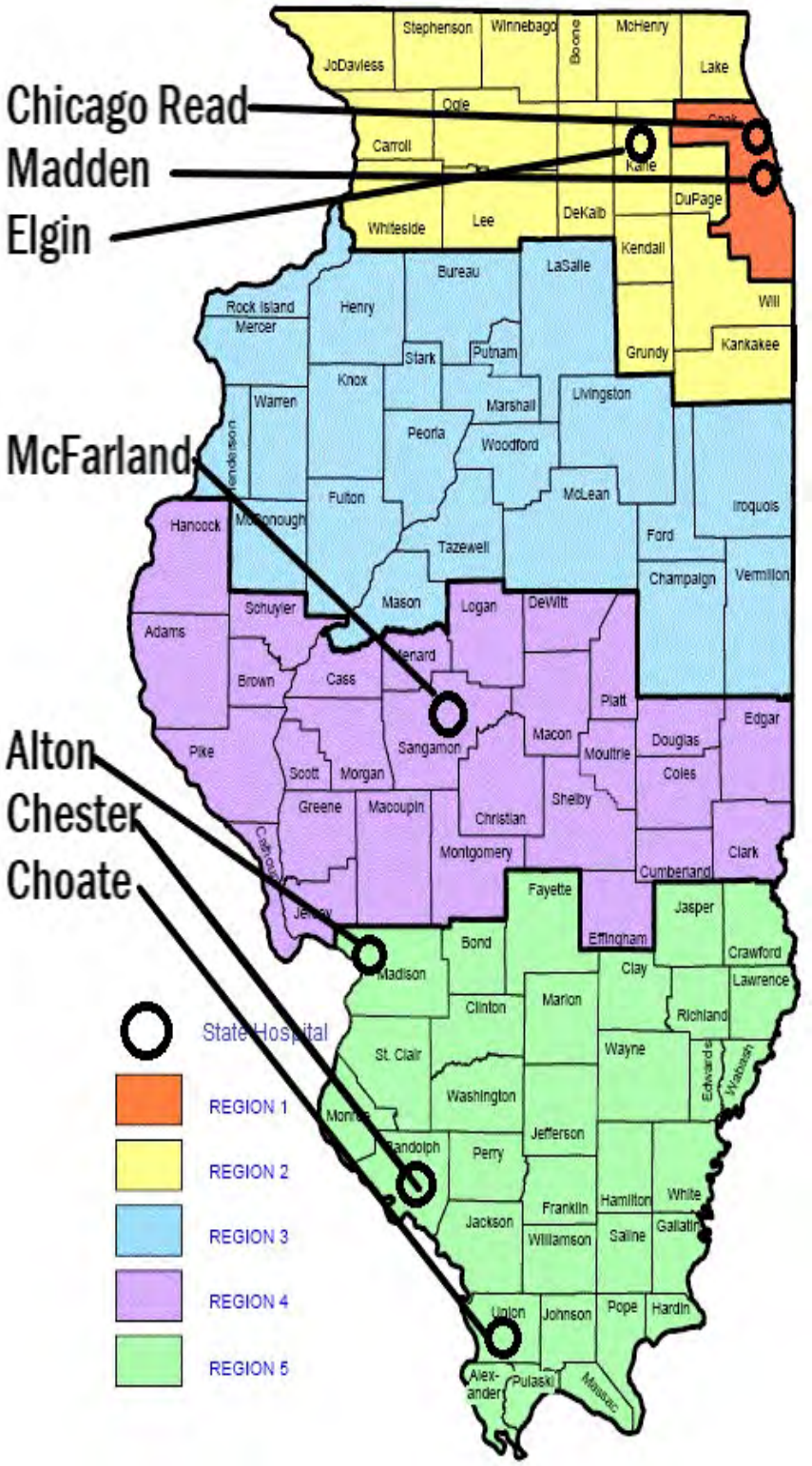
The Sequential Intercept Model, developed by Mark R. Munetz, MD, and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, provides a conceptual framework for communities to organize targeted strategies for interacting with justice-involved individuals with mental health and substance use disorders. There are numerous intercept points or opportunities for linkage to services and diversion to prevent further penetration into the criminal justice system.

The Sequential Intercept Model can help communities understand the big picture of interactions between the criminal justice and behavioral health systems, identify where to intercept individuals with mental health and substance use disorders as they move through the criminal justice system, suggest which populations might be the focus at each point of interception, highlight the likely decisionmakers who can authorize movement out of the criminal justice system, and identify who needs to be at the table to develop interventions at each point of interception.

By addressing the problem at the level of each sequential intercept, a community can develop targeted strategies to enhance effectiveness that can evolve over time.



Illinois Department of Human Services Regions and Circuit Court Overlap



Circuit Court Overlap

Region 1
Circuit Court of Cook County

Region 2
Twelfth Judicial Circuit
Fifteenth Judicial Circuit
Sixteenth Judicial Circuit
Seventeenth Judicial Circuit
Eighteenth Judicial
Nineteenth Judicial Circuit
Twenty-First Judicial Circuit
Twenty-Second Judicial Circuit
Twenty-Third Judicial

Regions 3 & 4
Fourth Judicial Circuit
Fifth Judicial Circuit
Sixth Judicial Circuit
Seventh Judicial Circuit
Eighth Judicial Circuit
Ninth Judicial Circuit
Tenth Judicial Circuit
Eleventh Judicial Circuit
Thirteenth Judicial Circuit
Fourteenth Judicial Circuit

Region 5
First Judicial Circuit
Second Judicial Circuit
Third Judicial Circuit
Twentieth Judicial Circuit

Appendix A

Task Force Roster

Illinois Supreme Court Task Force on Improving the Court and Community Response to Mental Health and Co-Occurring Disorders

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Appendix B

Challenge Areas Identified Through the Illinois Mental Health Summit

1. Access to Care includes responses that focused on individuals being able to afford care and have adequate insurance coverage, lengthy waitlists for appointments, timeliness, overall availability of services regardless of income or insurance coverage, and access to quality care regardless of ability to pay. Specifically mentioned, medication continuity focuses specifically on the challenges faced by patients being unable to afford medication or being delayed due to pre-authorizations, and patients discontinuing medication against advice of their prescribers.

2. Awareness and Education primarily covers public awareness campaigns regarding mental illness and education on symptoms and where to turn for help, educating hospital and emergency room staff, cross-system training and education, utilizing social media to provide greater outreach to the community, and creating a unified vision that can be disseminated through multiple media and legislative channels. Challenges in this area included an emphasis on reducing "stigma" and addressing changes such as person-first and non-ableist language to improve general public and professional perceptions of behavioral health issues as valid medical health issues.

3. Continuum of Care was the largest identified area. Challenges in this area focused on specific types of services missing from communities or the statewide system of care, national shortages of qualified professionals, challenges for rural communities to recruit and retain qualified staff, lack of services for children and adolescents, lack of services for specific groups of community members such as LGBTQIA+ specific services or services in the language of origin, the need for better coordination of transition/step-up/step-down services, forensic service issues, the need for more integrated and evidence-based services including services addressing co-occurring disorders, and the need to develop a statewide vision for what a complete mental health system would look like.

4. Criminalizing Mental Illness covers the challenges created by the courts, jails, and prisons being de facto behavioral health treatment programs/agencies, a desire to find ways to divert persons with behavioral health challenges from the criminal justice system, the criminal justice system doing a better job of ensuring treatment and services for those with behavioral health issues, and challenges with laws/practices in hospitals that increase criminalization of those in crisis. Challenges in this area included the need for accountability and to understand that people who commit crimes still need to be held accountable by the courts.

5. Crisis Response focuses on the need for alternatives to law enforcement response for crisis and training first responders for better understanding of behavioral health issues, trauma, and de-escalation tactics.

6. Early Intervention focuses on earlier identification of individuals at risk for behavioral health diagnoses and front-loading services.

7. Social Determinants discusses possible root causes for mental illness and suggested solutions that focus on those root causes. (Social determinants of health include access to housing, transportation, education, employment, etc.)

8. Funding focuses on policy and the need to revamp federal, state, and local revenue and funding streams for behavioral health treatment and how those are distributed and regulated.

9. Illinois Mental Health Code and the need for its modification/revision was identified as a challenge area. Challenges in this area included addressing involuntary commitment limitations.

Appendix C

Key Stakeholder Overview: Illinois Department of Human Services (DHS) Forensic Services

Forensic Services oversees, coordinates, and provides all forensic mental health evaluation and treatment services for the Department of Human Services-Division of Mental Health. A primary responsibility of Forensic Services is coordinating the inpatient and outpatient placements of adults and juveniles remanded by Illinois Circuit Courts to the Department of Human Services under Statutes finding them Unfit to Stand Trial (UST) (725 ILCS, 104 -16) and Not Guilty by Reason of Insanity (NGRI) (730 ILCS, 5/5-2-4).

Placement evaluation responsibilities include: (1) onsite evaluation of individuals held in county jails or juvenile detention centers, and (2) outpatient placement evaluations of individuals who are remanded to DHS-DMH under fitness and insanity statutes but not in custody of county jails or detention centers. Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The secure state operated inpatient facilities that service the adult forensic UST and NGRI population include the following:

- Alton Mental Health Center for Adult Males and Females with Mental Illness and Intellectual Disabilities – Minimum & Medium Security
- Chester Mental Health Center for Adult Males with Mental Illness and/or Intellectual Disabilities – Medium and Maximum Security
- Choate Mental Health Center for Adult Males with Intellectual Disabilities – Medium Security within the restriction of operating a secure program, Choate is operated as an intermediate care facility for the developmentally disabled (ICF/DD). This forensic unit is administered by the DHS Department of Developmental Disabilities.
- Elgin Mental Health Center for Adult Males and Females with Mental Illness – Minimum and Medium Security
- McFarland Mental Health Center for Adult Males and Females with Mental Illness – Minimum and Medium Security
- Juvenile male and female forensic treatment is coordinated through community providers.

Forensic Facility Security Level Information The Department of Human Services-Forensic Services essentially has three general security levels for forensic inpatients.

1. **Minimum Security (formerly Non-Secure)** This type of unit typically serves civil inpatients. The general unit structure is secure with locked doors, including 24/7 staff supervision, security services, and controlled access. Residents need an approved grounds pass before they may leave unescorted. Currently, minimum security placement can only be used for forensic patients, typically those with misdemeanors, non-violent offenses, and low elopement risk, with prior approval by the courts.

2. **Medium Security** All areas of the state are served by a unit which fits this category. Fenced recreation areas, security screens, controlled access, and limitations on allowed personal items serve to differentiate these units from other units in the Department.

3. **Maximum Security** Chester Mental Health Center is the only state operated hospital with maximum security units and is the highest level of security available in the Department. The maximum security program at Chester has substantially restricted movement, specialized physical plant and monitoring, and nearly continuous observation. It allows for more physically dangerous or assaultive patients to be treated as well as those who present substantial escape potential. Chester MHC also has one medium security UST unit with reduced in-building restrictions.

Again, the Illinois Legislature has mandated by statute that all defendants found Unfit to Stand Trial (UST) or those defendants found Not Guilty by Reason of Insanity (NGRI) are to be housed in a secure setting of the Department unless the criminal court orders otherwise. The court must also give prior approval before such defendants are granted any privileges such as being unescorted while on facility grounds and when being taken in the community. As a result of this, the overwhelming majority of such persons are housed either at the maximum security Chester Mental Health Center or in a medium security unit at Alton, Choate, Elgin, or McFarland MHC.

Additional Major Areas of Forensic Program Responsibility

- Review and final approval of conditional release recommendations for inpatients in NGRI legal status.

- Review, evaluation, and admission approval for Behavior Management Referrals to Chester MHC from other state facilities. Behavior management referrals result from combative and high elopement risk civil and forensic patients who cannot be managed in a minimum or medium security state operated mental health inpatient facility or unit.

- Placement review of Dixon Correctional Center inmates subject to civil commitment upon release from prison.

- Development of outpatient treatment options for individuals in NGRI legal status and the monitoring and tracking of conditionally released NGRI clients receiving services in outpatient settings. Development of outpatient treatment options for individuals in UST

legal status and the monitoring and tracking of UST clients receiving services in outpatient settings.

- Program monitoring of community Inpatient Juvenile Forensic Sites.
- Administrative oversight for the Sexually Violent Persons (SVP)-Treatment and Detention Facility in Rushville, Illinois.

Appendix D

Leading Change: Improving the Court and Community's Response to Mental Health and Co-Occurring Disorders