

Illinois Mental Health Task Force

2020 Mental Health Summit



PROJECT DIRECTOR

Michelle O'Brien, JD

PROJECT TEAM

Liz Barnhart, BA

Patti Tobias, MSJA

February 2021



Acknowledgements

The National Center for State Courts (NCSC) project team gratefully acknowledges the Illinois Mental Health Task Force for their assistance and leadership with this project. We would like to express our appreciation to Chief Justice Anne M. Burke for her vision and leadership. We would also like to express our appreciation to Justice Kathryn E. Zenoff, Chair of the Special Supreme Court Advisory Committee for Justice and Mental Health Planning; Marcia Meis, Director, Administrative Office of the Illinois Courts; Kelly Gallivan-Illaraza, Director of Problem-Solving Courts, Cook County; and Danielle Young, Program Manager, Administrative Office of the Illinois Courts for your dedication and hard work. Finally, we would like to express our appreciation to everyone who participated in one of the summit sessions, completed a survey, and provided feedback to make this report possible.

The points of view expressed in this report are those of the authors and do not necessarily represent the official position or policies of the Illinois Mental Health Task Force.

Table of Contents

Executive Summary.....	1
Recommendations	2
Introduction	3
Background.....	6
Illinois Mental Health Task Force.....	8
Task Force.....	8
Summit	8
Illinois Mental Health Virtual Summit	12
Session 1	12
Session 2	13
Session 3	15
Session 4	17
Session 5	19
Synthesis of Survey and Breakout Group Data.....	22
Additional Illinois Mental Health Task Force Session	23
Goals of Illinois Mental Health Task Force.....	23
Potential Models for Moving Forward	24
Envisioning the Future	24
Recommendations for the Illinois Mental Health Task Force.....	41
Appendix A: Session Attendance.....	44
Appendix B: Agendas.....	83
Session 1	83
Session 2	85
Session 3	88
Session 4	90
Session 5	93
Additional Mental Health Task Force Session.....	94
Appendix C: Resources.....	95
Session 1	95
Session 2	96
Session 3	97
Session 4	98
Session 5	99
Appendix D: Illinois Mental Health Task Force Members.....	100
Appendix E: Illinois Mental Health Task Force Priorities.....	101
Appendix F: Session 5 Breakout Groups.....	109
Breakout Group 1	109
Breakout Group 2	110
Breakout Group 3	111
Breakout Group 4	113
Breakout Group 5	115
Breakout Group 6	116
Breakout Group 7	118

Breakout Group 8	120
Breakout Group 9	123
Appendix G: Action Plans Developed from Session 5 Breakout Groups and Surveys	125
Access to Care	125
Accountability	131
Awareness & Education	132
Collaboration	135
Continuum of Care.....	139
Co-occurring Substance Use	151
Criminalizing Mental Illness.....	152
Crisis Response.....	155
Early Intervention.....	159
Funding	161
Housing	165
Involuntary Commitment.....	167
Medication Continuity	168
Mental Health Code	169
Social Determinants.....	170
Stigma.....	172

List of Tables

Table 1: Survey Results: Mental Health System Challenges by Type and Priority.....	22
Table 2: Services Included, By Category of Service	37

List of Figures

Figure 1. Session 2 Poll Results: Changes Instituted During the Pandemic	13
Figure 2. Session 3 Poll Results: Persons with Lived Experience Inform My Decisions	15
Figure 3. Session 4 Poll Results: The Pandemic Has Affected My Mental Health	17
Figure 4: Session 4 Poll Results: Factors Affecting My Mental Health.....	18
Figure 5: Potential Stakeholders for Mental Health Landscape Reform.....	27
Figure 6: The Community-Based Mental Health Response Mapping Process	28
Figure 7: Mat-Su Behavioral Health Continuum.....	40

Executive Summary

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 (National Initiative)*. 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.

As part of that National Initiative, the Conference of Chief Justices and the Conference of State Court Administrators hosted a Midwest Regional Summit in October 2019 in Deadwood, South Dakota. The respective Midwest Chief Justices and State Court Administrators appointed multi-disciplinary teams to attend the Midwest Summit, which combined educational sessions with opportunities for state teams to identify opportunities for improvement and set priorities. Illinois Supreme Court Chief Justice Anne M. Burke and Illinois State Court Administrator Marcia Meis assembled and led an Illinois delegation at the Summit.

Four main priorities were established at the Midwest Regional Summit by the Illinois delegation during team meetings:

1. Bringing 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. Holding a Statewide Summit;
3. Improving data and information sharing across systems, analyzing what data is collected, and developing strategies and partnerships to establish collaborative data; and
4. Adding a national partner to assist with identifying stakeholders to develop next steps and accomplish priorities.

SJI committed to supporting the state teams at the Midwest Regional Summit in achieving their priorities by providing funding for technical assistance through NCSC. The Illinois Supreme Court received funding from SJI to assist the Illinois team in tackling their priorities identified at the Summit.

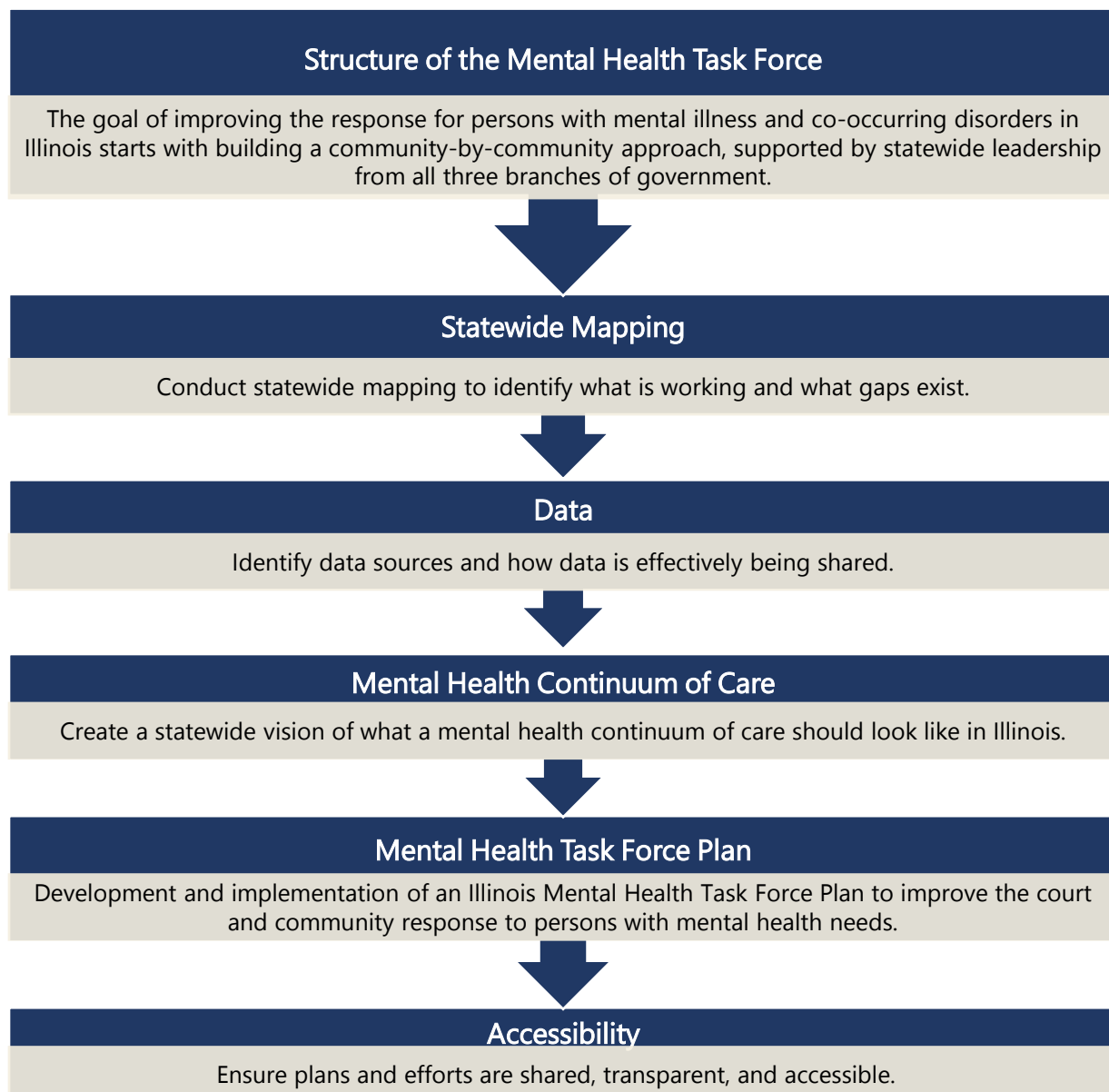
Upon returning to Illinois, the Illinois team continued the work started at the Midwest Regional Summit and invited a diverse, multi-branch group of leaders to form the Illinois Mental Health Task Force (Task Force). The Task Force immediately began working to accomplish the priorities identified at the Midwest Regional Summit by the Illinois delegation.

The Task Force met monthly and began planning 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 in improving 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 weekly 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 October 27, 2020. Each weekly session was used to discuss issues regarding mental illness, showcase innovations, and develop

an action plan for Illinois to improve court and community responses for persons with mental illness. At the end of the summit sessions, the Task Force provided an additional session to show the newly released documentary, *The Definition of Insanity*, followed by a discussion panel of experts and family members.

Recommendations

The Task Force and community consist of people who are engaged, enthusiastic, and committed to the success of improving the court and community responses for persons with mental illness. This strong foundation and dedication are key(s) to success, transforming systems, and improving outcomes. The following recommendations are provided to focus Task Force efforts when making decisions on how to move forward. The recommendations take into consideration the goals of the Task Force, surveys, polls, the action planning survey, and action planning reports.



Introduction

The prevalence of mental illness and co-occurring disorders is greatly impacting our nation, each of our states, and our communities and has a disproportionate effect on our courts and justice system. The justice system has increasingly become the default system for addressing the needs of those with mental and behavioral health issues, and jails are the largest providers of mental health services across the country.¹ In fact, a 2017 report from the Bureau of Justice Statistics based on the National Inmate Survey noted that 44% of jail inmates and 37% of prisoners had previously been told by a mental health professional that they had a mental health disorder.² Additionally, young people with serious emotional disturbances in need of treatment are seen regularly in the nation's justice system, with an estimated 70% of justice-involved youths suffering from a mental health disorder.³ These numbers highlight that mental illness is overrepresented among justice-involved individuals when compared to 2018 estimates of the prevalence of mental illness among the general population:⁴

After a series of resolutions adopted in [2006](#), [2013](#), and [2016](#), the Conference of State Court Administrators (COSCA) published a policy paper in 2017, [Decriminalization of Mental Illness: Fixing a Broken System](#), with recommendations to court leaders. The Conference of Chief Justices (CCJ) endorsed the policy paper and its recommendations in 2018. Six recommendations were adopted.

1. Encourage policymakers to modify mental health codes to adopt a standard based on capacity and not conduct for ordering involuntary mental health treatment similar to the standard for court-ordered treatment of other illnesses.
2. Expand the use of Assisted Outpatient Treatment (AOT).
3. Encourage law enforcement agencies to train their officers in the use of Crisis Intervention Team (CIT) Training.
4. Support the adoption of the Sequential Intercept Model (SIM).
5. Chief justices and state court administrators should encourage and assist local judges to convene stakeholders to develop plans and protocols for their local jurisdictions.
6. Provide information to policymakers that demonstrates how increased funding for mental health treatment can reduce jail and prison costs, as has been demonstrated in Miami-Dade County.

¹ Jaeckel T, Economy C. Promising Solutions to Our Nation's Behavioral Health Crisis.; 2017. https://govlab.hks.harvard.edu/files/promising_solutions_to_nations_behavioral_health_crisis.pdf.

² Bureau of Justice Statistics. Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-2012. Washington, D.C.; 2017. <https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf>.

³ Development Services Group Inc. Intersection between Mental Health and the Juvenile Justice System. Washington, D.C.; 2017. <https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf>.

⁴ Center for Behavioral Health Statistics and Quality. Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Rockville, MD; 2019. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>.

This work culminated in Resolution 6, [In Support of Improving the Justice System Response to Mental Illness](#), adopted by CCJ and COSCA at the 2018 Annual Meeting. Resolution 6 identified four areas for further action.

1. Developing resources, best practices, and recommended standards.
2. Improving caseload management.
3. Promoting education to equip state court leaders with the knowledge, data, and resources necessary to improve responses.
4. Building the capacity of state and national leaders to implement reforms.

On March 30, 2020, the Boards of Directors of CCJ and COSCA took action to establish a new task force to assist state courts in their efforts to more effectively respond to the needs of court-involved individuals with serious mental illness. The [National Judicial Task Force to Examine State Courts' Response to Mental Illness](#) (NJTF) builds upon the previous work of the NCSC National Advisory Committee, supported by funding from SJI. Their work and future plans are described in the transition report, [The Future is Now: Decriminalization of Mental Illness](#).

The NJTF provides leadership for state courts by thoroughly examining the mental health crisis and developing policies, resources, tools, and other practices needed to create a more effective, fair, and timely judicial response. The work to improve the justice system response to those with mental illness and co-occurring disorders is based upon the following principles.

1. We believe a community-by-community approach supported by statewide leadership from all three branches of government is required to improve the justice system response to those with mental illness and co-occurring disorders.
2. We support judicial leadership in implementing the Sequential Intercept Model to promote early access to treatment for mental illness and co-occurring disorders and to keep individuals from continuing to penetrate the justice system.
3. We develop best practices, research, and data to improve justice system responses including competency delays, civil commitment, assisted outpatient treatment practices, deflection and diversion, caseload management practices involving those with mental illness and co-occurring disorders, and other strategies to improve our responses.
4. We promote education and training for judges and court personnel to improve our capacity to lead change in our states and communities and to understand mental illness and co-occurring disorders and their impact on court proceedings.
5. We will carry forward the important work started by the CCJ-COSCA National Judicial Opioid Task Force (NJOTF).

Court leaders can, and must, address the impact of the broken mental health system on the nation's courts in partnership with behavioral health systems and the greater community. The broken system too often negatively impacts court cases involving those with mental illness, especially in competency proceedings, criminal and juvenile cases, civil commitment cases, guardianship proceedings for adults and juveniles, and family law cases.⁵

- The state laws and procedures involving competency to stand trial require attention. Tens of thousands of defendants charged with misdemeanors or non-violent felonies are languishing in jail while awaiting a state hospital bed or community restoration, often waiting longer than if sentenced for the original crime. Similarly, revision of state legal standards and processes for civil commitment and expanded use of Assisted Outpatient Treatment are needed.
- The level and quality of behavioral health treatment available to state courts is lacking in many communities, as well as opportunities to divert cases involving individuals with serious mental illness. The expansion and strengthening of court-based programs, such as mental health court and other problem-solving courts, is also an important priority.
- More timely and efficient caseload management for the cases involving parties with behavioral health needs and the use of technology to increase speed and expand access are of critical importance.
- Promoting education to equip state court judges and professionals with the knowledge, data, and resources they need to improve the courts' responses and the development of a national education and training curriculum to support that effort are required.
- Finally, there is need for a thorough review of all state court interactions with individuals who have serious mental illness and of all future work and activities of the NJTF through the lens of and concern for racial justice.

The Council of State Governments Justice Center's recent report entitled "[Just and Well: Rethinking How States Approach Competency to Stand Trial](#)" can also provide information and guidance on ways to improve the competency system.

⁵ Conference of State Court Administrators, *Decriminalization of Mental Illness: Fixing a Broken System*, 2017.

Background

In 2019, SJI funded a three-year project, *National Initiative to Improve the Justice System Response to Mental Illness and Co-Occurring Disorders*, and 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 state courts are impacted by cases involving individuals with behavioral disorders.

As part of that National Initiative, CCJ and COSCA hosted a Midwest Regional Summit in October 2019 in Deadwood, South Dakota. The respective Midwest Chief Justices and State Court Administrators appointed multi-disciplinary teams to attend the Summit, which combined educational sessions with opportunities for state teams to identify opportunities for improvement and state team priorities. Illinois Supreme Court Chief Justice Anne M. Burke and Illinois State Court Administrator Marcia Meis assembled and led an Illinois delegation at the Summit. The Illinois delegation identified priorities through team exercises that can be found in Appendix E. The Illinois delegation is pictured below.



The Illinois State Court Team left to right: Marcia Meis, Director, Administrative Office of the Illinois Courts; Chris Stallings, Senior Director, Rosecrance Inc.; Hon. Kathryn Zenoff, Justice, Second District Appellate Court of Illinois; Hon. Anne Burke, Chief Justice, Illinois Supreme Court; Hon. Sharon Sullivan, Presiding Judge, Circuit Court of Cook County, Illinois; Stephanie Frank, Deputy Director of Planning, Performance Assessment and Federal Projects, Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (DHS/SUPR); Kelly Gallivan-Illaraza, Director of Problem Solving Courts, Administrative Office of the Illinois Courts; Michelle O'Brien, Principal Court Management Consultant, National Center for State Courts; Joan Lodge, Administrator Adult Mental Health Services, Rosecrance Ware Center

SJI expressed its commitment to support the state teams attending the Midwest Regional Summit by providing funding for technical assistance from NCSC to help the teams achieve their goals. Illinois submitted a request for the SJI funding, which was approved and given to the Illinois Supreme Court to assist the Illinois state team accomplish its priorities.

Four main priorities were established at the Midwest Regional Summit:

1. Bringing 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. Holding a Statewide Summit;
3. Improving data and information sharing across systems, analyzing what data is collected, and developing strategies and partnerships to establish collaborative data; and
4. Adding a national partner to assist with identifying stakeholders to develop next steps and accomplish priorities.

In March 2020, CCJ and COSCA established a national judicial task force to assist state courts in their efforts to more effectively respond to the needs of court-involved individuals with serious mental illness. The [National Judicial Task Force to Examine the State Courts' Response to Mental Illness](#) (NJTF) builds upon the [previous work of the National Advisory Committee](#). The NJTF will continue to inform Illinois and the national court community on improvements that can and should be made to enhance responses to those with mental illness. State Court Administrator Marcia Meis and Justice Kathryn Zenoff serve on the NJTF and will provide exemplary leadership to the NJTF, as well as to Illinois courts and communities.

Illinois Mental Health Task Force

Task Force

Upon returning to Illinois, the Illinois team continued the work started at the Midwest Regional Summit and invited a diverse, multi-branch group of leaders to form the Illinois Mental Health Task Force (Task Force). The Task Force immediately began working to accomplish the priorities identified at the Midwest Regional Summit. A full list of Task Force members can be found in Appendix D.

Summit

The Task Force met monthly beginning in September 2019 and began planning an in-person Illinois Mental Health Summit (Summit). When discussing topics for the Summit, Task Force members wanted to ensure 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 in improving responses for persons with mental illness. The pandemic, however, necessitated a change in plans from holding the Summit as a traditional conference to a series of weekly 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 October 27, 2020. Each weekly session was used to discuss issues regarding mental illness, showcase innovations, and develop an action plan for Illinois to improve court and community responses for persons with mental illness. At the end of the summit sessions, the Task Force provided an additional session to show the newly released documentary, *The Definition of Insanity*, followed by a discussion panel of experts and individuals with lived experience.

After each of the five sessions, a follow-up survey was sent to participants to gather additional information. The survey asked the following questions:

1. What was the most interesting idea you heard about in this session?
2. What one idea do you want to implement in your community?
3. Who is your community leader regarding court and mental health issues?
4. How can the Illinois Mental Health Task Force best support your community efforts?
5. Are you committed to involvement in action planning?
6. Are you planning on attending Session 5?

In addition, each session except Session 1 included at least one poll on a topic related to the presentation.

Attendance

A total of 745 people attended an average of 2.26 sessions each over the course of the entire summit. Attendees represented eleven different states. Illinois attendees represented 141 Illinois

cities and towns in 61 Illinois counties. The following is a breakdown of attendance of Illinois attendees by judicial circuit.

Table 1: Attendance by Judicial Circuit

Judicial Circuit	Total People Attended	Total Sessions Attended	Average Sessions Attended
1st	7	15	2.1
2nd	8	23	2.9
3rd	9	19	2.1
4th	10	27	2.7
5th	7	14	2.0
6th	29	71	2.4
7th	72	170	2.4
8th	8	26	3.3
9th	9	17	1.9
10th	9	17	1.9
11th	23	46	2.0
12th	13	27	2.1
13th	7	16	2.3
14th	11	16	1.5
15th	8	19	2.4
16th	3	10	3.3
17th	48	111	2.3
18th	55	154	2.8
19th	30	58	1.9
20th	8	21	2.6
21st	11	20	1.8
22nd	19	41	2.2
23rd	21	43	2.2
Cook	299	667	2.2
Total	724	1648	2.3

Those attending that indicated their agency and role totaled 735 people who attended 1,668 sessions, an average of 2.3 sessions each. These attendees represented 76 disciplines or areas of expertise and includes attendees from Illinois and other states. Only those that indicated their agency and role are reported in the below table.

Table 2: Attendance by Area of Expertise

Area of Expertise	Total People	Total Sessions	Average Sessions
Adult Protective Services	1	1	1
Advocacy	3	3	1.0
Advocacy - Behavioral Health	3	5	1.7
Aging	1	5	5.0
Behavioral Health	45	91	2.0

Area of Expertise	Total People	Total Sessions	Average Sessions
Brain Disorder Advocate	1	2	2.0
Business	2	2	1.0
Case Management	17	40	2.4
Child Welfare	4	4	1.0
Community Member	7	14	2.0
Consultant	9	28	3.1
Co-Responder Program	2	6	3.0
Corrections	8	18	2.3
Counseling	9	21	2.3
County Attorney	1	1	1.0
Court Administration	6	12	2.0
Court Services	26	86	3.3
Crisis	4	11	2.8
Defense	46	108	2.3
Detention	7	20	2.9
Disability Advocacy	1	1	1.0
Disability Legal Services	8	13	1.6
Disability Services	5	7	1.4
Domestic Violence	3	3	1.0
Education	17	31	1.8
Elected Official	1	1	1.0
Employment	1	2	2.0
EMS	1	3	3.0
Forensic Evaluations	1	2	2.0
Forensic Services	3	3	1.0
Frequent Utilizer Program	4	13	3.3
Funder	5	9	1.8
Guardianship	8	14	1.8
Health Care	15	30	2.0
Homelessness Services	6	12	2.0
Hospital	4	4	1.0
Housing	1	1	1.0
Human Services	4	11	2.8
Interpreter	3	4	1.3
Judiciary	114	236	2.1
Law Enforcement	37	79	2.1
Legal Advocacy	14	38	2.7
Mental Health	17	35	2.1
Mental Health Advocacy	1	3	3.0
Mental Health Board	9	23	2.6
Mental Health Treatment	5	16	3.2
NAMI	12	22	1.8

Area of Expertise	Total People	Total Sessions	Average Sessions
Outreach	1	1	1.0
Peer Recovery	7	21	3.0
Policy Maker - AOIC	3	4	1.3
Policy Maker - ARI	1	5	5.0
Policy Maker - Behavioral Health	2	6	3.0
Policy Maker - CRSA	1	4	4.0
Policy Maker - DCEO	1	3	3.0
Policy Maker - DHS DMH	4	12	3.0
Policy Maker - DJJ	1	2	2.0
Policy Maker - Guardianship	1	5	5.0
Policy Maker - IDHS	1	1	1.0
Policy Maker - IDOC	1	1	1.0
Policy Maker - SUPR	2	9	4.5
Policy Maker - Supreme Court	1	5	5.0
Pretrial	4	10	2.5
Preventative Medicine	1	4	4.0
Private Counsel	13	34	2.6
Probation	117	292	2.5
Prosecution	22	59	2.7
Psychiatry	4	9	2.3
Psychologist	2	4	2.0
Public Health	8	14	1.8
Recovery Self-Help	1	2	2.0
Reentry Services	4	7	1.8
Research	5	14	2.8
Substance Use Treatment	12	23	1.9
Triage	6	9	1.5
Veterans Affairs	2	6	3.0
Victim Services	5	8	1.6
Total	735	1668	2.3

Illinois Mental Health Virtual Summit

Session 1

The 21st Century Crisis System: Strategies for Mental Health and Law Enforcement Collaboration to Prevent Justice Involvement

September 29, 2020

The first session topic was creating and sustaining high quality crisis services through a systemic approach. Dr. Margie Balfour, Chief of Quality and Clinical Innovation for Connections Health Solutions in Pima, Arizona, was the national speaker. Dr. Balfour spoke about the ideal crisis system including services, collaborations, and the use of data to drive decisions. A speaker panel from Illinois also presented on topics including crisis intervention team training, mobile crisis teams, community policing, and crisis centers. The agenda can be found in Appendix B and a list of resources provided can be found in Appendix C. Other materials such as the presentation slides and the recording of the session can be found on the [NCSC website](#).

Session 1 was well attended with 503 people attending. A list of attendees can be found in Appendix A. Many disciplines were represented among the participants including, but not limited to, judges, attorneys, treatment providers, probation officers, healthcare providers, legislators, members of law enforcement, and foundations.

Of the 503 participants, 108 answered the survey, a 21.5% return rate. Of those who answered the questions regarding action planning and attending Session 5, 73.5% said they were committed to action planning, and 86% said they intended to participate in the action planning session, Session 5.

The answers were diverse and many for questions 1 through 3; the following are highlighted quotes:

“

It was fascinating to hear about viable facilities and work with the police to actually address problems with individuals and see what they need to help them rather than viewing them as problems who need to be dealt with by police...

...The thought that we should have "emergency rooms" or the like for emotional health as much as we should for physical health. It was an interesting, basic concept that I had never thought about but is so obvious...

...The importance of creating a program that works for everybody. People with mental health concerns get the help they need, law enforcement officers want to use the program because it's more effective and efficient than just arresting everyone, mental health professionals are using their skills to address problems, and the courts aren't forced to deal with issues that should be left to counselors and crisis workers...

...Southern Arizona's collaborative pattern of providing a continuum of care for those with mental conditions resulting in greater needs. What is Illinois' pattern of referral for this same population?...

...No wrong door method where no one will be turned away if dropped off at a treatment facility and it will be up to the facility workers to get them where they need to be and take them off the hands of police....

”

Session 2

Mental Health Diversions from the Justice System through Leadership, Collaboration, Building Momentum, and Moving Forward with Lessons Learned from the Pandemic

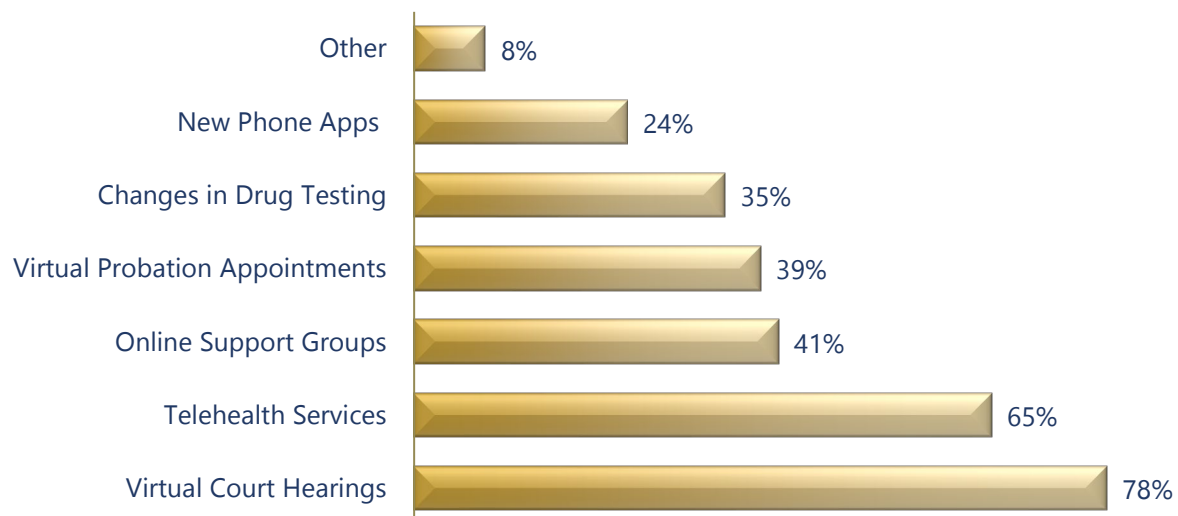
October 6, 2020

The second session examined successes of persons with behavioral health issues in diversion from the criminal justice system through collaborative problem-solving. The Honorable Steven Leifman, Associate Administrative Judge for Miami-Dade County, Florida, was the national speaker. Judge Leifman shared the story of his very successful campaign to change how the justice system manages people with serious mental illness in Florida. A speaker panel from Illinois also discussed ways to foster cross-system collaboration, raising awareness on civil alternatives to crisis such as advanced directives, and lessons learned from the pandemic. The agenda can be found in Appendix B, and a list of resources provided can be found in Appendix C. Other materials such as the presentation slides and the recording of the session can be found on the [NCSC website](#).

There were 440 attendees for this session. A list of attendees can be found in Appendix A. Many disciplines were represented among the participants including, but not limited to, judges, attorneys, treatment providers, probation officers, healthcare providers, legislators, members of law enforcement, and foundations. The poll for Session 2 asked participants what changes in practice had been instituted in their communities due to the pandemic. The majority of participants indicated that virtual court hearings (78%) and telehealth services (65%) had been instituted. The rest of the results are available in Figure 1.

Figure 1. Session 2 Poll Results: Changes Instituted During the Pandemic

What Changes in Practice Have Been Developed in Your Community Since the Pandemic?



Of the 440 participants who attended Session 2, 100 answered the survey, a 22.7% return rate. Of those who answered the questions regarding action planning and attending Session 5, 77.9% said they were committed to action planning, and 97.1% said they intended to participate in the action planning session, Session 5. The answers were diverse and many for questions 1 through 3; the following are highlighted quotes:

“

I appreciated all that everyone is doing to try to adjust for the clients during this time rather than trying to fit them into a system that is not set up for what we are dealing with....

...The fact that in Miami/Dade the judiciary, state's attorneys, police, and mental health professionals all collaborated to re-imagine the system, without waiting for the legislature to act....

...About the impact of restorative justice measures in other jurisdictions and the positive impact it has had...

...It's hard to say what's most interesting. Learning the physical effect of trauma on children and how it changes their brains was enlightening and highlighted the important need for early intervention. Learning the fact of and impact of PTSD on law enforcement personnel and how addressing that syndrome can heighten the protection of the public and result in more effective, empathetic sworn officers was heartening...

...The discussion of how the training for police officers in Miami has changed the culture among the officers dealing with those with mental illness. What a wonderful unintended benefit of the training...

...The App that allows for frequent contact with clients once they are in the community. How the diversion of misdemeanor and non-violent felony inmates with SMI out of criminal court and into civil mental health court allowed for the closing of a jail and funds diverted to other mental health stakeholders....

”

Session 3

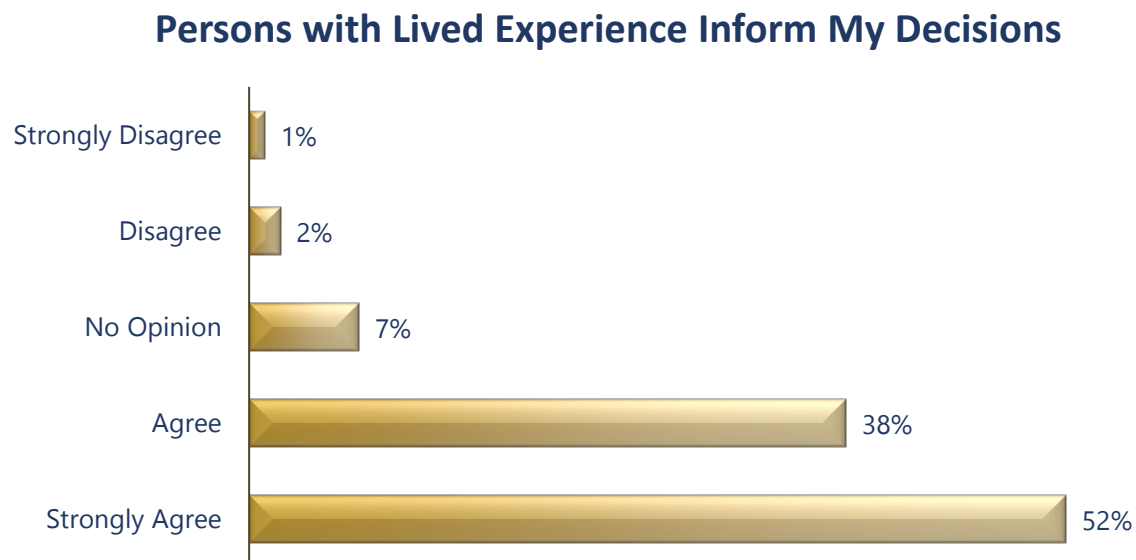
Learning from the Voices of Lived Experience: Informing Change

October 13, 2020

The third session highlighted the voices and stories of those with lived experience, and why including those voices in planning and change is imperative. Dr. Deborah Pinals, Medical Director for the Michigan Department of Health and Human Services Behavioral Health and Forensic Programs and Director of the Psychiatry, Law, & Ethics Program at the University of Michigan, was the national speaker. Dr. Pinals discussed ways to improve our system responses to persons with mental illness. A speaker panel of persons with lived experience shared their interactions with Illinois' behavioral health and justice systems and made suggestions for improvement. The agenda can be found in Appendix B, and a list of resources provided can be found in Appendix C. Other materials such as presentation slides and the recording of the session can be found on the [NCSC website](#).

There were 326 attendees for this session. A list of attendees can be found in Appendix A. Many disciplines were represented among the participants including, but not limited to, judges, attorneys, treatment providers, probation officers, healthcare providers, legislators, members of law enforcement, and foundations. The poll for Session 3 asked participants if their decisions are in any way informed by persons with lived experience. The majority of participants indicated that they agreed or strongly agreed (90%) that their decisions are informed by persons with lived experience. The results for the poll are shown in Figure 2.

Figure 2. Session 3 Poll Results: Persons with Lived Experience Inform My Decisions



Of the 326 participants who attended Session 3, 68 answered the survey, a 20.9% return rate. Of those who answered the questions regarding action planning and attending Session 5, 67.3% said they were committed to action planning, and 83.7% said they intended to participate in the action planning session, Session 5. The answers were diverse and many for questions 1 through 3; the following are highlighted quotes:

The real-life impact that untreated mental health and substance use issues have on people becoming involved in the criminal justice system and how once involved it is hard to get out of the system...

...The ways to assess clients and how important that is as well as dealing with responsivity...

...The most interesting idea was the concept of how different groups that deal with the mentally ill have such differing terminology and imperatives. I never really appreciated the depth of how that can impact so much....

...I found most compelling the programming on advocacy for persons with serious mental illness by those who live with serious mental illness, but who have the ability to effectively communicate the views and needs of this community. Individuals with mental illness frequently face substantial intrinsic and extrinsic barriers to effectively advocating for the many social and policy reforms that are wanted and necessary for those who have mental illness. Advocacy from within and for this community is essential to meaningful change in this field...

Session 4

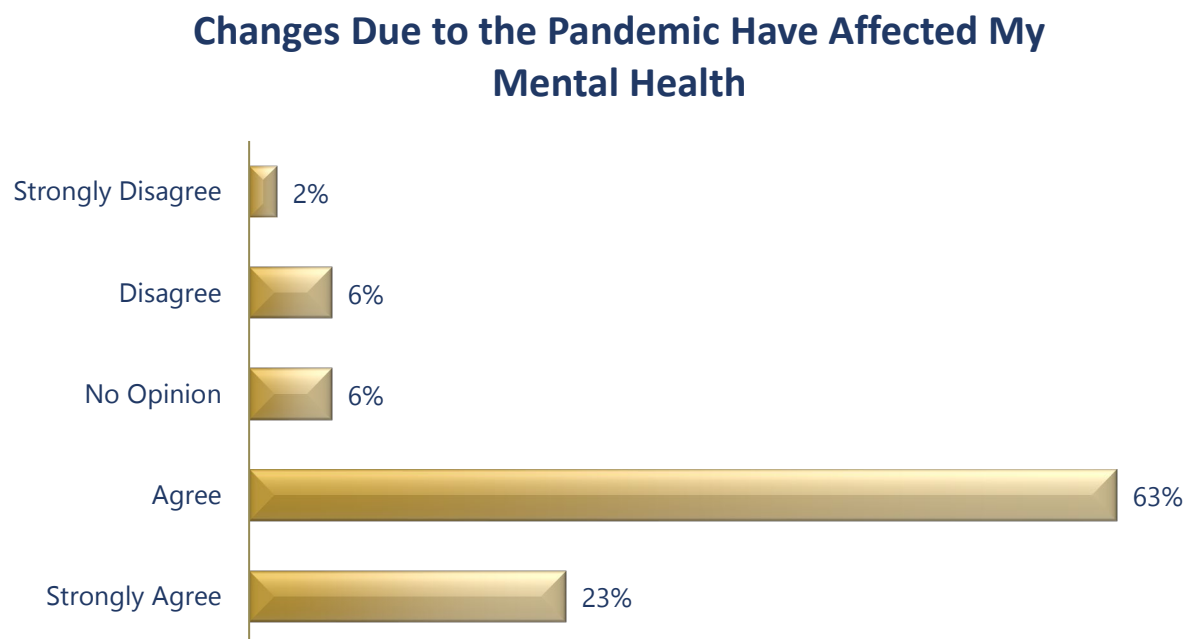
How Mental Illness and Trauma Affect Quality of Life

October 20, 2020

The fourth session explored the effects of trauma and mental illness on quality of life. Patrick Kennedy, former US Representative and founder of The Kennedy Forum, was one of two national speakers. Congressman Kennedy discussed his personal experience with the behavioral health system and how experiences can be impacted by systemic racism and insufficient and unaffordable systems of care. The second national speaker was Dr. Sarah Vinson, founder of Lorio Forensics and a triple Board Certified Forensic Psychiatrist. Dr. Vinson addressed the effects of structural trauma, interpersonal trauma, environmental trauma, and social justice on mental health. The agenda can be found in Appendix B, and a list of resources provided can be found in Appendix C. Other materials such as presentation slides and the recording of the session can be found on the [NCSC website](#).

There were 346 attendees for this session. A list of attendees can be found in Appendix A. Many disciplines were represented among the participants including, but not limited to, judges, attorneys, treatment providers, probation officers, healthcare providers, legislators, members of law enforcement, and foundations. There were two polls for Session 4. The first asked participants if the pandemic had affected their mental health. The majority of participants indicated that they agreed or strongly agreed (86%) that the pandemic had affected their mental health. The results of the poll are shown in Figure 3.

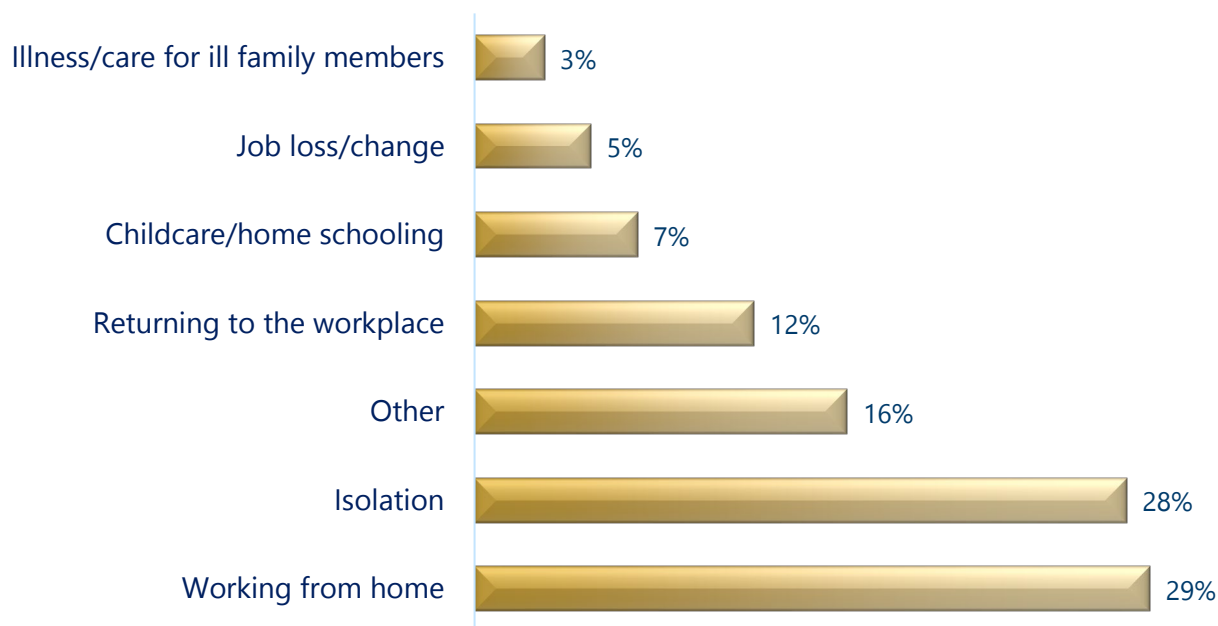
Figure 3. Session 4 Poll Results: The Pandemic Has Affected My Mental Health



The second poll asked participants what factors had affected their mental health during the pandemic. The most popular answers were working from home (28%) and isolation (27%). The entirety of the poll results is available in Figure 4 below.

Figure 4: Session 4 Poll Results: Factors Affecting My Mental Health

What Factors Have Affected Your Mental Health During the Pandemic?



Of the 346 participants who attended Session 4, 80 answered the survey, a 23.1% return rate. Of those who answered the questions regarding action planning and attending Session 5, 75.4% said they were committed to action planning, and 87% said they intended to participate in the action planning session, Session 5. The answers were diverse and many for questions 1 through 3; the following are highlighted quotes:

“

How to address equity and inclusion of black individuals and other persons of color in the diversion setting...

...The opportunity to reframe the discussion of how trauma can impact justice system involvement...

...The most interesting idea was the agreement that education, the courts, and social policy need to be revamped to address trauma and chronic mental illness...

...The issue concerning school resource officers (without formal mental health training) outnumbering the psychologists and social workers in our public schools...

...The percentage of court-involved youth who have experienced 2 or more ACE's and the fact that a child's ability to learn is affected by trauma to such a degree that it consigns these kids from an early age to not living up to their potential....

”

Session 5

Illinois' Path to Improving Court and Community Response to Persons with Mental Illness: Bringing Community Together in One Voice and Common Mission

October 27, 2020

The final session was an action session. There were 157 attendees for this session. A list of attendees can be found in Appendix A. Many disciplines were represented among the participants including, but not limited to, judges, attorneys, treatment providers, probation officers, healthcare providers, legislators, members of law enforcement, and foundations. After a greeting from Marcia Meis, Director of the Administrative Office of Illinois Courts, participants were divided into nine breakout groups to identify and discuss the most pressing challenges Illinoisans' face regarding mental illness. After identifying challenges, participants identified possible solutions to those challenges, resources needed to address the challenges, who should be at the table to address the challenges, potential barriers to resolution, and who or what agency would be best positioned to move the solution or strategy forward.

The nine breakout groups listed 72 challenges Illinois faces in improving the court and community response to persons with mental illness. Due to the volume of responses, the challenges were coded into eleven challenge areas.

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 and overall availability of services regardless of income or insurance coverage, and access to quality care regardless of ability to pay.
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 pushed out via multiple media and legislative channels.
3. **Collaboration** focuses on cross-system leadership and cooperation to reach goals.
4. **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, and the need to develop a statewide vision for what a complete mental health system would look like.
5. **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.

6. **Crisis Response** focuses on the need for alternatives to police response for crisis; and training first responders for better understanding of behavioral health issues, trauma, and de-escalation tactics.
7. **Early Intervention** focuses on earlier identification of individuals at risk for behavioral health diagnoses and front-loading services.
8. **Housing** focuses on the high rates of homelessness among those with behavioral health issues; and the need to have emergency, transitional, and permanent supported housing.
9. **Involuntary Commitment** discusses the flaws in that system and the need to address the complications that conditions such as anosognosia can cause.
10. **Social Determinants**, for lack of a better title, discusses possible root causes for mental illness and suggested solutions that focus on those root causes.
11. **Stigma** is the final challenge area. This area focuses on addressing changes such as person-first and non-ableist language to improve general public perceptions of behavioral health issues as valid medical health issues.

Overall, the most common concerns were an incomplete or inadequate continuum of care for those with behavioral health issues (noted 16 times) and access to behavioral health care (noted 15 times). Of the 72 concerns noted, 14 were chosen by the breakout groups to address in action plans. Unsurprisingly, continuum of care (4) and access (3) were the most action planned concerns.

Table 3: Breakout Group Results: Mental Health System Challenges by Type and Priority

Challenge Area	Mentioned as Area of Concern	First Priority Planned	Second Priority Planned	Third or More Priority Planned
Continuum of Care	16	1	2	1
Access to Care	15	3	0	0
Collaboration	10	1	0	1
Crisis Response	8	2	0	1
Awareness & Education	7	1	0	0
Criminalization of Mental Illness	4	0	0	0
Housing	4	0	0	0
Stigma	3	0	0	0
Early Intervention	2	1	0	0
Social Determinants	2	0	0	0
Involuntary Commitment	1	0	0	0
Total	72	9	2	3

The breakout group action plans may be found in Appendix F. Other materials such as Marcia Meis' welcome and Chief Justice Burke's call to action can be found on the [NCSC website](#).

Action Planning Survey

Those who were unable to attend the Session 5 but had registered for or attended any of the first four sessions were given the option to submit answers to the questions listed on the action planning forms via survey. The survey went out on October 26, 2020 and closed on November 13, 2020. Fifty-eight people responded with at least one challenge and suggestions for addressing that challenge. Overall, there were 139 challenges defined by respondents. The challenges were coded using the same codes utilized for the breakout groups, although some responses did not fit into those eleven categories. As such, an additional five categories were created for those responses.

- 12. Accountability** focuses on the need to understand that people who commit crimes still need to be held accountable by the courts.
- 13. Co-Occurring Substance Use** covers challenges identified by the existence of co-occurring substance use in addition to mental illness that did not fit under other categories.
- 14. 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.
- 15. 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.
- 16. Illinois Mental Health Code** and its interpretation was identified as a challenge area.

Overall, the most common concern was an incomplete or inadequate continuum of care for those with behavioral health issues (38 responses). This involved everything from a shortage of access to psychiatrists and inpatient beds to lack of funding for more robust services such as assertive community treatment. One anonymous respondent noted:

I think we have to identify what the ideal mental health treatment continuum would look like in Illinois. If we don't have an "end game" it is difficult to ensure that all the parts are working toward a common goal. There are many, many agencies and entities that must be at the table and each has individual viewpoints and imperatives. A common and understood goal is necessary.

The next closest category of challenges, Access to Care (18), had half the number of responses as Continuum of Care (38). Other large categories included Criminalization of Mental Illness (13), Crisis Response (11), and Stigma (10).

Table 4: Survey Results: Mental Health System Challenges by Type and Priority

Challenge Area	First Priority	Second Priority	Third Priority	Total
Continuum of Care	14	12	12	38
Access to Care	11	5	2	18
Criminalization of Mental Illness	8	2	3	13
Crisis Response	4	4	3	11
Stigma	1	6	3	10
Housing	4	4	1	9
Collaboration	4	3	1	8
Funding	3	3	1	7
Awareness & Education	0	3	3	6
Early Intervention	4	1	0	5
Medication Continuity	1	1	2	4
Social Determinants	0	2	1	3
Co-occurring SUD	2	0	0	2
Accountability	0	1	1	2
Involuntary Commitment	1	1	0	2
Mental Health Code	1	0	0	1
Total	58	48	33	139

Synthesis of Survey and Breakout Group Data

The responses from the breakout groups and the survey data were combined. Once the data for both groups was added together, there were a total of 211 areas of concern noted by participants, with 156 areas prioritized and planned to some degree.

Table 5: Synthesized Breakout Group and Survey Data: Mental Health System Challenges by Type and Priority

Challenge Area	Mentioned as Area of Concern	First Priority Plan	Second Priority Plan	Third or Later Priority Plan
Continuum of Care	54	15	14	3
Access to Care	33	14	7	13
Criminalization of Mental Illness	19	6	4	3
Crisis Response	18	5	3	4
Stigma	17	8	2	2
Housing	13	1	3	3
Collaboration	13	4	4	3
Funding	13	1	6	1
Awareness & Education	7	5	1	3
Early Intervention	7	3	3	0
Medication Continuity	5	0	2	1
Social Determinants	4	1	1	1
Co-occurring SUD	3	1	1	2
Accountability	2	0	1	0

Challenge Area	Mentioned as Area of Concern	First Priority Plan	Second Priority Plan	Third or Later Priority Plan
Involuntary Commitment	2	2	0	1
Mental Health Code	1	1	0	0
Total	211	67	52	37

Additional Illinois Mental Health Task Force Session

The Illinois Mental Health Task Force presented a special screening of the newly released documentary, "The Definition of Insanity," on December 1, 2020. The documentary features the Miami-Dade Criminal Mental Health Project and follows a team of dedicated public servants working through the courts to support people with mental illness on a path from incarceration to recovery. The Matthew Ornstein Memorial Foundation scripted, filmed, and produced the documentary that tells the story of Miami-Dade County Circuit Court Judge Stephen Leifman's tireless efforts over the past two decades to decriminalize the treatment of those suffering from mental illnesses. Norman Ornstein, Vice President of the Matthew Ornstein Memorial Foundation, introduced the documentary at the screening, which was followed by a panel discussion featuring family members of persons with mental illness. The panel moderator was Patricia Tobias and panel members included Tonya Brown, Mindy Greiling, and Judith Harris.

Goals of Illinois Mental Health Task Force

Following the Summit sessions, the Illinois Mental Health Task Force established three overarching goals to move forward the work of the Task Force:

1. To form strong partnerships that drive cross-system collaboration to develop data-informed strategies and solutions at the intersections of mental health, substance use, the courts, and communities.
2. To regularly and widely share information among partners, which promotes the creation of innovative and evidence-based solutions and strategies to address the mental health and substance use struggles facing our communities and our state.
3. To assess, identify, and efficiently utilize available resources, including funding, for the strategies and solutions necessary for meaningful change in our response to persons with mental illness and co-occurring disorders.

Potential Models for Moving Forward

Envisioning the Future

Prior to selecting specific areas of work, it is imperative to have a clearly defined vision and have a plan to reach that vision. There are numerous guides to help with getting started. NCSC has curated three selections, the first a model for managing large scale systems change as led by the judiciary, followed by two resources on developing the ideal behavioral health system.

Suggested Model for Change Management

The Leading Change Guide

The Leading Change Guide was developed by the Conference of Chief Justices (CCJ), Conference of State Court Administrators (COSCA), National Center for State Courts (NCSC), and State Justice Institute (SJI) as part of the Judicial Criminal Justice/Mental Health Leadership Initiative. The guide provides a national perspective for mental health responses at the local and state levels and how they can be successfully led by the judiciary. Judges are in a unique position to expand and improve their communities' responses to individuals with mental illness; so much so that COSCA espouses that "court leaders can and must...address the impact of the broken mental health system on the nation's courts—especially in partnership with behavioral health systems."⁶ Here NCSC has condensed the Leading Change Guide to an extended infographic on navigating the intersection of the criminal justice and behavioral health systems.

Leading change on behavioral health in communities requires committed stakeholders, bold leadership, and an unwavering focus on addressing the gaps in services in the continuum of care. The more robust the continuum of care in the community, including coverage for trauma related issues, co-occurring substance use, co-occurring developmental concerns, and co-occurring medical issues, the better the individual and community outcomes.

⁶ Conference of Chief Justices, Resolution 11: In Support of the Judicial Criminal Justice/Mental Health Leadership Initiative, 2006, p.20, <https://ccj.ncsc.org/~media/Microsites/Files/CCJ/Resolutions/01182006-In-Support-of-the-Judicial-Criminal-Justice-Mental-Health-Leadership-Initiative.ashx>.

The Implementation Roadmap





DEVELOP VISION AND GOALS

- Targeted committees reassess the defined priorities.
- Develop a vision for their area of action.
- Set goals with defined timelines and responsibilities.
- Determine data points for collection and analysis.



UTILIZE DATA TO DRIVE DECISIONS

- Decide what data are important to collect to measure and assess effective responses.
- Identify which agency or agencies will be responsible for the collection of the data and reporting to the workgroup.
- Secure necessary data sharing agreements.
- Leverage technology whenever possible.



DEVELOP TAILORED RECOMMENDATIONS

- Develop an action plan, strategies, and timelines for implementation of solutions.
- Ensure plans include fidelity monitoring of evidence-based models.
- Include performance measures to assess impact of your reforms on the justice system and individuals with behavioral health needs.



TAKE ACTION

- Identify plans to secure full leadership support.
- Identify strategies to overcome barriers, including a need for financial support.
- Discuss and document shared goals. Use these as a starting point for implementing strategies toward solutions.
- Consider grant, other funding, and technical assistance opportunities to enable you to accomplish your goals and action plans



Step 1: Lead

Strong leadership and the power to convene a variety of high-level stakeholders is essential to the success of any endeavor to improve the mental health landscape. Justices and judges are ideal conveners for these types of initiatives, as they tend to be relatively apolitical and have both the authority and respect necessary to bring court and community stakeholders together and move reforms along. Consider the appropriate number of stakeholders to invite to participate as well as strategies to ensure that all perspectives are heard and incorporated in a manageable way. Inclusion throughout the process will foster ownership of the final plan and help ensure sustainability. Figure 5 lists possible stakeholders to include in your reform efforts. Illinois would benefit from examining stakeholders currently at the table and working to include stakeholder categories not currently represented. The list below is suggested and may not be completely comprehensive of Illinois' potential behavioral health stakeholder groups.

Figure 5: Potential Stakeholders for Mental Health Landscape Reform

Potential Stakeholders	
Adult Protective Services	Jail Administrators
Bailiffs	Jail Mental Health Staff
Behavioral Health Treatment Providers	Judges
Board of Health	Juvenile Detention Administrators
Brain Disorder Advocates	Law Enforcement (sheriff, local police, state police)
Case Management Specialists	Legislators
Child Protective Services	Local Business Leaders
Child Welfare Agencies	Local Researchers and Academics
City Council	Medicaid
Civil Commitment	Mental Health Hotlines
Competency Restoration Providers	Mental Health Treatment Providers
Competency Evaluators	Mobile Crisis Units
County Attorneys	National Alliance on Mental Illness (NAMI)
County Board	Nurses
Court Administrators	Parole
Criminal Justice Commissions or Councils	Peer and Self-Advocacy Organizations
Crisis Units	Persons with Lived Experience
Data Quality and Integrity Contacts	Pretrial Services
Department of Corrections	Prevention Specialists
Department of Employment Services	Private Counsel
Department of Human Services	Probation
Disability Advocates	Prosecutors
Disability Law Groups	Psychiatrists
Dispatch	Psychologists
Domestic Violence Service Providers	Public Defenders

Early Intervention Specialists	Public Fiduciaries
Educators	Public Health
Emergency Medical Technicians	Reentry Specialists
Emergency Room Personnel	Residential Unit Staff
Faith-Based Organizations	School Board
Food Banks	Social Security and Disability Representatives
Funders	Substance Use Treatment Services
GED and Alternative Education Providers	Supported Employment
Guardianship and Conservatorship Groups	Supportive Housing
Health Insurance	Township Staff
Health Care Providers	Transportation Services
Homelessness Services	Trauma Experts
Hospitals	Triage and Crisis Management
Housing Specialists	Tribal Representatives
Information Technology	Veteran's Affairs
	Victim Rights Advocates



Step 2: Assess the Mental Health Landscape

Successful problem solving can only occur if the problem is first well defined. As a starting place, COSCA recommends the **Sequential Intercept Model (SIM)**, which informs community-based responses to the involvement of people with mental health and co-occurring disorders with the criminal justice system. SIM is to be used as an applied strategic planning tool to improve cross-system collaborations to reduce involvement in the justice system. SIM is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change.⁷

The first requirement in developing any effective collaborative response to a complex issue is to **understand the available resources**. Simply put, you must know where you are before you can decide where you want and need to be. Figure 6 outlines the mapping process that informs effective and appropriate judicial and community responses.⁸ All six phases (assessment, gap determination, plan development, implementation, evaluation, and sustainability) are necessary to develop a comprehensive community response to behavioral health issues.

Figure 6: The Community-Based Mental Health Response Mapping Process

⁷ SAMHSA's GAINS Center brochure for The Sequential Intercept Model: <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-brochure.pdf>

⁸ This process is similar to other court-led reform efforts in the access to justice and civil justice reform arenas. The Civil Justice Initiative provides a roadmap for implementing change in the civil justice system. See Transforming Our Civil Justice System for the 21st Century: A Roadmap for Implementation, https://www.ncsc.org/_data/assets/pdf_file/0012/26031/cji-implementation-roadmap.pdf

The Justice for All project lays out the process for an integrated, action-driven assessment and planning process. See Justice for All Guidance Materials, https://www.ncsc.org/_data/assets/pdf_file/0021/25464/pdf-jfa-guidance-materials.pdf



A comprehensive assessment should consist of the following steps:

1. Convene stakeholders;
2. Discuss and decide how to approach the assessment (workshops, working groups, evaluations, reports, etc.);
3. Investigate the existing resources at each intercept and data collection opportunities;
4. Document resources/gaps; and
5. Identify accompanying evidence-based and promising practices.

Mapping provides you the best tool to inventory community services and collaborative efforts, assess gaps and opportunities, identify where to begin interventions, and help you to examine, plan, and implement priority action plans to improve your community and court responses.⁹ Encourage direct observations and analysis at each intercept regarding contact between an individual with mental health issues, the justice system, and the community. Understanding the landscape is the foundation on which informed and targeted action is based.

Illinois will want to consider statewide SIM mapping to completely understand the available resources and gaps that exist throughout the state.



Step 3: Identify Priorities

The assessment completed in Step 2 leads directly into this step in the roadmap—identifying your priorities. It is important to **define the issues** facing your court and to begin to **rank them** in order of impact and possibility of improvement. This involves brainstorming potential solutions and developing action plans to address your top priorities. Action planning should answer the following questions:

- What are our objectives? What do we want to achieve?
- What do we have to do to meet those objectives? What are the specific activities/tasks necessary to meet the objectives?
- What resources are necessary to complete the identified activities?
- How much time is required for each activity/task? When can action begin on each activity/task?
- What are the potential barriers to consider?
- Who will take the lead on this activity/task? Who should be involved in the collaboration? Who is already engaged in this activity?

Action planning should define the responses desired; identify necessary leadership support; prioritize the order for implementation starting with foundational steps; and identify constraints, strategies to overcome barriers, and financial support to move forward. This detailed action plan will include strategies and timelines for implementation of responses. You will also need to

⁹ Policy Research Associates, Inc., Using the Sequential Intercept Model to Decriminalize Mental Illness video presented at July 2019 NACM Conference, https://www.youtube.com/watch?time_continue=6&v=3qXp16y3i4E

discuss funding needs and whether any funding could be obtained from grants, local or state funds, and other opportunities.

Illinois has done some of this through the breakout groups and survey from Session 5 of the ILMHTF Summit. Those results should be included in this analysis.



Step 4: Collaborate

It is imperative during reform to secure the support of leaders across systems. By engaging cross-system leadership, a culture of change can flow downstream through organizations. At this point, to move your action plans forward it is important to **create an official working group**, be it a “task force” or a “committee.” This group will serve in a policymaking role to define the vision and goals and to consider and make recommendations for reform. Convening stakeholders and outlining avenues of future work is important for the success, sustainability, and collaborative nature of efforts. This group should create data-sharing and data-privacy agreements and memorandums of understandings (MOUs) to outline the expectations of involved organizations. Stakeholders should share their knowledge, listen and compromise when faced with opposing viewpoints, and propose solutions to multi-system issues. While stakeholders may disagree on some topics, it is valuable to reinforce the message that everyone is working toward common goals to address issues that impact community systems and, most importantly, individuals and their families.

Illinois may want to utilize the existing Mental Health Taskforce in some iteration.



Step 5: Develop Vision and Goals

Once you have created an official working group comprised of your initial leadership team and additional stakeholders as noted in the Step 4, the group can **review the results** of the assessment completed in Step 2, examine the issues identified, and expand upon them based on the collective experiences and insight of the group. It is important to confirm that the identified issues are the right ones and to prioritize and ensure buy-in from the collective group. Then, the group can **move forward by developing a vision and setting goals**.

For Illinois this will involve examining the survey and breakout group results from the Summit, as well as the results of the statewide SIM or other assessment.



Step 6: Utilize Data to Drive Decisions

Existing data collection strategies inform many justice and public safety programs. The development of comprehensive community-based behavioral health responses is no different. Data collection is critical for enabling outcome tracking and conducting the initial mapping assessment. Therefore, **data collection opportunities and strategies should be discussed at every intercept and across both civil and criminal matters**. The *Leading Change: Interim State Court Behavioral Health Data Elements Guide*¹⁰ outlines ideal state court behavioral health data elements to collect across the Leading Change Model as well as elements to collect in coordination with other systems. The guide also highlights which data elements are recommended as a core set of collected data.

¹⁰ State Court Behavioral Health Data Elements Interim Guide

https://www.ncsc.org/_data/assets/pdf_file/0019/38026/State_Court_Behavioral_Health_Data_Elements_Interim_Guide_Final.pdf

Data collection opportunities should be identified throughout the mapping process as well as throughout the planning process. Priority should be given to data collection that supports addressing the behavioral health needs of individuals within the community before they become justice involved. Responses should be designed through a collaborative effort of all community stakeholders. The group should work to anticipate challenges, such as the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 regulations. Data can be challenging, so seeking academic or research partnerships to assist with research, data analysis, and program evaluation is also recommended.

In Illinois this may mean partnerships between the Supreme Court and the Illinois Criminal Justice Information Authority, Department of Human Services, Department of Public Health, and Department of Corrections to share data.



Step 7: Develop Tailored Recommendations

Through the implementation of clearly defined recommendations, your community can address the issues in your jurisdiction that are undermining accessible, inexpensive, timely, and effective behavioral health treatment for community members. The six prior steps should provide a strong basis for the working group's analysis of mapping session recommendations. The next step is to review those recommendations and their supporting research and analysis, then work through them to **develop a set of tailored recommendations to be implemented** in your community.



Step 8: Take Action

Once recommendations are developed, the next step is to take action. The initial working group created in Step 4 that developed the recommendations in Step 7 may or may not be the right group to implement change. Consider creating project groups to take action. **Taking action includes implementing your strategies locally or statewide.** This may include pilot projects to test, evaluate, and gain buy-in before taking the plan to scale. It may also require investment in technology or infrastructure, including training. It definitely should include efforts to evaluate your actions to ensure their sustainability. Continued action on your plan should include:

- Conducting regular reviews through workgroup meeting agendas, adjusting plans if necessary;
- Identifying and implementing outcome measures relevant to data collection;
- Reaching out to the community on an ongoing basis through an established communication plan;
- Continuing to engage your stakeholders and regularly reviewing the list of stakeholders for additions/adjustments;
- Discussing and agreeing upon effective communication strategies, such as enlisting leadership support and identifying a point of contact for regular communication;
- Establishing a regular schedule to assess and reassess your response efforts;
- Adjusting activities in response to your assessments; and
- Securing stable funding strategies.

Suggested Models for a Robust Behavioral Health System

In order to understand how to move forward, it is important to have an ideal in mind to work towards. SAMHSA and Mental Health America both give good descriptions of what complete, robust, working behavioral health systems should include. These models will be important to reference as the Task Force moves forward, to utilize as both a guide and measuring stick for progress.

SAMHSA Behavioral Health System

The following is a description of an ideal 'modern mental health and addiction system' developed by SAMHSA in 2011.¹¹

A comprehensive behavioral health system should provide a continuum of effective treatment and support services that span the healthcare, employment, housing, and educational sectors. Integration of primary care and behavioral health are essential. As a core component of public health service provision, a modern behavioral health service system is accountable, organized, controls costs and improves quality, is accessible, equitable, and effective. It is a public health asset that improves the lives of Americans and lengthens their lifespan.

The vision for a good and modern mental health and addiction system is grounded in a public health model that addresses the determinants of health, system and service coordination, health promotion, prevention, screening and early intervention, treatment, resilience, and recovery support to promote social integration and optimal health and productivity. The goal of a "good" and "modern" system of care is to provide a full range of high-quality services to meet the range of age, gender, cultural, and other needs presented. The interventions that are used in a good system should reflect the knowledge and technology that are available as part of modern medicine and include evidenced-informed practice; the system should recognize the critical connection between primary and specialty care and the key role of community supports with linkage to housing, employment, etc. A good system should also promote healthy behaviors and lifestyles, a primary driver of health outcomes.

The integration of primary care, mental health, and addiction services must be an integral part of the vision. Mental health and addiction services need to be integrated into health centers and primary care practice settings where most individuals seek health care. In addition, primary care should be available within organizations that provide mental health and addiction services, especially for those individuals with significant behavioral health issues who tend to view these organizations as their health homes. Providing integrated primary care and behavioral health services will allow for cost effective management of co-morbid conditions.

In order to accomplish this vision, the following system results should be set as goals:

- People avoid illnesses that can be prevented.
- People get well and stay well.
- A continuum of services benefit package, within available funding, that supports recovery and resilience, including prevention and early intervention services, an emphasis on cost-effective, evidence-based and best practice service approaches, with special consideration

¹¹ https://www.samhsa.gov/sites/default/files/good_and_modern_4_18_2011_508.pdf

for service delivery to rural and frontier area and to other traditionally un-served and underserved populations, like populations of color.

- A system that integrates high quality medication management and psychosocial interventions, including supports for community living, so that all are available to consumers as their conditions indicate. Services are available and provided in the appropriate “therapeutic dose”.
- Promoting program standards, including common service definitions, utilization management measurements/criteria, quality requirements, system performance expectations, and consumer/family/youth outcomes.
- Creation and maintenance of an adequate number and distribution of appropriately credentialed and competent primary care and behavioral health care providers.
- Local systems of care in which primary care and behavioral health providers and practitioners care are aligned with one another and with other systems.
- High organizational capacity in all service sectors to access, interpret, and apply performance data and research findings on an ongoing basis to improve care. Funding strategies that will be sufficiently flexible to promote efficiency; control costs; and pay for performance.
- Creation of an adequate number and distribution of appropriately credentialed and competent primary care and behavioral health care providers.

A good and modern mental health and substance use system should be designed and implemented using a set of principles that emphasizes behavioral health as an essential part of overall health in which prevention works, treatment is effective, and people recover. These principles should apply to the provision of mental health and addiction services and cross the lifespan of individuals who need and use these services. At a minimum, these principles should recognize that:

- Preventing and treating mental and substance use disorders is integral to overall health.
- Services shown to be effective must be available to address current health and behavioral health disparities and be relevant to, and respond to, the diverse cultures and languages of individuals and families.
- A wide range of effective services and supports should be available based on a range of acuity, disability, engagement levels, and consumer preferences. The consumer’s resilience and recovery goals in their individualized service plan should dictate the services provided.
- The system should use information and science to deliver services. Services should be provided in convenient locations to reduce barriers, identify needs as early as possible, and engage individuals in care as early and as easily as possible.
- Wherever possible, the health system should support shared decision making with adult consumers, with youth, and with families.
- Effective care management that promotes independence and resilience is key to coordinating health and specialty care.
- Service delivery must achieve high quality standards and results as well as outcomes that are measurable and are measured.

- Technology will be an important tool in delivering services. This includes telehealth, web-based applications and personal digital assistants that assist individuals in their recovery. Increased use of technology will expand access to and coordinate care rather than always relying on location-based service delivery.
- Services that are proven effective or show promise of working will be funded and should be brought to scale; ineffective services and treatments that have not shown promise will not be funded.

The system should include activities and services that go beyond traditional interventions such as the current acute care residential or outpatient services. Coordination, communication, and linkage with primary care can no longer be optional given the prevalence of co-morbid health, mental health, and substance use disorders. A small percentage of adults with serious mental illness and children with serious emotional disturbances consume a majority of resources. An integrated system should develop improved strategies for these individuals who may be underserved or poorly served in the current system.

Discussed below are the service elements that should comprise a mental health and substance use system.

Health Promotion. Health promotion is a significant component of a comprehensive prevention and wellness plan and plays a key role in efforts to prevent substance use and mental illness. Since health promotion efforts have been traditionally community- and school-based in the public sector, there is an opportunity to engage the private sector (particularly employers and insurers) in health promotion initiatives.

Prevention. The field of prevention science, well known for advancing the health of people at risk for illnesses such as cancer, diabetes, and heart disease, has also produced effective strategies for the mental health and substance use fields. The system must have three levels of prevention practice: Universal, which addresses populations at large; selective, which targets groups or individuals who are at higher risk of developing a substance use problem or mental illness; and indicated, which addresses individuals with early symptoms or behaviors that are precursors for disorder but are not yet diagnosable. Prevention efforts can support safer schools and communities, better health outcomes, and increased productivity. Prevention science tells us that a comprehensive approach to a particular problem or behavior is an effective way to achieve the desired permanent behavioral or normative change. Health reform recognizes that prevention is a critical element in bending the cost curve and in improving the overall health of all Americans. All health-related prevention efforts should recognize and address the interrelated impact of mental health and substance use on overall well-being.

Significantly increased focus should be placed on promoting prevention prepared communities as proposed by the Office of National Drug Control Policy. Prevention programs should be made available to all individuals through appropriate channels, including healthcare providers, media, employers, public agencies, communities, and schools. SAMHSA should continue efforts to identify effective prevention services that can be feasibly implemented in community settings, as well as clearly defined, coded, and reimbursed.

Screening and Early Intervention. Appropriate screening should be vetted with the United States Preventative Services Taskforce (USPSTF) so that it becomes part of the standard benefit plan and is available without cost to consumers. Screening services must include, at a minimum,

services from the list developed by the USPSTF, which includes depression screening and Screening, Brief Intervention and Referral to Treatment (SBIRT) for alcohol use. Services should also include mental and substance use screens available through Early and Periodic Screening Diagnosis and Treatment (EPSDT). Screening may also be used to identify warning signs for suicide to enable early intervention and suicide prevention.

Care Management. Effective care management integrates primary care and specialty health services through approaches that coordinate an individual's medical care and provide assistance in navigating other healthcare providers and systems, including behavioral health. Different designs need to be considered that will include components of specific models (such as intensive case management or community support), since it is not likely that a "one size" fits all care management model exists. Regardless of the approach, individuals performing care management must be well trained and appropriately paid, and reimbursement systems/strategies must recognize the importance of collateral contacts.

Self Help and Mutual Support. Self/mutual help support groups have been defined as a network of 12-step and abstinence-based groups for persons recovering from various addictions, as well as groups for family members of people with substance use disorders. In recent years, support groups specifically for individuals with serious mental illness have grown significantly, as have 'family to family' and 'youth to youth' efforts. These groups provide a social network offering their members support in managing their lives, role models and the strong belief that they can recover. These voluntary supports will continue to be needed in a good and modern system that creates strong relationships with self-help and mutual supports.

Proposed Continuum of Services. A modern mental health and addiction system should have prevention, treatment, and recovery support services available both on a stand-alone and integrated basis with primary care and should be provided by appropriate organizations and in other relevant community settings. SAMHSA's proposed continuum consists of nine domains, including:

- Health Homes
- Prevention and Wellness Services
- Engagement Services
- Outpatient and Medication Assisted Treatment
- Community Supports and Recovery Services
- Intensive Support Services
- Other Living Supports
- Out of Home Residential Services
- Acute Intensive Services

While appropriate, quality services are a critical piece of constructing a modern behavioral health system, and there will need to be capacity and infrastructures to ensure that individuals who seek services can access them successfully. Easy and open access to care for all individuals and families, at all points on the continuum of need for care, and through any service sector, will require further development of core structures and competencies, as described below.

Workforce. The modern system must have experienced and competent organizations with staff that can deliver the services described in the previous section. SAMHSA, in conjunction with the Health Resources and Services Administration and provider associations, will need to develop strategies for creating learning models to ensure the workforce has the information, supervision, technical assistance, and culturally relevant training to effectively implement improved practices. Recruitment and retention efforts will need to be enhanced, especially to increase the available pool of culturally, ethnically, and racially diverse practitioners. Providers will need to embrace team-based care and collaboration with other systems as a way of doing business. Licensure requirements need to evolve, and certification requirements need to be strengthened for those professions that do not currently require formal licensure. The workforce must also develop an improved ability to use technology to provide, manage and monitor quality care. In addition, SAMHSA and other federal partners must continue to advance the development and use of peer/family specialists and recovery organization staff to address the demand for mental health and addiction services. Four critical efforts loom large: (1) redeployment of the shrinking professional workforce to positions of consultation and oversight; (2) augmentation of the existing workforce to include trained family, youth and peer supports as part of the paid workforce; (3) a more concerted pre-professional training effort to prepare new frontline and professional providers for the modern delivery system that is consumer – and family-driven, youth-guided, recovery/resiliency-oriented and evidence-based; and (4) a robust continuing training effort to develop, enhance, and sustain providers' capacity to access, interpret, and apply performance data and research findings on an ongoing basis to improve care.

Empowered Health Care Consumers. Health care consumers/families will need information and tools to allow them to promote and reinforce their role as the center of the health care system. At a minimum, this will include a system that supports health literacy, shared decision making, and strategies for individuals and families to direct their own care. Health literacy is the first building block of self-care and wellness. Shared decision making should become the standard of care for all treatment services. Participant direction of services allows individuals and their caregivers (when appropriate) to choose, supervise and, in some instances, purchase the effective supports they need rather than relying on professionals to manage these supports. Health care consumers and families will also need access to user-friendly information on the effectiveness of available services in order that they may truly make informed health care decisions.

Information Technology. To achieve optimum individualized care, a modern health system should include a structure in which all holistic outcomes, measures and indicators of health are collected, stored, and shared with the individual and all providers who are associated with care of the individual. To that end, interoperable, integrated electronic health records will be necessary, as will community-wide indicators of mental health and substance use disorders. This will be challenging given that many behavioral health providers have limited or no modern information technology and need resources to make this transition. Additionally, appropriate security mechanisms and informed consent should drive this system while taking into account protection of individual rights and support to ensure appropriate linkages to services.

Funding and Payment Strategies. In the public sector, individuals/families/youth with complex mental and substance use disorders receive services funded by federal, state, county, and local funds. These multiple funding sources often result in a maze of eligibility, program and

reporting specifications that create funding silos featuring complicated administrative requirements. If services are to be integrated, then dollars must be also intertwined. In the same way that Medicaid will be required to streamline eligibility and enrollment, the good and modern system must either blend or braid funds in support of comprehensive service provision for consumers, youth and families.

Health care payment reform is intended to align quality and cost and reinforce desired client and system outcomes. The Affordable Care Act envisions a variety of new purchasing strategies, including episode-based payments, risk-based inpatient/outpatient bundled payments, shared savings, and financial consequences for “never events”. These changes in methodology and requirements will be restructured to support achievement of the outcomes associated with primary care and specialty care integration.

Quality and Performance Management. Quality improvement through the use of outcomes and performance measures is a cornerstone of the Affordable Care Act. It will be critical that SAMHSA clarify the outcome measures that help define a good system of care; use this information to shape programs and practices; and operationalize SAMHSA’s message of “a life in the community for everyone”. A renewed focus on quality will also help payers link performance improvement with payment while moving away from the current incentives to provide more care without evidence of improved outcomes.

Sustainable Practice Improvement. Key to a modern behavioral health system will be an ethic of—and standard operating procedures for—continuous practice improvement to incorporate new evidence and to ensure more accountability, with a focus on “practice-based evidence” as well as evidence-based practice. Standards being developed by national organizations can guide providers (agencies, group practices and individual practitioners) in their efforts to reshape their practice and to sustain changes over time.

Continued Partnerships. While the good and modern system focuses on the need for better integration of primary care and behavioral health, this does not supplant the continued need to work with other systems that serve individuals with mental and substance use disorders. Links between the good and modern system and the child welfare, criminal and juvenile justice, education and aging systems will be more critical than ever.

Table 6: Services Included, By Category of Service

Category of Service	Services
Physical Health/Health Home	<ul style="list-style-type: none"> General and specialized outpatient medical services Acute primary care General health screens, tests, and immunization Comprehensive care management Care coordination and health promotion Comprehensive transitional care Individual and family support Referral to community services Dental
Health Promotion & Prevention	<ul style="list-style-type: none"> Screening, brief intervention and referral to treatment Brief motivational interviews Screening and brief intervention for tobacco cessation

Category of Service	Services
	<ul style="list-style-type: none"> ▪ Parent training ▪ Facilitated referrals. ▪ Relapse prevention/wellness recovery support ▪ Warm line
Engagement Services	<ul style="list-style-type: none"> ▪ Assessment ▪ Specialized evaluations (psychological, neurological) ▪ Service/crisis planning ▪ Consumer/family education ▪ Outreach
Outpatient Services	<ul style="list-style-type: none"> ▪ Individual evidence-based therapies ▪ Evidence-based group therapies ▪ Evidence-based family therapies ▪ Multi-family therapy ▪ Consultation to caregivers ▪ Applied behavioral analysis
Medication Services	<ul style="list-style-type: none"> ▪ Medication management ▪ Pharmacotherapy (including MAT) ▪ Laboratory services ▪ Robust side-effect education and management
Community Support (Rehabilitative)	<ul style="list-style-type: none"> ▪ Parent/caregiver support ▪ Skill building (social, daily living, cognitive) ▪ Case management ▪ Behavioral management ▪ Supported employment ▪ Permanent supported housing ▪ Recovery housing ▪ Therapeutic mentoring/peer supports ▪ Traditional/cultural healing services ▪ Social skills training ▪ Family support ▪ Early intervention ▪ Adult training ▪ Coaching ▪ Psychosocial rehabilitation
Other Supports (Habilitative)	<ul style="list-style-type: none"> ▪ Personal care ▪ Homemaker ▪ Respite ▪ Supported education ▪ Transportation ▪ Assisted living services ▪ Recreational services ▪ Interactive communication technology devices ▪ Trained behavioral health interpreters ▪ Social activities and events ▪ Leisure and recreation ▪ In-home support

Category of Service	Services
	<ul style="list-style-type: none"> ▪ Day services ▪ Supported living ▪ In-home skill building ▪ Specialized consultation ▪ Home modification
Intensive Support Services	<ul style="list-style-type: none"> ▪ Substance use intensive outpatient services ▪ Partial hospitalization ▪ Assertive community treatment ▪ Assertive outpatient treatment ▪ Intensive home-based treatment ▪ Multisystemic therapy ▪ Intensive case management ▪ In-home intensive services ▪ Day treatment ▪ Adult day care
Out-of-Home Residential	<ul style="list-style-type: none"> ▪ Crisis stabilization/residential ▪ Clinically managed 24-hour care ▪ Clinically managed medium intensity care ▪ Adult residential mental health services ▪ Child and adolescent residential mental health services ▪ Adult residential substance use services ▪ Child and adolescent residential substance use services ▪ Therapeutic foster care ▪ Transitional living ▪ Intermediate care facilities ▪ Group care facilities ▪ Family/shared living ▪ Alternative family living ▪ Residential support
Acute Intensive Services	<ul style="list-style-type: none"> ▪ Mobile crisis services ▪ Medically monitored intensive inpatient ▪ Medically monitored detox ▪ Ambulatory detox ▪ Peer based crisis services ▪ Urgent care services ▪ 24-hour crisis stabilization services ▪ 24/7 crisis hotline
Recovery Supports	<ul style="list-style-type: none"> ▪ Peer support ▪ Recovery support coaching ▪ Recovery support center services ▪ Supports for self-directed care ▪ Continuing care for substance use disorders

An example of SAMHSA's Behavioral Health Continuum of Care is the Mat-Su Health Foundation's Complete Behavioral Health Continuum of Care. A diagram of the model is listed in Figure 7. More information can be on their [website](#).

Figure 7: A Visualization of the SAMHSA Behavioral Health Continuum of Care¹²



Mental Health America

Mental Health America has also developed policy issues and statements regarding [system transformation for mental health](#). The policy issues and statements include areas such as evidence-based healthcare, recovery-based systems transformation, integration of mental and general health care, the federal government's responsibilities for mental health services, parity in health insurance, addressing the health-related social needs of people with mental health and substance use conditions, promotion of mental wellness, and cultural and linguistic consistency in mental health systems. More information can be found at the Mental Health America [website](#). This information can be incorporated into your strategies as you work through the Leading Change Guide's Implementation Roadmap.

¹² Borrowed from <https://www.healthymatsu.org/what-we-do/strategies/minds-1>

Recommendations for the Illinois Mental Health Task Force

The Task Force and community consist of people who are engaged, enthusiastic, and committed to the success of improving responses to persons with mental illness. This strong foundation and dedication are the keys to success in transforming systems and improving outcomes. The following recommendations are provided by NCSC to focus Task Force efforts when making decisions on how to move forward. The recommendations take into consideration the goals of the Task Force, surveys, polls, action planning survey, action planning reports, and guides for change.

Structure of the Mental Health Task Force

The goal of improving the response for persons with mental illness and co-occurring disorders in Illinois starts with building a community-by-community, regional, or judicial circuit approach, supported by statewide leadership from all three branches of government. Start with the current Task Force and ensure that all three branches of government are represented and active with the Task Force. Ensure that the membership of the Task Force is large enough to ensure inclusion of different disciplines and voices but also small enough to accomplish work. Assess the composition of the Task Force and discuss if there are any gaps in the Task Force composition. Once the base Task Force is established, develop subcommittees to address specific work and tasks, and include additional people to accomplish the work. A list of people who expressed interest in working on this project and the Task Force was created. A list of the people who attended and the sessions they attended can be found in Appendix A. A breakdown of those who attended by areas of discipline and judicial circuit can be found in the Summit Overview at the beginning of the report. Use these lists and the recommended list of potential stakeholders in Step 1 of the Leading Change Guide to help develop the membership of the Task Force and subcommittees.

Statewide Mapping

Conduct statewide mapping or conduct a survey to identify what is working and what gaps exist. Develop the mapping or survey based on the structured approach of community-by-community, regional, or judicial circuit that the Task Force identifies as best for Illinois. Consider building upon the work done by the Illinois Department of Human Services in the Strategic Planning Illinois report and summarized in the *Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System* report. In 2008, the Illinois Department of Human Services Division of Mental Health (IDHS-DMH) embarked on a transformative initiative to better address the needs of individuals with mental illnesses and co-occurring substance use disorders who are involved with the criminal justice system. IDHS-DMH, with funding from the National Association of Mental Health Program Directors, contracted with Policy Research Associates (PRA) to provide technical assistance to inform its transformation efforts. **ACTION:** *Transforming Systems and Services* (ACTION) was the technical assistance initiative provided by PRA. It served as a catalyst for change to improve mental health and criminal justice collaboration for justice-involved persons with co-occurring disorders and to help transform fragmented systems. ACTION used the Sequential Intercept Model to map the local criminal justice system; identify local resources, assess gaps in services, and help communities develop

priorities for change. Many of the recommendations by PRA are relevant today and still need to be implemented.

Compare the ACTION report recommendations to the recommendations of Summit participants during the action planning process and conduct regional meetings or additional mapping to assist in the development of a Task Force Plan.

Data

Identify data sources and how data is effectively being shared. Conduct an assessment of what entities are collecting data, what data is being collected, and how that data is being used. Identify entities that are doing a good job with data collection and use them as a model. Also identify entities that are successfully sharing information and data between agencies and systems. Examine confidentiality laws and their information and data sharing agreements to create a model for other agencies and systems to replicate. Information regarding data can also be collected in a survey.

Behavioral Health Continuum of Care

Create a statewide vision of what a behavioral health continuum of care should look like in Illinois. The vision for a behavioral health continuum of care is grounded in a public health model that addresses the determinants of health, system and service coordination, health promotion, prevention, screening and early intervention, treatment, resilience, and recovery support to promote social integration and optimal health and productivity. The goal of a mental health continuum of care is to provide a full range of high-quality services to meet the range of age, gender, cultural, and other needs presented. The interventions that are used should reflect the knowledge and technology that are available as part of modern medicine and include evidence-informed practice; the continuum of care should recognize the critical connection between primary and specialty care and the key role of community supports with linkage to housing, employment, and other community supports. A good behavioral health continuum of care should also promote healthy behaviors and lifestyles, a primary driver of health outcomes.

The vision for a statewide behavioral health continuum of care should include a full array of resources in the community, diversion opportunities from the justice system, and education for stakeholders and communities about mental illness, co-occurring disorders, and opportunities within communities.

Mental Health Task Force Plan

Develop and implement an Illinois Mental Health Task Force Plan to improve the court and community response to persons with mental health needs. Use the information gained through statewide mapping and the vision for a statewide ideal behavioral health continuum of care to develop a statewide plan for the development of community resources, diversion opportunities, and education. Identify stable funding strategies to support the plan which focuses on funding the identified priorities in the plan. Be creative when developing funding strategies including resource sharing. Ensure that the plan reviews state court interactions with individuals with serious mental illness and that future work and activities of the Task Force are viewed through the lens of and concern for racial justice. The plan should include statewide oversight of actions on a community-by-community, regional, or judicial circuit level.

Accessibility and Sustainability

Ensure plans and efforts are shared, transparent, and accessible. Utilize the Administrative Office of Illinois Courts' website to share information regarding the Task Force work and progress.

Appendix A: Session Attendance

The following is a comprehensive list of all persons who attended each of the Illinois Mental Health Task Force sessions and which sessions they attended. There were also telephone attendees who did not have registration information available.

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Maria	Acevedo	Chicago	Safer Foundation	Receptionist	X	X	X		
Jacquelyn	Ackert	Dixon	Trial Court	Circuit Judge	X	X			
Tracey	Adair	Rock Island	Rock Island County Court Services	Probation Officer	X				
Madeline	Adams	Carlinville	Macoupin County Probation	Probation Officer	X	X	X	X	
Nancy	Aguirre	Springfield	Community and Residential Services Authority	Northern Area Regional Coordinator	X	X	X	X	
Bessie	Akuamoah	Chicago	Changing Circles	Director of Social Services/Therapist		X	X		
David	Albert	Chicago	Illinois Dept. of Human Services/Div. of Mental Health	Director	X				
April	Alexander	Chicago	Ann & Robert H. Lurie Children's Hospital of Chicago	Manager Patient Care Operations	X				
James	Allen	Chicago	Cook County Adult Probation	Probation Officer			X		X
Justice	Amankwah	Chicago	Bew	Peer Support Specialist	X	X	X	X	X
Jennie	Amato	St. Charles	Kane County Public Defender's Office	Chief of Professional Development	X				
Ellyce	Anapolsky	Chicago	Legal Council for Health Justice	Senior Attorney	X				
Jennifer	Anderson	Paxton	Ford County Probation	Probation Officer		X			
Nicole	Anderson	Bloomington	McLean County FUSE Program	Program Manager	X				
Danielle	Angileri	Rockford	NAMI Northern Illinois	Executive Director	X	X			
Amanda	Antholt	Chicago	Equip For Equality	Senior Attorney			X		

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
David	Applegate	Chicago	The Kennedy Forum Illinois	Director of State Policy	X	X		X	
Juanita	Archuleta	St. Charles	Kane County Public Defender's Office	Assistant Public Defender	X	X	X	X	X
Liz	Arnold	Morton Grove	Morton Grove Police Department	Police Social Worker	X	X			
Yvette	Arnoux	Chicago	Community Counseling Centers of Chicago	Supervisor	X				
Nellie	Aron	Wilmette	Wilmette Police Department	Social Service Counseling	X				
Selenia	Arteaga	Ottawa	LaSalle County	PSC Coordinator		X	X	X	
Abigail	Ascencio	DeKalb	NM Ben Gordon	Police Social Work	X			X	X
Stacey	Aschemann	Carbondale	Equip for Equality	Supervising Attorney		X			
Sophia	Atcherson	Chicago	Circuit Court of Cook County	Associate Judge		X			
Kavita	Athanikar	Wheaton	18th Judicial Circuit - DuPage County	Judge		X		X	X
Lisa	Aust	St. Charles	Court Services, 16th Judicial Circuit	Executive Director	X	X	X		
Divina	Ayala	Waukegan	Lake County Public Defender's Office	Assistant Public Defender	X				
Juan	Bacigalupi	South Elgin	NAMI Metro Suburban	Recovery Support Specialist	X		X	X	
Ashley	Bae	Elgin	DHS DMH	Executive Director Region 2	X	X			
Alana	Bak	Woodstock	McHenry County Sheriff	Police Social Worker	X				
Veronique	Baker	Chicago	Illinois Guardianship & Advocacy Commission	Director of Legal Advocacy Service	X	X	X	X	X
Steve	Balogh	Rockford	Illinois Circuit Court for the 17th Circuit	Judge	X	X			
Merilyn	Banner	Decatur	Heritage Behavioral Health Center	Director of Nursing Services		X			
Carla	Barnes	Bloomington	McLean County Public Defender	Chief Public Defender	X	X			

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Liz	Barnhart		NCSC	Consultant	X	X	X	X	X
Sheena	Barragan	Chicago	Thresholds	Social Worker			X		X
Grace	Barsanti	Wheaton	DuPage County State's Attorney's Office	Assistant State's Attorney	X				
Fredrick	Bates	Chicago	Cook County	Associate Judge	X	X	X	X	X
Lawrence	Bauer	Roscoe	State's Attorney's Appellate Prosecutor	Attorney	X	X	X	X	X
Cynthia	Bauman	Bridgeview	Law Office of the Cook County Public Defender	Assistant Public Defender, Grade 3	X	X			
Jerrie	Baxley-Brown	Carmi	Egyptian Health Department	Substance Use Disorder Counselor	X	X			
Kevin	Beck	Chicago	State of Illinois	Director of Scheduling			X		
Danielle	Begeske	Carbondale	Southern Illinois Healthcare	SUPPORT Program Coordinator	X	X	X	X	
Emily	Behnke	Rockford	17th Circuit Court	Deputy Court Administrator	X				
Aaron	Bellm	Carlinville	Bellm Law Firm	Public Guardian / Attorney	X				
Ana	Belmonte	Chicago	The Chicago School of Professional Psychology	Assistant Professor	X	X			
Sibel	Benmayor	Brookline	PPAL	Multicultural Outreach Specialist	X				
Nicolasa	Bernal	Bloomington	McLean County Triage Center	Peer Specialist	X		X	X	
Theresa	Bernal	Chicago	Cook County Adult Probation	Probation Officer	X	X	X		
Steven	Bernstein	Evanston	Circuit Court of Cook County	Judge	X	X		X	
Myra	Binstock	Vacaville	NAMI Solano County	ED		X			
Joseph	Birkett	Elgin	Illinois Appellate Court	Presiding Justice			X	X	X
Brittny	Blackwood	Chicago	NAMI Chicago	Growth and Engagement Coordinator		X			
Sandra	Blake	St. Charles	Kane County Public Defender's Office	Assistant Public Defender	X	X	X	X	X

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Amanda	Blecha	Chicago	American Psychiatric Association	Regional Director State Government Affairs	X	X		X	
Susan	Blechschiidt	Lake in the Hills	Lake in the Hills Police	Social Services Coordinator	X	X	X		X
Scott	Block	Crystal Lake	McHenry County MHB	CEO	X	X		X	
Zameshia	Bobbitt	Decatur	HBHC	Case Manager				X	
Ron	Bockstahler	Chicago	Amata Law Office Suites	CEO	X				
Daphne	Bogenschineider	Kankakee	The Helen Wheeler Center for Community Mental Health	SASS/MCR Program Supervisor/C&A Program Manager		X			
Susan	Boles	Geneva	16th judicial Circuit	Circuit Court Judge	X	X		X	
R.C.	Bollinger	Decatur	State of Illinois	Circuit Judge	X	X		X	
Bruce	Bonecutter PhD	Oak Park	Lawndale Christian Legal Center	VP of the Board	X	X	X	X	X
Chris	Bonjean	Chicago	Illinois Supreme Court	Director of Communications	X	X			X
Cassandra	Booth	Remote	IDPH	Graduate Intern		X			
Jennifer	Boston	Chicago	Cook County Juvenile Court Clinic	Clinical Coordinator		X			X
Eirene	Boulougouris	Naperville	Naperville Police Department	Police Counselor	X	X			X
Kim	Bowdry	Urbana	Champaign County Mental Health Board	Associate Director for I/DD	X		X		
Kerbi	Bowman	Country Club Hills	Breakthrough Urban Ministries	Qualified Mental Health Professional	X				
Christine	Boyd	Springfield	AOIC	Probation Field Coordinator	X	X	X	X	
Maura	Boyle	Chicago	State of Illinois	Judge		X			
Laura	Bozek	Neenah	Koch Companies Public Sector	Senior Counsel - Patent			X		
Dana	Brady	Springfield	Sangamon County Court Services	Probation Officer	X				

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Terry	Braune	Crystal Lake	McHenry County Mental Health Board	Deputy Director	X	X	X	X	
Carol	Braz	Chicago	Cook County Juvenile Probation	Deputy Chief Probation Officer	X	X			
Ann	Brekke	Chicago	Thresholds	Program Director	X				
George	Bridges	Elgin	2nd District Appellate Court of Illinois	Appellate Court Justice			X	X	
Corinne	Briscoe	Carlinville	Macoupin Greene Scott Probation District	Director	X	X	X	X	
Robert	Brothers	Vernon Hills	Juvenile Detention/ Probation Services 19th Judicial Circuit	Unit Manager, Juvenile Intake	X		X	X	
Daniel	Brown	Grayslake	Lake County State's Attorney	Assistant State's Attorney	X	X	X		
Stephen	Brown	Chicago	UI Health	Director, Preventive Emergency Medicine	X	X		X	X
Marlon	Brown	Springfield	SIU SOM	Medical Student	X				
Lorraine	Bruning	Crystal Lake	NAMI McHenry County	Recovery Support & Family Advocate		X			
James	Brunner	Chicago	Illinois Supreme Court	Senior Communications Specialist	X	X			X
Kristina	Bryant	Denver	National Center for State Courts	Consultant		X		X	
Matthew	Buck	Bridgeview	Circuit Court of Cook County	Regional Manager		X	X		
Brittany	Bulfer	Marion	Perry County Counseling	Therapist				X	
Kelsey	Burgess								X
Jeff	Burgner	Oswego	Oswego Police Department	Chief of Police	X		X		
Anne	Burke	Chicago	Supreme Court of Illinois	Chief Justice	X	X	X	X	X
Kathleen	Burke	Joliet	Will County Executive Office	Director Substance Use Initiatives	X	X		X	
Michael	Burke	Wheaton	Illinois Supreme Court	Justice	X	X			X

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Kenneth	Busch	Chicago	Illinois Psychiatric Society	Physician				X	
Amanda	Butler	Eldorado	Egyptian Health Department	Peer Wellness Coach			X	X	X
Ellen	Byron	Champaign	OSG	Attorney		X			
Deanna	Cada	DeKalb	DeKalb County Community Mental Health Board	Executive Director	X	X			
Sheryl	Calderon	Wheaton	DuPage County	Probation Officer		X			
Leigh	Calloway	Joliet	Illinois Department of Corrections	Psychologist III	X				
Lynn	Canfield	Urbana	Champaign County Mental Health Board	Executive Director				X	
Sang	Capone	Rockford	Summit Mental Health Member/Rosecrance	Corporate Compliance Officer			X		
Carlene	Cardosi	Rockford	Rosecrance	COO	X	X			
Sandra	Carleton	Roscoe	Congregation Ohave Sholom Sisterhood	None now; retired special education teacher/guidance cert.	X	X	X	X	
Joe	Carlson	Palos Heights	Palos Heights Police	Police	X	X	X	X	X
Jeni	Carmazino	Urbana	Cunningham Children's Home	HR Director				X	
Carrier	Carpenter								X
Kate	Carroll	Springfield	Sangamon County Probation	Adult Probation Officer			X	X	
Jen	Carron	Hillsboro	Montgomery County Probation Office	Pretrial Officer	X	X	X	X	
Jennifer	Casey-Stewart	East Hazel Crest	The South Suburban Council	Drug Court Liaison/Senior Assessment Counselor	X	X	X	X	
Russell	Caskey	Waukegan	Lake County State's Attorney's Office	Assistant State's Attorney	X				
Yolanda	Castro	New York City	Freelance	Spanish Interpreter	X				
Michelle	Cern	Denver	National Center for State Courts	Principal Court Management Consultant	X		X		

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Jill	Cerone-Marisie	Rolling Meadows	Circuit Court of Cook County	Presiding Judge of the Third Municipal District	X			X	
Jasmine	Chandy	Chicago	Rush University Medical Center	Program Coordinator/Social Worker		X			
Erica	Chapple	Rockford	Winnebago County	Adult Probation Officer	X				
Andrea	Chatman	Chicago	The Salvation Army	Director		X		X	
Melissa	Chavez	Evanston	Impact Behavioral Health Partners	Lead Employment Specialist	X	X			
Meghann	Cherie	Chicago	Cook County Sheriff's Office	Community Treatment Resource Specialist	X	X	X	X	
David	Cherry	Winchester	Seventh Judicial Circuit	Circuit Judge of Scott County	X	X	X	X	
Kelly	Childress	NEWTON	Jasper County Probation	Juvenile and Adult Probation Officer	X			X	
Perrin	Chris	Springfield	7th Judicial Circuit	Associate Circuit Judge	X				
Victoria	Chuffo	Yorkville	Kendall County Public Defender	Public Defender	X	X	X	X	
Michelle	Churchey-Mims	Springfield	Community Behavioral Healthcare Association of IL	Public Policy Advocate	X	X	X		
Rick	Ciganek	Rockford	Winnebago County Sheriff's Office	Chief Deputy		X			
Martin	Clancy	Deerfield	LCHD	Project Coordinator		X	X	X	
Rodney	Clark	Carthage	Circuit Court	Circuit Judge	X				
I.	Clay-Herron	Chicago	State of IL, County of Cook	Judge	X				
Gerald	Cleary	Glenview	State of Illinois	Judge	X				
Angela	Clendenen	Carrollton	Greene County Probation	Administrative Assistant	X				
Candice	Coers	Sterling	Probation	Probation Officer	X	X	X	X	X
Baylee	Cohlmeyer	Springfield	Sangamon County	Adult Probation Officer		X	X		
Emily	Cole	Chicago	Cook County State's Attorney's Office	Supervisor, Alternative Prosecutions	X		X	X	
Jennifer	Coleman	Chicago	CCSAO	Chief Deputy	X	X	X		X

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Sharon	Coleman	Chicago	Illinois Department of Human Services	Director of Forensic & Justice Services	X				
Ann	Collins	Oak Park	Cook County Judge	Circuit Court Judge	X				
Rachele	Conant	DeKalb	Kane County Public Defender	Public Defender	X	X			
Eric	Connor	Forest Park	Law Office of the Cook County Public Defender	Assistant Public Defender	X	X		X	X
Maureen	Connors	Chicago	Illinois Appellate Court	Justice	X				
Shoshanah	Conover	Chicago	Temple Sholom of Chicago	Senior Rabbi			X		
Gabriel	Conroe	Waukegan	Lake County Public Defender's Office	Principal Assistant Public Defender	X				
Danielle	Cox	Chicago	Friend Health	Behavioral Health Consultant		X	X		
Jenny	Crotchett	Belvidere	Boone County Probation	Drug Court Coordinator/Probation Officer	X	X	X	X	
Lizzi	Cummings	Chicago	Rush	Manager, Social Worker	X				
Robert	Dalby	Springfield	Sangamon County Probation	Probation Officer	X		X		
John	Dalton	Elgin	16th Circuit	Circuit Judge	X				
Amaris	Danak	Elgin	Office of the State Appellate Defender	Assistant Appellate Defender	X	X	X	X	X
Lia	Daniels	Naperville	IHA	Director, Health Policy		X		X	
Adrienne	Davis	South Holland	Office of the Chief Judge	Judge		X			
Carla	Davis	Chicago	Core Center	Corrections Navigator		X		X	
Kelly	Davis	Belvidere	Boone County Probation	Juvenile Probation Officer	X	X	X	X	
Mike	Davis	St. Charles	Kane County Court Services	Juvenile Justice Center Superintendent		X	X		
Taylor	Davis	Bloomington	McLean County Health Department	Behavioral Health Specialist		X			

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Terri	Davis	Chicago	The Women's Treatment Center	Deputy Director		X	X	X	
Matthew	Davison	Chicago	State of Illinois, IL Guardianship & Advocacy Commission	Staff Attorney / Technical Advisor II	X	X			
Celia	De Keyser	Evanston	Legal Council for Health Justice	Intern	X	X	X		
Eulalia	De La Rosa	Chicago	Cook County Circuit Court	Judge		X			
Melissa	Dean	Raymond	Illinois Courts	Administrative Assistant	X	X	X	X	X
Dan	Degnan	Chicago	Circuit Court of Illinois	Circuit Court Judge	X				
Autumn	DeKoster	Moline	RYC	LPC			X		
Daniel	Deneen	Bloomington	Law Office	Attorney	X				
Alisha	Denis	Chicago	Friend Health Center	Behavioral Health Consultant			X		
Israel	Desierto	Chicago	Circuit Court of Cook County	Associate Judge	X				
Skip	Dettman	Sterling	Lutheran Social Services of Illinois	Director	X	X	X	X	X
William	Dickenson	Kankakee	State of Illinois - 21st Judicial Circuit	Associate Judge	X				
Monica	DiOrio	Oak Park	Kenneth Young Center	Adult Protective Services	X				
Susan	Dobbs	Morris	Grundy County Probation	Supervisor	X				
Susan	Doig	Chicago	Trilogy	Chief Clinical Officer	X	X		X	X
Marlana	Dokken	Rockford	Region 1 Planning Council	Regional Grants Program Manager	X	X			
Patrick	Dombrowski	Chicago	Community Counseling Centers of Chicago	Senior Clinical Director	X	X			
Emma	Dorantes	Champaign	IGAC- Legal Advocacy Service	Staff Attorney	X	X	X	X	X
Heather	Dorsey	Springfield	Administrative Office of the IL Courts	Assistant Director, Court, Children and Families Division	X	X		X	

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Wendy	Drake	Chicago	Cook County Adult Probation	Supervisor		X	X	X	
Imani	Drew	Kankakee	21st Judicial Circuit	Associate Judge	X			X	
Mark	Driscoll	Urbana	CCMHB/DDB	Associate Director	X				
Shaun	Dumas	Springfield	Sangamon County Court Services	Probation Officer			X		
Susan	Dunn	Carlinville	Macoupin County Probation & Court Services	Probation Officer				X	
Mary	Dyar	Chicago	Illinois Criminal Justice Information Authority	Program Director, Adult Redeploy Illinois	X	X	X	X	X
Alex	E	Alton	Chestnut health Systems	Recovery Support Tec.		X			
Melissa	Eang	Chicago	TASC	Case Manager	X		X	X	X
Annette	Eckert	Belleville	Teen Court Administrator	Judge (ret)		X	X	X	
Lauren	Edidin	Northbrook	State of Illinois	Judge		X	X	X	X
Simone	Edwards	Chicago	Bobby E. Wright Comprehensive Behavioral Health Center, Inc.	CFO		X			X
Alice	Elliott	Yorkville	Kendall County Court Services	Director	X	X			
Carla	Elliott	Chicago	Thresholds	Implementation Specialist				X	
Kathy	Elliott	Momence	Kankakee	Circuit Judge			X	X	
Vanessa	Ellis	Chicago	Cook County Public Defender's Office	Assistant Public Defender	X	X	X	X	X
Pamela	Ely	St. Charles	Kane County Juvenile Justice Center	Program Manager	X				
Stephanie	Englund	Dixon	Sinnissippi Centers, Inc	Recovery Home Manager	X	X	X		
Mark	Epstein	Chicago	Epstein and Epstein	Attorney	X	X		X	X
Stephanie	Escobar	Waukegan	Lake County Health Department	Project Coordinator		X			

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Gloria	Evans	Chicago	AOIC	Administrative Assistant to Director, IL Judicial College	X	X	X		
Hannah	Ewing	Pekin	Tazewell County Probation	Probation Officer	X	X	X		
Liz	Eyre	St. Charles	Kane County Court Services	Probation Officer	X	X	X	X	X
Christy	Fansher	East Alton	Centerstone	Recovery Specialist	X				X
Emily	Fares	Chicago	Rush University	Student		X	X		
Karren	Farmer	Kankakee	Office of the Public Defender Kankakee County	Assistant Public Defender	X	X	X	X	X
Susan	Fayette Hutchinson	Woodstock	State of Illinois, Appellate Court	Appellate Court Judge		X		X	
Patrick	Finlon	Cary	Cary Police Department	Chief of Police	X				
Brian	Finney	Decatur	Macon County Public Defender's Office	Assistant Public Defender	X	X	X	X	
Cassandra	Firkins	Chicago	HAS	Program Administrator Mental Health	X	X	X	X	X
Lena	Fischer	St. Charles	Kane County Drug Rehabilitation Court	Drug Court Probation Officer	X	X	X	X	X
Alice	Fitzgerald	Lemont	River Valley Detention Center	Mental Health Therapist		X	X	X	
Eileen	Flaherty	Chicago	CCSAO	ASA	X	X	X		
Peggy	Flaherty	Chicago	Thresholds	Senior Vice President	X		X		
James	Flannery	Chicago	Circuit Court of Cook County	Judge		X			
Ellen	Flannigan	Chicago	Cook County	Circuit Judge	X	X	X		
Julie	Fleckenstein	Glenview	Glenview Police	Social Worker	X	X			X
Katrina	Flesvig	Elk Grove Village	Kenneth Young Center	Director of Outpatient Services	X				
Michael	Fletcher	Waukegan	Lake County Health Department	Assistant Director of Behavioral Health	X	X		X	
Douglas	Flint	Glendale Heights	Glendale Heights Police Department	Chief of Police	X	X	X	X	X

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Julie	Fojas	Chicago	Office of the Chief Judge, Circuit Court of Cook County	Project Coordinator		X		X	
Becky	Foley	Bloomington	Circuit Court of McLean County	Circuit Judge				X	
Jennifer	Forbes	Chicago	BEW	Consultant		X			
Jeffrey	Ford	Savoy	ILAPSC	Retired	X	X	X	X	
Anthony	Foster	Quincy	Adams County Probation	Adams County Director of Court Services	X	X	X		
Sarah	Franco	Aurora	A.I.D.	Case Manager QMHP	X		X	X	
Stephanie	Frank	Chicago	SUPR	Deputy Director	X		X	X	X
Jack	Frank	Peoria	North Central College	Student		X			
Valetta	Franks	Quincy	Adams County Probation Department	Chief Probation Officer	X	X		X	X
M	Fred								X
Sydnee	French	Sullivan	Moultrie County Probation	Probation Officer	X	X	X	X	
Evan	Freund	Chicago	Community Counseling Centers of Chicago (C4)	Chair, Board of Directors	X	X	X	X	X
Noy	Frial-Lopez	Skokie	Turning Point BHCC	Chief Clinical Officer	X	X			
Joel	Frieders	Chicago	Hope For The Day	Public Policy Director	X				
Fred	Friedman	Cicero	Renaissance Social Service	Advocate	X	X	X		
Karin	Frisk	Crystal Lake	MCMHB	Compliance Coordinator	X		X	X	
Jamie	Friye	Quincy	Adams County State's Attorney's Office	Assistant State's Attorney	X	X		X	
Hortensia	Fuentes	Elgin	Family Service Association of Greater Elgin	Police Social Worker				X	
Melissa	Galan	Woodstock	SEDOM	Learning Environment Coordinator	X	X		X	X
Jerome	Galang	Chicago	Administrative Office of the Illinois Courts	Assistant Director - Judicial Education	X		X		

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Amy	Gallano	Belvidere	Boone County Probation	Deputy Director	X	X	X		
Amanda	Gallegos	Chicago	Cook County Sheriff's Office	Executive Director of the Community Resource Center	X	X	X	X	
Laura	Garcia	Chicago	SUPR	Deputy Director of SUPR	X	X	X	X	X
Maricela	Garibay	Wheaton	DuPage County Probation	Legal Secretary	X				
Justice Rita	Garman	Danville	Illinois Supreme Court	Justice	X				
Steven	Garst	Paris	Judicial	Circuit Judge	X			X	
Dan	Gates	St. Charles	Kane County Court Services	Supervisor		X		X	X
Angela	Geisler	Charleston	HOPE of East Central Illinois	Child and Teen Advocate			X		
Jean	Geller	Rockford	Rockford School District #205	Retired Certified School Nurse (working part time)	X		X		
Lonette	George	Chicago	Law Office of the Cook County Public Defender	Mental Health Clinician		X			
Terry	Giardini	Caledonia	Winnebago County	Educator/Psychologist	X	X	X		
John	Gibbons	Rockford	17th Judicial Circuit	Associate Judge		X			
Brayton	Gibbs	Carlinville	Macoupin County Probation Office	Probation Officer	X	X	X	X	
Abbie	Gilleland	Springfield	Illinois Coalition Against Domestic Violence	Virtual Legal Clinic Associate		X			
James	Gingerich	Conway	State Courts Partnership	Director		X		X	
Jessica	Gingold	Chicago	Equip for Equality	Staff Attorney	X	X	X	X	
Teresa	Glaze	Chicago	Division of Mental Health	Statewide Chief of Social Work	X	X	X	X	X
Jody	Gleason	Yorkville	23rd Circuit Court	Circuit Judge	X				
Barbara	Goeben	Edwardsville	Legal Advocacy Service	Staff Attorney	X		X	X	X
David	Gomel	Rockford	Rosecrance Health Network	President	X				

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Victoria	Gomez	Normal	Tazewell County Probation	Intern	X	X	X		
Julissa	Gonzalez	St. Charles	Kane County Court Services	Program Coordinator	X	X	X		
Julie	Goodwicki								X
Kathy	Gordon	Vernon Hills	Lake County Public Defender's Office	Principal Assistant Public Defender	X				
Frank	Gorup	Yorkville	Kendall County State's Attorney's Office	Assistant State's Attorney	X	X		X	
Joy	Gosman	Waukegan	Lake County Public Defender	Public Defender	X	X	X		X
Amanda	Grace	Monmouth	Warren County Court Services	Juvenile Probation Officer		X	X		
Lorri	Grainawi	Arlington Heights	The Housing Task Force	Co-president		X			
Hanke	Gratteau	Chicago	Cook County Sheriff's Office	Director, Sheriff's Justice Institute	X				
Crystal	Gray	Bridgeview	Law Office of the Cook County Public Defender	Deputy of Suburban Operations	X	X	X		
Kyle	Grenfell	St. Charles	Kane County Court Services	Program Manager	X		X		
Crystal	Gresham	Chicago	Pilsen Wellness Center	Team Lead - Drop in Center	X				
Dora	Griffith	Newton	Jasper County Probation	Chief Managing Officer	X			X	
Meghan	Gripp	Springfield	Memorial Health System	Senior Associate General Counsel	X	X			
Raylene	Grischow	Springfield	Judge	Judge	X				
Carolyn	Grosboll	Springfield	Supreme Court Clerk's Office	Clerk of the Supreme Court	X	X			
Emily	Grunewald	Aurora	Association for Individual Development (AID)	Behavioral Health Case Manager	X				
Anita	Grzybek	Chicago	Haymarket	Addiction Specialist		X			
Samuel	Guardino	Chicago	Thresholds	Program Director	X				

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Peter	Gubbe	Chicago	TASC	Supervisor	X			X	
Jane	Gubser	Chicago	Cook County Sheriff's Office	Executive Director of Programs	X				
Nancy	Hablutzel	Chicago	Hablutzel and Associates	Attorney	X				
Kevin	Hagarty	Belleville	St. Clair County Probation	Probation Officer	X	X	X	X	X
Sherri	Hale	Bolingbrook	Office of the Will County Public Defender	Assistant Public Defender - Felony Division		X			
Christine	Haley	Chicago	Cook County Health	Director, Housing		X			
Stephanie	Hammer	Springfield	Sangamon County Public Defender's Office	Assistant Public Defender	X	X			
J.	Hanley	Rockford	Rock River Water Reclamation District	Legal Director	X				X
Damaris	Hanley	Kissimmee	Interpreter	Interpreter		X		X	
Erin	Hannigan	Rockford	Winnebago County Public Defender	Assistant Public Defender	X				
Justin	Hansen	Woodstock	22nd Judicial Circuit	Judge	X				
Lori	Hansen	Urbana	Champaign County Circuit Court	Court Administrator	X	X			
Laura	Hardwicke	Chicago	Lawndale Christian Legal Center	Holistic Staff Attorney	X	X	X		X
Allyson	Harris	Wheaton	Illinois Appellate Court	Law Clerk		X	X		
Erica	Harris	Algonquin	Home of the Sparrow	Shelter Manager			X		
Jessica	Harris	Springfield	Office of the State Appellate Defender	Assistant Appellate Defender	X				
Bonnie	Hassan	New Lenox	Trinity Services, Inc	Director of Outpatient Mental Health	X		X	X	
Katharine	Hatch	Lake Forest	Clark & Steiner	Attorney		X			
Michelle	Hawley	Yorkville	Kendall County Health & Human Services	Mental Health Assistant Director		X	X		
Kristen	Hayden	Rockford	Region 1 Planning Council	GRC Member		X			

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Elizabeth	Hayes	Bridgeview	Circuit Court of Cook County	Judge		X			
Cristina	Headley	Chicago	Equip for Equality	Staff Attorney		X	X		
Nancy	Heil	La Grange	Illinois Chapter, American Academy of Pediatrics	Pediatrician	X				
Esther	Hellman	Rockford	Retired	Retired		X	X		
Lisa	Hendrickson	Elk Grove Village	KYC	Director	X	X		X	X
Stephanie	Herink	Peoria	The Children's Home Association of Illinois	Clinical Vice President	X				
Allison	Hernandez	Edwardsville	Madison County Public Defender's Office	Client Advocate/Court Liaison	X	X	X		
Keiki	Hinami	Chicago	Cook County Health	Director of Applied Research, Center for Health Equity and Innovation	X				
Melvin	Hinton	Springfield	Illinois Department of Corrections	Chief of Mental Health	X	X	X	X	
Ross	Holberg	Chicago	Office of the State Appellate Defender, 1st Judicial District	Assistant Appellate Defender	X	X	X	X	X
Lisa	Holch	Yorkville	Kendall County Health Department	Director of Behavioral Health and Psychiatric Services	X			X	
Jason	Holcomb	Rockford	Region 1 Planning Council	Community Health Coordinator	X		X		
Janet	Holmgren	Rockford	17th Judicial Circuit Court	Circuit Judge		X	X		
Ashley	Holtschlag	Quincy	Transitions of Western IL	Homeless Youth Specialist		X	X	X	
Karen	Holtzberg, LCSW	Chicago	SSD	Probation Officer, Supervisor	X	X			
Grace	Hong Duffin	Elk Grove Village	Kenneth Young Center	President & CEO	X	X	X	X	X

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Jodi	Hoos	Peoria	Peoria County State's Attorney's Office	Peoria County State's Attorney	X				
Briana	Hornsby	Evanston	Impact Behavioral Health Partners	Mental Health Clinician	X	X	X	X	
Carol	Howard	Chicago	Cook County Circuit Court	Judge				X	
Eric	Howard	Des Moines	Iowa Judicial Branch	Statewide Problem-Solving Court Coordinator	X		X	X	
Christopher	Hubbard	Sycamore	DeKalb County Probation	Adult High-Risk Probation Officer	X	X	X		
Clint	Hull	St. Charles	16th Circuit	Chief Judge			X		
Dan	Hunt	Springfield	AOIC	Assistant Director	X	X	X		X
Denise	Hunt	Chicago	Cook County Social Service Department	Caseworker				X	
Daphne	Hurley	Springfield	Admin Office of Ill Courts	Field Services Coordinator	X	X	X	X	X
Shalon	Hyde	Decatur	Macon County Mental Health Board	Specialty Courts Coordinator	X		X	X	
John	Idleburg	Waukegan	Office of the Sheriff, Lake County, Illinois	Sheriff	X			X	
Kelly	Ilaraza	Chicago	AOIC	PSC	X	X	X	X	X
Nicolas	Isais	Chicago	Cook County Probation	Probation Officer			X		
Marco	Jacome	Chicago	Healthcare Alternative Systems	CEO	X				X
Alka	Jain	Mount Vernon	SSM Health	Community Outreach Coordinator	X	X	X	X	
Melissa	Jajko	Chicago	The Chicago School Forensic Center	Clinical Psychologist		X			
Tom	Jakeway	Rockford	17th Circuit Court	Court Administrator		X			
Ashley	James	South Holland	NAMI	Ambassador Program Coordinator		X	X		
Michelle	James	Chicago	Oakton Community College	Professor of Psychology	X	X		X	
Cheryl	Jansen	Springfield	Equip for Equality	Public Policy Director				X	

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Debbie	Jarvis	Rockford	17th Judicial Circuit Court	Director	X	X			
Wilnise	Jasmin	Chicago	CDPH	Medical Director of Behavioral Health	X				
Lionel	Jean-Baptiste	Evanston	Personal	Circuit Judge		X	X		
Zorana	Jeffries	Joliet	River Valley Justice Center	Psychologist	X	X	X	X	
Kenya	Jenkins-Wright	Chicago	Illinois Guardianship and Advocacy Commission	General Counsel	X				
Melissa	Jennings	Springfield	Illinois Department of Corrections	Special Litigation Counsel	X	X	X	X	
James	Jensen	Yorkville	Yorkville Police Department	Chief of Police	X		X		
Jennifer	Johnson	Woodstock	22nd Judicial Circuit	Associate Judge	X				
Lynette	Johnson	Galesburg	Knox County Adult Probation	Adult Probation Officer	X	X	X	X	
Miranda	Johnson	Ottawa	LaSalle County	Adult Probation Officer	X		X		
Moira	Johnson	River Forest		Associate Judge	X				
Rashonda	Johnson	Chicago	PHIMC	Reentry Manager		X	X		
Ty	Johnson	Springfield	Court Services	Probation Officer			X		
Sam	Johnson-Maurello	Waukegan	Lake County Health Department	Director of Behavioral Health	X				X
Kisha	Jones	Chicago	Cook County Public Guardian's Office	Assistant Public Guardian	X		X	X	
Alyssa	Jones	Chicago	Meridian Health Plan	Children's Mental Health Coordinator	X				
Ann	Jorgensen	Wheaton	State of Illinois	Appellate Court Judge	X	X	X	X	X
Hannah	Jorgensen	Macomb	9th Judicial Circuit	Probation Officer				X	
Debi	Joy	St. Charles	Department of Juvenile Justice	Substance Use Prevention and Recovery Manager	X	X			
Matthew	Jura	Harvard	Prairie State Legal Services	Staff Attorney				X	

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Jim	Kaitschuk	Springfield	Illinois Sheriffs' Association	Executive Director	X	X	X		
Katelyn	Kalck	Chicago	NAMI	Living Room Manager				X	
Julie	Kane	Mount Prospect	Village of Mount Prospect	Director of Human Services	X				
Robin	Karpinski	Chicago	Supreme Court of Illinois	Judicial Secretary	X				
Michael	Kartsounis	Joliet	Will County Public Defender	Assistant Public Defender	X				
Crystal	Kasdin	Skokie	CCSAO	ASA			X	X	
Holly	Kassube	Springfield	AOIC	Interstate Compact Manager	X	X	X		
Adam	Katz	St. Charles	Kane County State's Attorney's Office	Assistant State's Attorney	X	X	X	X	
Sarah	Kaufman	Chicago	Cook County State's Attorney's Office	Assistant State's Attorney	X				
Norma	Kauzlarich	Moline	14th Judicial Circuit	Associate Judge		X		X	
Jasmine	Kaylor	Decatur	Heritage Behavioral Health	Program Manager of ISST		X			
James	Keating	Chicago	Cook County Juvenile Court	Probation Officer		X		X	
Rhonda	Keck	Vienna	DHS/DMH	MHRSS			X		
Tameron	Keeffe	Elgin	Family Service Association of Greater Elgin	Director of Crisis Services	X		X		
Vincent	Keenan	Bolingbrook	IL Academy of Family Physicians	CEO	X	X			
Susan	Keller	McHenry	Pioneer Center for Human Services	RHY/CCBYS/HY Coordinator			X		
Tatiana	Kelley	Springfield	SIU School of Medicine	Medical Research	X				
Jennifer	Kelly	Morrison	Whiteside County Public Defender's Office	Assistant Public Defender				X	

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Marianne	Kelly	Chicago	Cook County Sheriff's Office	Deputy Director	X				
Victoria	Kennison	Joliet	State of Illinois	Associate Judge	X				
Elisabeth	Kerr	Quincy	Transitions of Western Illinois	Mobile Crisis Response, Case Manager and MHJJ worker	X	X	X	X	
Celia	Kilpatrick	Chicago	Cook County Public Defender	Assistant Public Defender	X				
Anthony	Kim								X
Matt	Kindler	Rockford	Illinois Association of Problem-Solving Courts	Conference Coordinator				X	
Sabrina	Kinney	Melrose Park	Amita Health - Melrose Park	Mental Health Clinician	X		X	X	X
John	Kinsella	Bartlett	18th Judicial Circuit Court	Circuit Court Judge	X	X			
Danielle	Kirby	Chicago	IDHS	Director	X				
Maureen	Kirby	Wilmette	Circuit Court of Cook County IL	Circuit Judge		X		X	
Tony	Kirkman	Monticello	Piatt County Mental Health	Executive Director	X	X			X
Nicole	Kirstein	Bloomington	McLean County Triage Center	Triage Supervisor	X				
Rebekah	Kissel	Chicago	Legal Council for Health Justice	VISTA		X			
Alicia	Klimpke	St. Charles	Kane County Drug Rehabilitation Court	Coordinator	X	X	X	X	
Karen	Kloppe	Springfield	Illinois Department on Aging	Legal Assistance Developer	X	X	X	X	X
Christopher	Knoper	Evanston	Impact Behavioral Health Partners	Director of Participant Services	X				
Sgt.	Koker	Urbana	Urbana Police Department	Sergeant				X	
Jacqueline	Korn	Peoria	Hinshaw & Culbertson, LLP	Medical Malpractice Associate Attorney	X				

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Marmarie	Kostelny	St. Charles	16th Judicial Circuit, Kane County, IL	Associate Judge	X	X	X	X	
Meg	Krase	Carpentersville	Carpentersville Police Department	Social Service Coordinator	X	X	X	X	
Ann	Krasuski	Hines	Ill Guardianship & Advocacy Commission	Staff Attorney	X	X			X
Dorothy	Ksiazek	Chicago	AOIC	Administrative Assistant	X	X	X	X	
Joan	Kubalanza	Palos Heights	State of Illinois	Associate Judge	X	X			
Deena	Kuranda	Wheaton	DuPage County Probation	Senior Probation Officer	X	X	X	X	X
Gabriela	Lak	Rockford	Winnebago Co Probation	Probation officer	X				
Marita	Landreth	Bloomington	McLean County FUSE	RN Mental Health	X	X	X	X	X
Fausudeen	Lawal	Chicago	Bobby E. Wright CBHC	Director of Long-term Behavioral Health Programs	X				
Madelyn	Ledford	Wheeling	Impact Behavioral Health	Employment Specialist	X		X		
Greg	Lee	Chicago	Meridian Health	Director of Behavioral Health Programs	X				
Mary Gubbe	Lee	Rockford	Self Employed	Training Consultant	X	X		X	X
Jan	Leone	Moline	AOIC	Consultant	X	X	X	X	
Rebecca	Levin	Chicago	Cook County Sheriff's Office	Senior Advisor		X		X	X
Catherine	Lewis	Rockford	SwedishAmerican Hospital	EMS Applications Analyst	X	X		X	
Miquel	Lewis	Chicago	Cook County Juvenile Probation Department	Deputy Chief Probation Officer	X			X	X
Ronald	Lewis	Bloomington	McLean County Public Defender's Office	First Assistant Public Defender			X		
Cynthia	Li	Chicago	Public Health Institute of Metropolitan Chicago	Project Associate			X		

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Joan	Liautaud	Chicago	Heartland Alliance Health	Senior Director of Clinical Operations	X	X	X	X	
Lindsey	Liddicoatt	St. Charles	Kane County Court Services	Supervisor	X			X	
Andreas	Liewald	Chicago	Illinois Guardianship & Advocacy Commission	Staff Attorney with Legal Advocacy Service	X				
Clayton	Lindsey	Oregon	Fifteenth Judicial Circuit	Associate Circuit Judge			X	X	
Karleen	Lindsey	DeKalb	Safe Passage, Inc	Sexual Assault Case Manager			X		
Haley	Linstaedt	Bloomington	McLean County Government	Mental Health Triage Specialist	X				
Karen	Litscher Johnson	Chicago	MCLE Board of the Supreme Court of Illinois	Director		X			
Joan	Lodge	Rockford	Rosecrance	Administrator Adult Mental Health	X	X			X
Jade	Lopez	Chicago	Cook County Adult Probation	Probation Officer	X				
Salvatore	LoPiccolo Jr.	St. Charles	Sixteenth Judicial Circuit	Associate Judge	X				
Laura	Lord	Chicago	Cook County Public Defender's Office	Social Caseworker		X	X	X	
Stuart	Lubin	Chicago	Cook County	Circuit Judge	X	X	X	X	X
Rohan	Luhar	Chicago	Rush Medical College	Medical Student	X				
Dr. Dan	Lustig	Chicago	Haymarket Center	President & CEO	X				
Evan	Lyon	Chicago	Heartland Alliance Health	Chief Health Officer	X				
Cindy	Lytle	Carlinville	Macoupin County Probation	Probation Officer	X	X	X		
Meghan	M.	Huntley	AID	Victim and Outreach Services Case Manager	X				
John	Madonia	Springfield	Sangamon County Courts	Circuit Court Judge		X			
Lasma	Maher	Chicago	Above and Beyond Family Recovery Center	Compliance Officer	X				

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Susan	Maher	Flagstaff	Retired Physical Therapist	Retired Physical Therapist	X	X			
Donna	Maki	Waukegan	Lake County	Project Research Coordinator	X	X	X	X	X
Sharmila	Manak	Waukegan	Lake County Public Defender's Office	Chief of Felony Trial Division	X				
Sarah	Manning	Skokie	Cook County Public Defender	Assistant Public Defender	X				
Paul	Marchese	Wheaton	18th Judicial Circuit Court	Judge	X	X	X	X	
Kristen	Marino	Aurora	Telligen	Sr QIF			X		
Jill	Marisie	Rolling Meadows	Judiciary	Presiding Judge Third Municipal District		X		X	
Rocky	Marron	Paxton	Ford County Probation	Probation Officer		X			
Hon. Diann	Marsalek	Chicago	Circuit Court	Judge		X			X
Robert	Marsh	Marion	Self-employed & IL Assn. of Chiefs of Police	Licensed Clinical Psychologist & ILACP Off. Wellness Com.Chr.	X				
Sandra	Martell	Rockford	Winnebago County Health Department	Public Health Administrator		X			
Jennifer	Martin	Springfield	IDPH	Injury and Violence Prevention Project Manager	X	X	X		
Maritza	Martinez	Chicago	State of IL	Judge	X	X	X	X	
Esther	Martinez	Mount Prospect	Village of Mount Prospect	Social Worker	X				
Matthew	Maurer	Springfield	7th Judicial Circuit	Associate Judge	X	X			
Bernadette	May	Elgin	Family Service Association of Greater Elgin	Executive Director	X	X			
John	McAdams	Yorkville	Kendall County Problem Solving Courts	Problem Solving Courts Judge	X				
Kevin	McCall	Bloomington	McLean County Government	Mental Health Specialist	X			X	

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Jason	McDearmon	Morrison	Whiteside County Court Services	Unit Supervisor	X	X			
Amy	McFarland	Bloomington	11th Judicial Circuit	Judge	X				
Bernadine	McFarland	Wheaton	DuPage County	PSC Program Manager	X			X	
John	McGlathery	Springfield	Sangamon County Court services	Behavior Health Specialist	X			X	
Susan	McGlone	Weston	SMM	Personal Assistant	X	X	X	X	
Jennifer	McGowan-Tomke	Chicago	NAMI Chicago	Associate Director	X		X	X	
Arthur	McGriff	Chicago	Safer Foundation	Reentry Navigator		X			
Peter	McInerney	Chicago	Cook County Public Defender	Social Caseworker			X	X	X
Jonathan	McKay	Elk Grove Village	Kenneth Young Center	New Business Development Director	X				
Melinda	McKeague	Steger	Grand Prairie Services	Clinical Director	X			X	
Robert	McLaren	Wheaton	2nd District	App. Judge	X	X	X		
Thomas	McNamara	Rockford	City of Rockford	Mayor	X				
Kathy	McNeely-Johnson	Rockford	Legal Serenity, PC	Owner	X	X			X
Angela	Mecagni	Springfield	Illinois Department of Corrections	Public Service Administrator – Re-Entry Division	X		X		
Marcia	Meis	Chicago	Administrative Office of the Illinois Courts	Director	X	X	X	X	X
Patricia	Mendoza	Chicago	Cook County	Associate Judge	X	X	X	X	
Kristina	Menzel	Chicago	Cook County Public Defender's Office	Assistant Public Defender	X	X		X	
Moira	Mercure	Waukegan	Lake County Public Defender Office	Assistant Public Defender		X		X	
Kathleen	Mesich	Rock Island	14th Circuit	Circuit Judge		X		X	
Kristy	Metz	Springfield	Sangamon County Court Services	Adult Probation Officer			X		
Cheryl	Meyers	Effingham	Effingham County Probation	Director	X				

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Angela	Michalides	Chicago	Juvenile Court of Cook County	Juvenile Probation Officer			X	X	
Anthony	Mikels	Springfield	Sangamon County Court Services	Probation Officer	X		X		
Janice	Millea Antonio	Crestwood	NAMI	Peer				X	
Glen	Miller	Bannockburn	Family Enterprise Consulting, LLC	President		X			
Kate	Miller	Chicago	Legal Council for Health Justice	Senior Legal Advocate			X	X	
Michelle	Miller	Chicago	AOIC	Field Services Coordinator	X	X	X	X	
Mary	Minella	Chicago	Circuit Court of Cook County	Associate Judge	X	X	X	X	
Charlette	Mitchell-Brown	Chicago	UCAN	CYDS		X			
Eileen	Molloy Langdon	Carol Stream	Carol Stream Police Department	Police Social Worker	X	X			
Joseph	Monahan	Chicago	Monahan Law Group, LLC	Managing Partner		X	X	X	X
Wendy	Montgomery	Bloomington	McLean County FUSE Program	Accounting Specialist	X		X	X	
Michael	Moore	Yorkville	Kendall County Sheriff's Dept	Deputy Sheriff	X				
Melissa	Moore	Yorkville	Kendall County Problem Solving Courts	Problem Solving Courts Coordinator	X	X	X	X	
Terry	Moore	Springfield	Sangamon County Court Services Department	Assistant Director-Superintendent	X	X	X	X	
Twyla	Moore	Springfield	Sangamon County Probation and Court Services	Probation Officer			X		
Bryanna	Moore	Chicago	Legal Council for Health Justice	Homeless Outreach Project VISTA	X				
Gillian	Moore	DeKalb	Family Service Agency	Clinician		X			
Katie	Morgan	Rock island	Riccs	Probation officer	X	X			

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Daniel	Morse	Peoria	Peoria County Adult Probation	Probation Officer	X	X		X	X
Daniel	Mosher	Springfield	Sangamon County State's Attorney's Office	Assistant State's Attorney		X			
Cyrana	Mott	Chicago	AOIC	Director, Supreme Court of Illinois Judicial College	X	X		X	X
Meghan	Mumenthal	Huntley	AID	Victim and Outreach Services Case Manager	X	X	X		
Rocio	Murillo	Aurora	Kane County Court Services	Supervisor, Court Services	X		X		
Diana	Murillo	Joliet	Will County State's Attorney's Office	Clinical Case Manager		X	X		
John	Murphy	Carlinville	Macoupin County Probation	Probation Officer				X	X
Katie	Murphy	Chicago	Administrative Office of the Illinois Courts	Senior Attorney				X	
Christine	Myers	Pontiac	Livingston County Mental Health Board	Executive Director	X	X	X	X	
Emily	Mysel	Glencoe	Family Service of Glencoe	Senior Program Manager	X	X	X	X	
Deborah	Nall	Chicago	OSAD	Assistant Appellate Defender	X	X			
Daniel	Naranjo	Barrington	Cook County Public Defender	Asst. Public Defender	X				
Guadalupe	Narvaez	Chicago	UIC Center for Literacy	Bilingual Case Manager		X		X	
Karyn	Nelson	Mount Prospect	Village of Mount Prospect	Police Social Worker	X				
Andrea	Neumann	Wheaton	Public Defender's Office	Senior Assistant Public Defender	X				
Faythe	Newberry	Havana	University of Illinois - School of Social Work	Student Intern under Angie Mecagni	X	X		X	
Frederick	Nitsch	Chicago	NAMI	Volunteer	X		X	X	X
Stacy	Nonn	Granite City	Chestnut Health Systems	Associate Director of Comprehensive Integration	X				X

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Madeleine	Norman	Chicago	Legal Council for Health Justice	Homeless Advocacy Specialist	X				
Ann	Nunez	Chicago	Cook County Social Service Department	Casework Officer	X	X	X	X	
Deborah	Nunez	Chicago	Chicagoland Fibromyalgia & Chronic Pain Organization	Founder/President				X	
Mary	O'Brien	Diamond	State of Illinois	Appellate Judge		X			
Michelle	O'Brien		NCSC	Consultant	X	X	X	X	X
Danielle	O'Connell	Joliet	Will County Adult Detention Facility	Corrections Mental Health Professional	X				
Ellis	O'Connor	Evanston	Kane County Diagnostic Center	Post-Doctoral Fellow	X				
Heather	O'Donnell	Chicago	Thresholds	Senior VP, Public Policy and Advocacy	X				
Sarah	Ogeto	Chicago	Center for Literacy at the University of Illinois at Chicago	Professional Learning Coordinator	X				
Sue	O'Halloran	Joliet	Will County Problem Solving Courts	Probation Officer		X	X		
Tony	Ohlhausen	Chicago	NAMI Chicago	Policy Manager			X		X
Susa	O'Neal	Springfield	Equip for Equality	Senior Attorney				X	
Erandi	Oregel	Chicago	Resilience	Children's Legal/Medical Advocate		X			
Michael	Ori	Waukegan	Lake County State's Attorneys' Office	Chief - Specialty Courts	X	X			
Sheila	Orr	Lombard	Riveredge Hospital	Chief Compliance Officer					
Tracy	Osimowicz	Hanover Park	Northern Illinois University College of Law	Student	X				
Christina	Overton	Rockford	Stepping Stones of Rockford	Director of Services				X	
Quincy	Owens	St. Charles	Kane County Court Services	Probation Officer	X	X	X	X	X

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
James	Pagano	Chicago	IDOC	Policy Advisor for Reform Initiatives	X				
Renae	Palmer	Kankakee	Kankakee County Probation	Adult Probation Officer		X			
Luciano	Panici	Chicago Heights	Circuit Court of Cook County	Associate Judge	X	X		X	
Jason	Pantier	Tuscola	Douglas County Probation	Chief Probation Officer	X	X		X	X
Jennifer	Parrack	Springfield	Illinois Department of Corrections	Re-Entry Administrator	X				
Lisa	Parsons	Chicago	Legal Council for Health Justice	Attorney, Project Director	X	X	X	X	X
Richard	Parsons	Rockford	Catholic Charities	Counseling Director	X	X		X	X
Scott	Patterson	Santa Fe	NM Administrative Office of the Courts	Statewide Behavioral Health Manager	X	X	X		
Tameka	Patterson	Chicago	UIC – Center for Literacy	Social Service Manager		X		X	
Rachel	Patting	Decatur	Heritage Behavioral Health Center	Community Support Specialist	X	X	X	X	
Monique	Patton	Chicago	Monahan Law Group, LLC	Attorney	X	X	X	X	
Nichole	Patton	Chicago	Circuit Court of Cook County	Circuit Court Judge	X	X	X	X	
Alfred	Paul	Chicago	State of Illinois Judiciary	Associate Judge		X			
Barbara	Paulson	Dekalb	Ben Gordon Center	Peer Support Specialist	X	X			
Martha	Pazdro	Chicago	Healthcare Alternative Systems, Inc.	Program Administrator	X				
Jennifer	Peacock	St Charles	Kane County Court Services	Specialty Courts Officer	X	X	X	X	X
Marian	Perkins	Chicago	Circuit Court of Cook County	Circuit Court Judge of Cook County	X				
Chris	Perrin	Springfield	7th Circuit	Associate Circuit Judge			X		
Nina	Persino	Mount Prospect	Village of Mount Prospect	Social Worker	X	X	X	X	X

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Sierra	Petersen	Chicago	NAMI Chicago	Training Coordinator			X		
Miranda	Petterson	Ottawa	LaSalle County	Adult Probation Officer		X			
Sofya	Peysakhovich	Chicago	Midwestern University	Student		X			
Mark	Pfister	Waukegan	Lake County Health Department and Community Health Center	Executive Director	X				
Karen	Pierce								X
Anita	Pindiur	Maywood	Way Back Inn	Executive Director	X				
Krisse	Pitchford	Carrollton	Greene/Scott Probation Department	Probation Officer	X				
Brooke	Plachno	Oregon	Ogle County Probation and Court Services	Adult Supervisor	X	X	X	X	
Carie	Poirier	Belvidere	Public Defender	Public Defender		X			
Victoria	Poklop	Des Plaines	Des Plaines	Police Counselor				X	
Bill	Potterbaum	Elgin	Wayside Center Elgin	Volunteer	X	X		X	
Cheryl	Potts	Chicago	The Kennedy Forum	Executive Director	X	X			X
Joan	Powell	Chicago	Illinois Courts	Circuit Judge	X	X	X		
Gretchen	Price	Rockford	Adult Probation	Probation Officer		X	X	X	
William	Puga	Joliet	IDOC	Chief of Psychiatry		X		X	
Kaycee	Pugsley	Decatur	Heritage Behavioral Health Center	Mental Health Juvenile Justice Coordinator	X		X		
Erica	Quensen-Diez	Joliet	Will County State's Attorney	Clinical Case Manager	X	X	X	X	
James	Radcliffe	Belleville	Adult Redeploy	Board Member	X				
Sarah	Raisch	Waukegan	Lake County Public Defender	Assistant Public Defender	X				
Cynthia	Ramirez	Chicago	Circuit Court of Cook County	Circuit Court Judge	X			X	
Carmen	Ramirez	Chicago	Department of Veterans Affairs	Veterans Justice Specialist	X	X			
Brian	Rapozo	Springfield	Sangamon County Probation Department	Senior Probation Officer	X				

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Meg	Rasmusson	Rockford	Winnebago County	Problem Solving Courts Division Assistant	X	X	X		X
John	Redington	Oregon	Fifteenth Circuit	Associate Judge				X	
Samantha	Reed	Chicago	Dentons/Equip for Equality	Staff Associate	X	X			
Charlotte	Reed	Rockford	Remedies Renewing Lives	Program Director of Behavioral Health	X	X	X		
Elizabeth	Reedy	Chicago	CCSAO	ASA		X		X	
Robert	Reffett	Rockford	Rockford Police Dept.	Asst. Deputy Chief of Investigations	X	X		X	
Jessica	Reichert	Chicago	Illinois Criminal Justice Information Authority	Acting Research Director		X	X		
Lee Ann	Reinert	Springfield	IL DHS/DMH	Deputy Director	X	X	X	X	
Burdett	Rice	Belleville	St. Clair County Probation	Drug Court Coordinator	X	X			
DeAnn	Richard	Springfield	Sangamon County Juvenile Center	Assistant Superintendent	X	X	X	X	X
Nicole	Richardson	Chicago	Thresholds	VP Clinical Operations		X			
Mike	Risinger	Peoria	Tenth Judicial Circuit	Circuit Judge	X	X			X
Angelica	Rivera	Lewistown	9th Judicial Court Services	Pretrial Probation Officer	X	X	X	X	
Nicolette	Rivera	Chicago	NA	Unemployed		X			
Angelica	Rivera	Lewistown	9th Judicial Court Services	Pretrial Probation Officer					
Elizabeth	Robb	Normal	Elizabeth A. Robb	Retired Circuit Judge		X			
Rachel	Roberts	Chicago	Legal Council for Health Justice	Children's Mental Health Advocate	X				
Charmaine	Robertson-Stoner	Decatur	Crossing Healthcare	Director of Behavioral Health Services		X	X		
Lauren	Robinson	Chicago	Northwestern	Assistant Professor of Psychiatry	X				
Elizabeth	Rochford	Waukegan	19th Judicial Circuit	Judge	X	X			
Mary	Rodgers	Springfield	Sangamon County State's Attorney	Assistant State's Attorney	X	X	X	X	

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Armando	Rodriguez	Yorkville	Court Services	Adult Drug/Mental Health Officer	X			X	X
Michael	Roman	St. Charles	Kane County Court Services	Supervisor	X		X	X	X
Lori	Roper	Chicago	Cook County Public Defender	Attorney Supervisor		X			
Hon. Diana	Rosario	Chicago	Cook County Circuit Court	Judge	X	X		X	
Rebeca	Rosario	Prospect Heights	PHPD	Victim Advocate		X	X		
Randy	Rosenbaum	Urbana	Circuit Court	Judge	X	X	X		
Tricia	Rossi	Hanover Park	Hanover Park Police Department	Police Social Worker	X	X	X	X	
Helen	Rozenberg	Waukegan	19th Judicial Circuit Court	Associate Circuit Court Judge	X	X			
Kristyna	Ryan	Oak Park	Circuit Court of Cook County	Judge	X	X			
Jasmine	Ryan	Decatur	Heritage Behavioral Health	Program Manager of the Intensive Support Services Team	X				
Jennifer	Ryterski	Springfield	AOIC	Data Manager, Probation Services	X	X	X	X	
Rashad	Saafir	Chicago	Bobby E. Wright Comprehensive Behavioral Health	President & CEO	X	X	X	X	
Heather	Saini	Northbrook	N/A	Mental Health Advocate				X	
Russell	Saley	Chicago	Administrative Office of the Illinois Courts	Field Services Coordinator	X	X	X	X	X
Stephanie	Saltouros	Skokie	Judiciary, State of Illinois	Judge	X				
Joseph	Salvi	Waukegan	19th Judicial Circuit	Circuit Judge				X	
Joel	Sanders	Urbana	Urbana Police	Lieutenant - CIT Coordinator	X				
Rebecca	Sanders	Danville	VA	Veterans Justice Outreach	X	X	X	X	

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Silvana	Santilli	Rolling Meadows	Law Office of the Cook County Public Defender	Assistant Public Defender		X	X		
Emily	Saylor	St. Charles	Kane County Court Services	Director	X	X	X	X	
Brian	Scanlon	Chicago	Cook County Public Defender's Office	Attorney	X				
Jodi	Scherer	Lawrenceville	Lawrence County Probation	Probation Officer			X		X
Susan	Scherer	River Forest	Illinois Psychiatric Society	President of Illinois Psychiatric Society		X			
Lia	Schillinger	Kankakee	Helen Wheeler Center	Assistant Director/ Clinical Director	X	X	X	X	
Stephanie	Schlegel	Chicago	Law Offices of the Cook County Public Defender	Assistant Public Defender	X			X	
Kristie	Schneller	Springfield	AOIC	CIP Coordinator	X	X	X	X	
Teri	Schoonover	Macomb	WIRC-CAA Victim Services	CDVP, Data Entry Specialist/Volunteer Coordinator		X			
Susan	Schroeder	Rockford	Stepping Stones of Rockford, Inc.	CEO	X			X	
Richard	Schwermer	Salt Lake City, UT	NCSC	Consultant	X	X			
Abronia	Scott	Chicago	Cook County - Juvenile Probation Department	Administrative Assistant			X		
Becky	Self	Woodstock	McHenry County Probation	EBP Supervisor		X	X		
Charles	Sellers	Manteno	Family Guidance Centers	Associate Vice President		X		X	
Tina	Serio	Chicago	Cook County State's Attorney's Office	Assistant State's Attorney	X	X	X	X	
Jake	Sexton	Carrollton	Greene County Probation	PO	X	X			
Rouhy	Shalabi	Orland Park	Cook County Courts	Judge	X	X	X	X	X

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Casey	Sharpe	Chicago	The Chicago School of Professional Psychology	Associate Professor	X	X			
Rucha	Shastri	Woodridge	Safer Foundation	Director of Clinical Operations			X		
Irene	Shaughnessy	Skokie	SAO	ASA	X	X		X	X
Tim	Sheehan	Chicago	HMA	Principal	X	X	X	X	X
Carol	Shegog-Parker	Bloomington	McLean County Public Defender	Case Manager	X	X		X	
Daine	Shelley	Chicago	State of Illinois	Judge	X				
Emily	Shelton	Matteson	Sertoma Centre	Community Services Coordinator	X				
Seth	Shenberg	Morris	Kane County Adult Justice Center	Mental Health Clinician	X	X	X	X	
Brian	Shipp	Springfield	Sangamon County Court Services Department	Adult Probation Department			X		
Donald	Shriver	Rockford	17th Judicial Circuit Court	Judge		X			
Tara	Sigrist	Collinsville	Centerstone	Mental Health Court Liaison	X	X			
Ani	Simonoff	King George	Language Services Associates	Over-the-phone Interpreter	X				
Jessica	Sisler	Wheaton	DuPage County State's Attorney's Office	Assistant State's Attorney for MICAP	X	X	X	X	
Taryn	Skeen	Kankakee	Riverside Healthcare	Hospital Contract Specialist/Paralegal	X				
Kaitlin	Skog	Chicago	Thresholds	Team Leader - High Utilizer Team - Homeless Outreach Program	X	X	X		X
Maura	Slattery Boyle	Chicago	State of Illinois	Honorable				X	
Jason	Slone	Chicago	AOIC	Field Coordinator		X	X	X	X
Lauren	Smith	Evanston	Impact Behavioral Health Partners	Clinical Program Manager	X	X	X	X	

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Cara	Smith	Chicago	Circuit Court	Judge	X	X	X	X	X
Amy	Smith	Decatur	Macon County Probation & Court Services	Supervisor	X	X		X	
Steve	Smith	Decatur	Heritage Behavioral Health Center	ISST Case Manager	X	X		X	
Marc	Smith								X
Marla	Smith	Centralia	SSM Health	Director	X				
Nicole	Sodawasser	Rock Island	The Center for Youth and Family Solutions	Program Supervisor	X				
Olivia	Soja	Chicago	Cook County Sheriff's Office	Project Manager	X				X
Irwin	Solganick	Chicago	State of Illinois Judiciary, Circuit Court of Cook County	Circuit Court Judge	X	X	X	X	X
Tanya	Sorrell	Chicago	Rush University Medical Center	Associate Professor	X		X		
Meryl	Sosa	Buffalo Grove	Illinois Psychiatric Society	Executive Director		X	X	X	X
Laurel	Spahn	Hines	Illinois Guardianship & Advocacy Commission	Attorney	X				X
Logan	Spicer	Melrose Park	Amita Health	Clinical Case Manager	X				
Samantha	Spooner	St. Charles	Adult Court Services-Kane County	Specialty Court Probation Officer	X	X	X	X	X
Megan	Spradling	Lacon	Marshall/Putnam/Stark Probation District	CPO		X		X	
Samantha	Springfloat	Glen Ellyn	Thresholds	Outreach Worker		X	X	X	
Craig	Stallings	Rockford	Rosecrance, Inc.	Regional VP of Operations	X	X		X	
Sarah	Stalter	Bloomington	Chestnut Health Systems	Recovery Support Specialist	X	X			
Jason	Stamps	Chicago	Illinois Department of Human Services	Senior Project Manager	X	X		X	X
Latajah	Stanton	Chicago	City Colleges	Student				X	
Heather	Starbuck	Lewistown	Court Services	Drug Court Officer	X		X	X	

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Jason	Steele	Springfield	AOIC	Field Services Manager	X	X	X	X	
Meredith	Stewart	Vandalia	Fayette County Probation	CMO	X	X		X	
Kayla	Stewart	Galesburg	Knox County Court Services	Probation Officer		X			
Jo Ann	Stingley	Elgin	Elgin Police Dept.	Social Services Supervisor		X	X	X	
Robert	Stockham	Springfield	Administrative Office of IL Courts	Field Services Coordinator	X	X	X	X	X
Christopher	Stohr	Urbana	GROW In Illinois	Coordinator	X	X			
Tammy	Stone	Springfield	Commerce and Economic Opportunity	Program Manager	X	X	X		
Deangelo	Stoner	Decatur	Macon County Probation	Probation Officer	X	X	X	X	
Wayne	Strawn II	Lacon	Marshall County Sheriff's Office	Sheriff	X				
Michael	Strom	Chicago	Michael Strom	Judge		X	X	X	X
Marilyn	Stromborg	Sycamore	DeKalb County Circuit Clerk	Legal Counsel			X		
Robbin	Stuckert	Sycamore	Judiciary	Circuit Judge	X				
Sharon	Sullivan	Arlington Heights	Circuit Court	Presiding Judge	X	X		X	X
Rohini	Sunder Raj	Aurora	NA	NA	X				
Jason	Sutton	Waukegan	LCHD	Program Coordinator			X	X	X
Patrick	Sweeney	Ottawa	13th Judicial Circuit Court	Director of Court Services	X	X	X		
Ann	Switzer	Belvidere	Boone County State's Attorney's Office	Assistant State's Attorney	X	X	X		
Jason	Tabb	Normal	McLean County Juvenile Detention Center	Superintendent				X	
Jesse	Tejeda	Chicago	Healthcare Alternative Systems	VP of Operations	X				
Corrie	Teresi	Skokie	Turning Point BHCC	Director of Crisis Services		X	X	X	

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Brenda	Terrell	Markham	Circuit Court of Cook County Social Service Dept.	Female DUI Officer			X		
Angie	Thinnes	Kankakee	Thresholds	Team Leader				X	
Jennifer	Thomason	Dixon	Sinnissippi Centers Inc	Director of Adult Services	X		X		
Kathy	Thompson	Des Moines	Judicial Branch of Iowa	Executive Director	X	X	X	X	
Courtney	Thompson	Chicago	Adult Probation Department	Probation Officer		X			
Roger	Thomson	Havana	Illinois - Eighth Judicial Circuit	Associate Judge	X				
Haley	Titus	Charleston	HOPE of ECI	Case Manager/Advocate			X		
Patti	Tobias	Golden	NCSC	Principal Court Consultant	X	X	X	X	X
Richard	Tognarelli	Edwardsville	Madison County Criminal Justice Center	Circuit Judge		X	X	X	
Michael	Toomin	Chicago	Circuit Court of Cook County, Illinois	Presiding Judge, Juvenile Justice Division	X	X			
Michael	Torchia	Springfield	Sangamon County Court Services	Director	X	X		X	X
Erica	Torres								X
Amelia	Trello	Springfield	Sangamon County	Adult Probation Officer		X	X	X	
April	Troemper	Carlinville	7th Judicial Circuit	Circuit Court Judge				X	
Heather	Turner	Mt Vernon	SSM Health	Director, Social Service & Palliative Care	X				
Penny	Turner	Eldorado	Egyptian Health Department	CCBHC Wellness Coach/Peer Support Specialist	X	X	X	X	
Diana	Uchiyama	Chicago	LAP	Executive Director	X	X	X	X	
Jenny	Ugalde	Mundelein	Mundelein Police Department	Social Worker	X	X	X		
Banee'	Ulrici	Hillsboro	Montgomery County Probation	CMO	X				
Kate	Unterfenger	McHenry	Home of the Sparrow	Shelter Staff			X	X	
Antoinette	Ursitti	Chicago	Chicago Police Department	Commander/CIT Program Coordinator	X				

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Nancy	Vaccaro	Northbrook	Northbrook Police Department	Director of Counseling Services	X	X	X		
Jill	Valbuena	Chicago	Thresholds	Program Director	X				
Rosie	Valencia	West Chicago	West Chicago Police Department	Social Services Unit Coordinator	X	X	X	X	
Leslie	Van Riper	Springfield	Sangamon County Problem Solving Court Coordinator	Problem Solving Court Coordinator	X				
Rena	Van Tine	Chicago	Cook County	Associate Judge	X		X		
Tamara	Vaughn-Walker	Belleville	St. Clair County State's Attorney's Office	Juvenile Justice Council Coordinator	X	X		X	
Anthony	Vega	Waukegan	Lake County Sheriff's Office	Chief of Staff		X			
Wendy	Venvertloh	Springfield	Administrative Office of the Illinois Courts	Pretrial Services Administrator	X		X		
Amanda	Vevers	Chicago	UI Health	Medical Social Consultant-Emergency Department Social Worker	X				
Mike	Vinopal	Chicago	Hope For The Day	Education Director		X			
Elizabeth	Vonau	Crystal Lake	KRV Legal, Inc.	Attorney	X	X	X	X	X
Steven	Wagner	Wheeling	Cook County Circuit Court	Associate Judge	X	X			X
Annie	Wagner	Chicago	Sertoma Centre	Occupational Therapist		X	X	X	
Christine	Walker	Winnetka	Chasing Hope Foundation	Founder & Executive Director	X			X	
Neera	Walsh	Chicago	Cook County Judiciary	Judge PSC	X				
Maureen	Ward Kirby	Wilmette	Circuit Court of Cook County IL	Circuit Judge	X				X
Samuel	Washington	Chicago	Adult Probation	Probation Officer	X				
Diane	Washington, MD	Chicago	Cook County Health	Executive Director Behavioral Health	X	X	X		
Johannah	Weber	Mount Vernon	Circuit Court	Circuit Judge	X	X	X	X	
Alexandra	Weidner	Waukegan	Lake County Health Department	Case Manager				X	

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Brittany	Weinreis	Elgin	Ecker Center for Behavioral Health	Case Manager/ Crisis Counselor	X	X			
Robert	Wells	Belleville	Pessin, Baird & Wells	Attorney	X	X	X	X	
Brittany	Wells	Chicago	Law Office of the Cook County Public Defender	Psychologist		X			
Jodi	Wesley	Robinson	2nd Circuit Judicial	Probation Officer	X	X			
Jodi	Wesley	Lawrenceville	Lawrence County Probation Dept	Probation Officer					
Philip	Wessel	St. Charles	Kane County Veterans Treatment Court	Court Coordinator			X	X	X
Jamie	West	Springfield	Sangamon County Court Services	Supervisor Adult Probation			X		
Joy	West	Chicago	The Links	Physician	X	X	X		
Milton	Wharton	Belleville	Illinois Appellate Court	Justice Appellate Court- Fifth District- State of Illinois	X				
John	Whitcomb	Chicago	Monahan Law Group	Partner	X	X	X	X	
Michelle	White	Reston	State Justice Institute	Senior Program Advisor	X	X	X		
Jacklyn	Wiesehan	Edwardsville	Madison County Probation and Court Services	Director	X				
Samantha	Willeford	Springfield	Administrative Office of the Illinois Courts	Court Operations Analyst II			X		
Brenda	Willett	St. Charles	Kane County Public Defender's Office	First Assistant Public Defender	X	X			
Michael	Williams	Urbana	Champaign County Probation & Court Services	Director	X	X	X	X	
Alyssa	Williams	Springfield	IDOC	Chief of Programs		X	X	X	
Arthur 'Wes'	Willis	Chicago	Cook County Circuit Court	Judge		X			
Joseph	Willuweit	Chicago	Monahan Law Group, LLC	Attorney	X				

APPENDIX A: SESSION ATTENDANCE

First Name	Last Name	City	Organization	Job Title	Session 1	Session 2	Session 3	Session 4	Session 5
Thaddeus	Wilson	Chicago	Circuit Court of Cook County	Judge		X			
Binah	Wing	Rockford	Temple Beth-El	Rabbi		X			
Diane	Winter	Waukegan	19th Judicial Circuit	Chief Judge	X				
Sheila	Winters	Tinley Park	Grand Prairie Services	VP Human Resources		X			
Ed	Wojcicki	Springfield	Illinois Association of Chiefs of Police	Executive Director	X		X		
Tara	Woodard	Danville	Vermilion County Probation	Probation Officer	X	X	X	X	X
Heather	Wooters	Shelbyville	AOIC	Field Services Coordinator	X	X	X	X	X
Katie	Wykoff	Edwardsville	Madison County State's Attorney's Office	Assistant State's Attorney			X		
Eun	Yoon	St. Charles	Kane County Public Defender's Office	Assistant Public Defender	X	X	X	X	X
Jeff	York	Wheaton	DuPage County Public Defender's Office	Chief Public Defender	X	X			
John	Young	Belvidere	17th Judicial Circuit	Assoc. Judge	X	X	X		
Danielle	Young	Springfield	Administrative Office of the Illinois Courts	Program Manager	X	X		X	X
Jennifer	Zakaras	Vernon Hills	19th Judicial Circuit - Juvenile Probation/De	PREA Coordinator				X	
Amanda	Zarobsky	Chicago	FBI	Victim Specialist	X	X		X	X
Stacy	Zawacki	LaSalle	The Perfectly Flawed Foundation	Peer Support Navigator	X		X	X	X
Kathryn	Zenoff	Rockford	Second District Appellate Court	Appellate Court Justice	X	X	X	X	X
Cecille		Chicago	Equip for Equality	Legal Secretary		X			

Appendix B: Agendas

Session 1



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Office of Lt. Governor
Juliana Stratton



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE

Learning Session I

Tuesday, September 29, 2020

3:00-5:00 pm

The 21st Century Crisis System: Strategies for Mental Health and Law Enforcement Collaboration to Prevent Justice Involvement

Welcome Chief Justice Anne Burke, Illinois Supreme Court

Welcome Grace Hou, Secretary, Illinois Department of Human Services

Speaker Dr. Margie Balfour, Chief of Quality and Clinical Innovation, Connections Health Solutions; Associate Professor of Psychiatry, University of Arizona

Dr. Margie Balfour will speak about the ideal crisis system including services, collaborations, and the use of data to drive decisions.



Dr. Margaret (Margie) Balfour is a psychiatrist and national leader in quality improvement and behavioral health crisis services. She is an Associate Professor of Psychiatry at the University of Arizona, and serves as the Chief of Quality and Clinical Innovation at Connections Health Solutions, which provides 24/7 access to mental health and substance use care throughout Arizona. Dr. Balfour was named the Doctor of the Year by the National Council for Behavioral Health for her work at the Crisis Response Center in Tucson, where she led an organizational change initiative that greatly improved the quality and timeliness of care,



NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Office of Lt. Governor
Juliana Stratton



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE

and she was the first civilian recipient of the Tucson Police Department's Medal of Honor for her efforts to help law enforcement better serve the mentally ill population.

Dr. Balfour frequently speaks and publishes on topics including outcome measurement, emergency psychiatry, and law enforcement responses to mental illness. She is a co-author of the book *People with Mental Illness in the Criminal Justice System: Answering a Cry for Help*. She serves on the board of directors for numerous organizations including the American Association of Community Psychiatrists, The American Association for Emergency Psychiatry, and NAMI Southern Arizona, and she is a member of the American Psychiatric Association Council on Quality of Care.

Prior to her work with Connections, Dr. Balfour directed the quality program for behavioral health at the public-safety net health system for Dallas, TX, with a special emphasis on emergency psychiatric services and integrated care models to address the behavioral health needs of patients throughout the health system. She also worked with ValueOptions to create a new program for the highest utilizers of behavioral health services in north Texas. She received her MD and PhD in Neuroscience from the University of Cincinnati and completed residency and fellowship in Public Psychiatry at the University of Texas Southwestern Medical Center in Dallas.

Moderator Dr. Lorrie Jones, President, Behavioral Health Innovations, LLC

Speaker Panel

Crisis Intervention Team Training

*Amy C. Watson, PhD, University of Wisconsin at Milwaukee,
President of the Board of Directors, CIT International*

Kurt Gawrisch, CIT, Chicago Police Department

Mobile Crisis Teams – Co-Responder Model

Geri Silic, LCSW, Park Ridge Police Department

Community Policing

*Marc Buslik, Cmdr. (Ret.), Chicago Police Department; Adjunct
Instructor, University of Illinois at Chicago*

Crisis Centers

*Nathan Whinnery MS, LCPC, LPHA, CADC, Director,
Rosecrance Mulberry Center*

Questions



NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

Session 2



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Learning Session 2

Tuesday, October 6, 2020

3:00-5:00 pm

Mental Health Diversions from the Justice System through Leadership, Collaboration, Building Momentum, and Moving Forward with Lessons Learned from the Pandemic

Welcome Illinois Appellate Court Justice Kathryn Zenoff, 2nd District

Welcome Kim McCullough, Deputy Director of Community Outreach, Department of Healthcare and Family Services

Speaker Judge Steven Leifman, Associate Administrative Judge, Eleventh Judicial Circuit of Florida (Miami-Dade)

It is estimated that more than two million arrests in the United States each year involve people with Serious Mental Illnesses (SMI) – half of which are homeless at the time of their arrest. As a result, untrained and unprepared stakeholders in the criminal justice system have been forced to navigate an increasingly scarce system of care for people with mental illnesses. Jails have become places where a disproportionate number of people with SMI spend significant amounts of time; their ties to the community severed, their treatment needs unmet, and their illnesses made worse. Judge Leifman will discuss his journey into the mental health system, the legal and medical history that led to America's mental health crisis and the essential elements necessary to create an effective system of care that ultimately will transform the mental health and criminal justice systems and make jail the last option for people with serious mental illnesses, not the first.



NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Office of Lt. Governor
Juliana Stratton



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE



Judge Steve Leifman is the Associate Administrative Judge of the Miami-Dade County Court – Criminal Division. From 2007 – 2010, Judge Leifman served as Special Advisor on Criminal Justice and Mental Health for the Supreme Court of Florida. From 2010 to 2018, Judge Leifman chaired the Florida Supreme Court's Task Force on Substance Abuse and Mental Health Issues in the Court. He currently chairs the Steering Committee on Problem Solving Courts for the Supreme Court of Florida and the Mental Health Committee for the Eleventh Judicial Circuit of Florida. In 2000, Judge Leifman established the Eleventh Judicial Circuit Criminal Mental Health Project, which aims to divert people with serious mental illnesses from the criminal justice system into treatment.

Judge Leifman is the co-chair of the American Bar Association Criminal Justice Mental Health Committee and co-chair of the Judges and Psychiatrists Leadership Initiative. He is also a Gubernatorial appointment to the Florida Statewide Task Force on Opioid Abuse and a member of The National Institute on Drug Addiction's (NIDA) Justice Community Opioid Innovation Network. Judge Leifman is a lifetime member of the Group for the Advancement of Psychiatry (GAP), a Lecturer in Psychiatry at Columbia University Vagelos College of Physicians and Surgeons and a Voluntary Assistant Professor of Psychiatry and Behavioral Sciences at the University of Miami School of Medicine and on the Board of Directors of the Corporation for Supportive Housing. More recently, Judge Leifman was appointed to serve on the Conference of Chief Justices and Conference of State Court Administrators National Judicial Task Force to Examine State Courts' Response to Mental Illness and the Interdepartmental Serious Mental Illness Coordinating Committee (SMICC) established by the 21st Century Cures Act.

In 2015, Judge Leifman received the William H. Rehnquist Award for Judicial Excellence. One of the nation's highest judicial honors presented by Chief Justice John G. Roberts Jr., the Rehnquist Award is presented annually to a state court judge who exemplifies judicial excellence, integrity, fairness, and professional ethics.

Judge Leifman is also the first recipient to receive the Florida Supreme Court Chief Justice Award for Judicial Excellence (2015). He was named by New Times as one of Miami-Dade's most interesting people of 2017 and a 2016 Governing Magazine Public Official of the Year. More recently, Judge Leifman was awarded the 2020 Dade County Bar Association (DCBA) David W. Dyer Professionalism Award, the most prestigious honor bestowed by the DCBA, the 2018 Pardes Humanitarian Prize in Mental Health, the 2019 Yale-NAMI Mental Health Advocacy Award, a 2019 Presidential Commendation by the American Psychiatric Association and the 2019 American College of Neuropsychopharmacology Public Service Award.



NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Office of Lt. Governor
Juliana Stratton



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE

Judge Leifman has been featured in many national and local television programs, radio programs, and articles regarding mental health and the criminal justice system. He has appeared as a guest on many Podcasts and has authored and published numerous articles and book chapters on mental illnesses and the criminal justice system. Judge Leifman is the subject of the Documentary, **The Definition of Insanity** which aired nationally on PBS on April 14, 2020.

The Definition of Insanity shows how one local judge's novel approach to solving the mental health crisis could be the model to tackle the much larger epidemic throughout America.

<https://www.pbs.org/video/the-definition-of-insanity-7egjih/>

Moderator Hon. Sharon Sullivan, Presiding Judge, Circuit Court of Cook County

Speaker Panel

Treatment – Dr. Rashad Saafir, President and CEO, Bobby E. Wright Center Comprehensive Behavioral Health Center and Co-Founder and Director of the Westside Community Triage and Wellness Center

Medicaid – Kim McCullough, Deputy Director of Community Outreach, Department of Healthcare and Family Services

Court – Hon. Janet Holmgren, Juvenile and Problem-Solving Courts Division, 17th Judicial Circuit Court

Probation – Hannah Ewing, MSW, Tazewell County Specialty Court Officer

Prison – Dr. Melvin Hinton, Chief of Mental Health Services, Illinois Department of Corrections

Legislature – Deb Conroy, Illinois State Representative, 46th District

Questions



NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

Session 3



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Office of Lt. Governor
Juliana Stratton



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE

Learning Session 3

Tuesday, October 13, 2020

3:00-5:00 pm

Learning from the Voices of Lived Experience: Informing Change

Welcome Illinois Lieutenant Governor Juliana Stratton

Welcome Rob Jeffreys, Acting Director, Illinois Department of Corrections

Speaker Dr. Debra Pinals, Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services; Director of the Program in Psychiatry, Law, and Ethics and Clinical Professor of Psychiatry, University of Michigan

Systems, Struggles, and Strategies: Opportunities at the Justice and Behavioral Health Interface

Dr. Debra Pinals will share information as it relates to mental illness and how we can improve systems for those we serve.

DEBRA A. PINALS, M.D. is the Medical Director of Behavioral Health and Forensic Programs for the Michigan Department of Health and Human Services and Director of the Program in Psychiatry, Law, & Ethics and Clinical Professor of Psychiatry at the University of Michigan Medical School and Clinical Adjunct Professor at the University of Michigan Law School. Dr. Pinals roles have included serving as the Assistant Commissioner of Forensic Services as well as the Interim State Medical Director for the Massachusetts Department of Mental Health. She has worked in outpatient, inpatient settings, forensic and correctional facilities, emergency rooms and court clinics, has received public service awards and has been an expert witness in many cases. She is Board Certified in Psychiatry, Forensic Psychiatry, and Addiction Medicine. During her career she has consulted on complex systems cases for people with mental illness, substance use disorder, and Intellectual and Developmental Disabilities who are receiving treatment or support in various places- such as in state hospitals, community and justice and forensic settings. She teaches and publishes extensively and has led and consulted on numerous federal grants



NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Office of Lt. Governor
Juliana Stratton



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE

including those related to opioids, juvenile justice, and behavioral health and justice partnerships. Recently she has been a lead subject matter expert on issues pertaining to competence to stand trial for the SAMHSA GAINS Center. She is a past President of the American Academy of Psychiatry and the Law, current Chair of the American Psychiatric Association Council on Psychiatry and the Law, and current Chair of the Medical Directors Division and past Chair of the Forensic Division for the National Association of State Mental Health Program Directors (NASMHPD).

Moderator Alexa James, MS, LCSW, Executive Director, NAMI Chicago

Speaker Panel

Olachi Etoh – Panelist

Frederick Nitsch – Panelist

Persons with lived experience with mental illness and the criminal justice system will share their stories including challenges with the systems and suggestions for improvement.

Questions



NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

Session 4



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Office of Lt. Governor
Juliana Stratton



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE

Learning Session 4

Tuesday, October 20, 2020

3:00-5:00 pm

How Mental Illness and Trauma Affect Quality of Life

Welcome Senator Sara Feigenholtz, Illinois 6th District

Welcome Heidi Mueller, Director, Illinois Department of Juvenile Justice

Speaker Patrick Kennedy, Former United States Representative, The Kennedy Forum Founder, One Mind Campaign Co-Founder

This year the world was confronted with a deadly and disruptive global pandemic. As the number of cases of COVID-19 increase, so do reports of anxiety, depression, and suicidal ideation among our communities. The mental health effects of COVID-19 and racial inequity compound an already ever-present reality – not everyone has equal access to mental health care. As a world leader, our country needs to prioritize policy measures to address this. Congressman Kennedy will discuss how federal legislative and policy initiatives continue to evolve in ways that impact the delivery of mental health treatment in an equitable way.



During his time in Congress, Patrick J. Kennedy was the lead author of the groundbreaking Mental Health Parity and Addiction Equity Act (Federal Parity Law), which requires insurers to cover treatment



NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Office of Lt. Governor
Juliana Stratton



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE

for mental health and substance use disorders no more restrictively than treatment for illnesses of the body, such as diabetes and cancer. In 2013, he founded The Kennedy Forum, a nonprofit that unites advocates, business leaders, and government agencies to advance evidence-based practices, policies, and programming in mental health and addiction. In 2015, Kennedy co-authored the New York Times Bestseller, “A Common Struggle: A Personal Journey Through the Past and Future of Mental Illness and Addiction,” which details a bold plan for the future of mental health care in America. In 2017, he was appointed to the President’s Commission on Combating Drug Addiction and the Opioid Crisis.

Kennedy is also the founder of DontDenyMe.org, an educational campaign that empowers consumers and providers to understand parity rights and connects them to essential appeals guidance and resources; co-founder of One Mind, an organization that pushes for greater global investment in brain research; co-chair of Mental Health for US, a nonpartisan initiative designed to elevate mental health and addiction in policy conversations during the 2020 election cycle; and co-chair of the Action Alliance’s Mental Health & Suicide Prevention National Response to COVID-19.

Speaker

Dr. Sarah Vinson, Georgia Psychiatrist, Board Certified in Child and Adolescent, Adult, and Forensic Psychiatry

Dr. Vinson will address structural trauma, interpersonal trauma based on environment, social justice and mental health.



Dr. Sarah Y. Vinson is a triple board certified physician who specializes in adult, child & adolescent, and forensic psychiatry. In addition to maintaining an active clinic practice where she sees a socioeconomically diverse clientele, she is the founder of [Lorio Forensics](#), a multidisciplinary culturally and structurally informed forensic mental health consultation company. She has consulted on cases in



NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS’ RESPONSE TO MENTAL ILLNESS



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Office of Lt. Governor
Juliana Stratton



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE

over a dozen states and testified and been admitted as an expert in state, federal, criminal and family courts. Dr. Vinson graduated Summa Cum Laude from Florida A & M University. After graduating from medical school at the University of Florida with Research Honors and as an Inductee in the Chapman Humanism Honors Society, she completed her general psychiatry training at Cambridge Health Alliance/Harvard Medical School. While there, she also received specialized training in trauma through the Victims of Violence Program. She then returned to the South to complete fellowships in both child & adolescent and forensic psychiatry at Emory University School of Medicine, where she continues to serve as adjunct faculty.

Dr. Vinson is an Associate Clinical Professor of Psychiatry and Pediatrics at Morehouse School of Medicine, where she was the lead architect and is the Program Director for the Child Psychiatry Fellowship, the first and only at an HBCU medical school. She has been elected and/or appointed to national and statewide office by her professional peers and is on the board of both the American Association of Community Psychiatry and the Bazelon Center for Mental Health Law. She is also one of two National Psychiatric Advisors for the [Judges and Psychiatrists Leadership Initiative](#), a collaboration between the Council of State Governments and the American Psychiatric Association that designs and delivers trainings for Judges regarding mental health and criminal justice. Additionally, at the invitation of the Conference of Chief Justices (CCJ) and Conference of State Court Administrators (COSCA), she serves on the National Judicial Task Force to Examine State Courts' Response to Mental Illness. She is the co-editor of two texts, Social (In)Justice and Mental Health and Pediatric Mental Health for Primary Care Providers.

Moderator Michelle O'Brien, Principal Court Management Consultant, National Center for State Courts

Questions



NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

Session 5



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Office of Lt. Governor
Juliana Stratton



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE

Session 5

Tuesday, October 27, 2020

3:00-5:00 pm

Illinois' Path to Improving Court and Community Response to Persons with Mental Illness: Bringing the Community Together in One Voice and Common Mission

Welcome, Overview, and Instructions for Breakout Sessions

Marcia Meis, Director, Administrative Office of the Illinois Courts – 3:00 pm

Breakout Sessions for Action Planning – 3:15 pm

Breakout Sessions Report Back – 4:05

Michelle O'Brien, Principal Court Management Consultant, National Center for
State Courts

Call to Action – 4:45

Chief Justice Anne M. Burke, Illinois Supreme Court



NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

Additional Mental Health Task Force Session



REGISTRATION INFORMATION



Illinois Mental Health Task Force

Convened by Illinois Supreme Court Chief Justice Anne Burke

You are Invited to Attend

A Special Screening of the Newly Released Documentary

“The Definition of Insanity”

Tuesday, December 1, 2020

3:00-5:00 pm

It can be very difficult and heart-wrenching to see a loved one struggling with symptoms of mental illness. And often it can be hard to know how to best help and support your loved one. When a person is living with a serious mental illness, the whole family may be affected. Every individual is different and situations vary greatly. The person may have a specific diagnosis, or you may just have concerns about the way a person has been talking and behaving. This session will explore the struggles of persons with mental illness and their path from incarceration to recovery through a powerful film and a panel discussion focused on the family perspective.

Documentary – The Definition of Insanity

The Miami-Dade Criminal Mental Health Project comes to life in this documentary, following a team of dedicated public servants working through the Courts to support people with mental illness – as their court cases hang in the balance – on a path from incarceration to recovery.

Panel Discussion

Family members of persons with mental illness will share their stories and struggles with the justice system including issues with civil commitment and competency to stand trial.

The Panel will be lead by:

- Judith Harris Ornstein, President of the Matthew Harris Ornstein Memorial Foundation
- Norman Ornstein, Ph.D., Vice President of the Matthew Harris Ornstein Memorial Foundation

Registration Link

Major funding was provided by The Matthew Harris Ornstein Memorial Foundation Inc. Funding was also provided by The Achells & Bodman Foundation, Peacock Foundation, Inc., the Lynne & Andrew Redleaf Foundation, William and Flora Hewlett Foundation, The Robert P. and Arlene R. Kogod Family Foundation, Prospect Creek Foundation, Judy and Peter Blum Kovler Foundation, David & Laura Merage Foundation, Stanley and Margaret Jaffy, Pamela Harris, and by additional funders.



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE



Office of Lt. Governor
Juliana Stratton

NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

Appendix C: Resources

Session 1



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Session I

The 21st Century Crisis System: Strategies for Mental Health and Law Enforcement Collaboration to Prevent Justice Involvement

Tuesday, September 29, 2020 / 3:00 pm – 5:00 pm CT

Resources

- National Judicial [Task Force](#) to Examine State Courts' Response to Mental Illness
- National League of Cities, [Emergency Response and Crisis Stabilization](#)
- SAMHSA, [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#)
- SAMHSA, [Implementing Behavioral Health Crisis Care: A SAMHSA Best Practices Toolkit](#)
- National League of Cities, Policy Research, Inc., [Responding to Individuals in Behavioral Health Crisis via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers](#)
- CIT International, [Crisis Intervention Team Programs: A Best Practice Guide for Transforming Community Responses](#)
- Arnold Ventures, [Behavioral Health Crisis and Diversion from the Criminal Justice System: A Model for Effective Community Response](#)
- SAMHSA, [Criminal Justice Coordinating Council Members: Tips for Supporting the Local Behavioral Health Service Continuum](#)
- SAMHSA, [Crisis Response: Cops, Clinicians, or Both](#) (link coming)
- CSG, [Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who have Mental Health Needs](#)
- Council of State Government's Justice Center, [Behavioral Health Interventions: Moving from Individual Programs to a Systems Wide Strategy](#)
- Illinois Criminal Justice Information Authority, [Responding to Individuals Experiencing Mental Health Crisis: Police-Involved Programs](#)
- Illinois Criminal Justice Information Authority, [Law Enforcement Response to Mental Health Crisis Incidents: A Survey of Illinois Police and Sheriff's Departments](#)
- Illinois Criminal Justice Information Authority, [Mental Health Disorders and the Criminal Justice System: A Continuum of Evidence-Informed Practices](#)
- SAMHSA, [National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)
- National Conference of State Legislatures, [Police-Mental Health Collaboration](#)



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE



Office of Lt. Governor
Juliana Stratton

NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

Session 2



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Session 2

Mental Health Diversions from the Justice System through Leadership, Collaboration, and Building Momentum and Moving Forward with Lessons Learned from the Pandemic

Tuesday, October 6, 2020 / 3:00 pm – 5:00 pm CT

Resources

- National Judicial [Task Force](#) to Examine State Courts' Response to Mental Illness
- National Center for State Courts, [Leading Change: Improving the Court and Community's Response to Mental Health and Co-Occurring Disorders](#)
- Council of State Governments Justice Center, [Improving the Courts' Response to People with Mental Illnesses](#)
- Healio Psychiatry, [Continuity of Care Vital for Patients with Serious Mental Illness](#)
- Council of State Governments Justice Center, [Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy](#)
- Bazelon Center, [Diversion to What? Evidence-Based Mental Health Services that Prevent Needless Incarceration](#)
- Treatment Advocacy Center, [Implementing Assisted Outpatient Treatment: Essential Elements, Building Blocks and Tips for Maximizing Results](#)
- SAMHSA, [A Practical Guide to Psychiatric Advance Directives](#)
- National Center for State Courts, Supporting Vulnerable Populations: Civil Interventions and Diversion for People with Mental Illness (link coming)
- National Center for State Courts, [Assisted Outpatient Treatment \(AOT\) Community-Based Civil Commitment](#)
- National Center for State Courts, [Competence to Stand Trial Interim Report](#)
- Policy Research Associates, [Competence to Stand Trial: Opportunities for Diversion](#)
- National Center for State Courts, [Providing Court-Connected Behavioral Health Services During the Pandemic: Remote Technology Solutions](#)
- The Council of State Governments Justice Center, [Improving Responses to People with Mental Illness at the Pretrial Stage](#)
- [Face to Face, Connecting Policymakers to People Involved with the Correctional System](#)
- Judges Leadership Initiative, [Judges' Guide to Mental Illness in the Courtroom](#)
- National Conference of State Legislatures, [The Legislative Primer Series for Front End Justice: Mental Health](#)
- SAMHSA, [Essential Components of Trauma-Informed Judicial Practice](#)
- PBS Video, [The Definition of Insanity](#) shows how one local judge's novel approach to solving the mental health crisis could be the model to tackle the much larger epidemic throughout America. <https://www.pbs.org/video/the-definition-of-insanity-7egjih/>
- Eleventh Judicial Circuit Court Florida Criminal Mental Health [Project Description](#)



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE



Office of Lt. Governor
Juliana Stratton

NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

Session 3



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Session 3

Learning from the Voices of Lived Experience: Informing Change

Tuesday, October 13, 2020 / 3:00 pm – 5:00 pm CT

Resources

- National Judicial [Task Force](#) to Examine State Courts' Response to Mental Illness
- National Institute of Mental Health, [Help for Mental Illnesses](#)
- Mental Health America, [Peers: Their Roles and The Research](#)
- Treatment Advocacy Center, [Family and Loved Ones](#)
- [National Alliance on Mental Illness](#)
- [NAMI Chicago](#)
- National Alliance on Mental Illness, NAMI [Family-to-Family](#)
- Arizona Courts, [AzCourtCare.org](#)
- The Journal of the American Academy of Psychiatry and the Law, [Forensic Services, Public Mental Health Policy, and Financing: Charting the Course Ahead](#)
- Judges and Psychiatrists Leadership Initiative, [Supporting People with Serious Mental Illnesses and Reducing Their Risk of Contact with the Criminal Justice System: A Primer for Psychiatrists](#)
- Judges and Psychiatrists Leadership Initiative, [Practical Considerations Related to Release and Sentencing for Defendants Who Have Behavioral Health Needs: A Judicial Bench Card](#)
- Judges and Psychiatrists Leadership Initiative, [Practical Considerations Related to Release and Sentencing for Defendants Who Have Behavioral Health Needs: A Judicial Guide](#)
- SAMHSA's [Working Definition of Recovery: 10 Guiding Principles of Recovery](#)
- The GAINS Center, [Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions](#)
- National Association of State Mental Health Program Directors, [Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care](#)
- [Illinois Helpline for Opioids and Other Substances](#)
- Department of Health and Human Services, [When can I obtain treatment information about my loved one?](#)



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE



Office of Lt. Governor
Juliana Stratton

NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

Session 4



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Session 4

How Mental Illness and Trauma Affect Quality of Life

Tuesday October 20, 2020 3:00 pm – 5:00 pm CT

Resources

- National Judicial [Task Force](#) to Examine State Courts' Response to Mental Illness
- National Center for State Courts, [Trauma and Its Implication for Justice Systems](#)
- National Center for State Courts, [Addressing Court Workplace Mental Health and Well-being in Tense Times Webinar](#)



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE



Office of Lt. Governor
Juliana Stratton

NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

Session 5



Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope

A Series of Five Online Learning and Planning Sessions



Planning Session 5

Illinois Response to Improve the Court and Community Response to Those with Mental Illness: Bringing the Community Together in One Voice and Common Mission

Tuesday, October 27, 2020 / 3:00 pm – 5:00 pm CT

Resource

- National Judicial [Task Force](#) to Examine State Courts' Response to Mental Illness



SUPREME COURT OF ILLINOIS
JUDICIAL COLLEGE



Office of Lt. Governor
Juliana Stratton

NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

Appendix D: Illinois Mental Health Task Force Members

ILLINOIS MENTAL HEALTH TASK FORCE	
David Applegate	Director of State Policy, The Kennedy Forum Illinois
Brian Asbell	Peoria County Sheriff
Scott Block	President, Association of Community Mental Health Authorities of Illinois
Hon. Anne M. Burke	Supreme Court Chief Justice, First District
Dr. Sharon Coleman	Deputy Director of Forensic & Justice Services, DHS – Division of Mental Health
Michael Deschamps	Administrator of Infrastructure, Planning and Development, DHS/SUPR – Division of Substance Use Prevention and Recovery
Sara Feigenholtz	Illinois Senate, 6 th District
Sol A. Flores	Deputy Governor
Stephanie Frank LCSW	Deputy Director of Planning, Performance Assessment and Federal Projects, DHS/SUPR – Division of Substance Use Prevention and Recovery
Kelly Gallivan-Illaraza	Director of Problem-Solving Courts, Cook County
Dr. Melvin Hinton	Chief of Mental Health Services, Illinois Department of Corrections
Dan Hunt	Assistant Director-Probation Services, Administrative Office of the Illinois Courts
Alexa James MS, LCSW	Executive Director, NAMI Chicago
Dr. Lorrie Jones	Vice President of Strategic Innovation and Behavioral Health, Next Level Health
Joan Lodge, LCSW/LPHA	Administrator Adult Mental Health Services, Rosecrance Ware Center
Jen McGowan-Tomke, MPH	Associate Director, NAMI Chicago
Marcia M. Meis	Director, Administrative Office of the Illinois Courts
Michelle O'Brien	Principal Court Management Consultant, National Center for State Courts
Cheryl Potts	Executive Director, Illinois, The Kennedy Forum
Quinn Rallins	Director, Justice, Equity, and Opportunity Initiative
Craig A. Stallings, M.S. Ed, LCPC, CADC	Senior Director, Rosecrance Inc.
Hon. Sharon M. Sullivan	Judge (Retired), Circuit Court of Cook County
Hon. Maureen Ward Kirby	Judge, Circuit Court of Cook County
Lizzy Whitehorn	First Assistant Deputy Governor
Danielle Young	Administrative Office of the Illinois Courts
Hon. Kathryn Zenoff	Illinois Appellate Court, Second District

Appendix E: Illinois Mental Health Task Force Priorities

2019 CCJ/COSCA Mid-West Region Summit

Improving the Court and Community Response to those with Mental Illness

October 23-25, 2019 | The Lodge at Deadwood | Deadwood, South Dakota

State Team Exercises

There will be three opportunities for your state team to meet during the Summit:

- Thursday, October 24 from 12:00 PM to 1:30 PM
- Thursday, October 24 from 3:30 PM to 4:30 PM
- Friday, October 25 from 9:00 AM to 10:00 AM

During these meetings, your team will identify priorities for improving the court and community response to those with mental illness in your state or territory and include strategies to address each priority. On Friday from 10:30 AM to 11:30 AM, your state team will make a three to five minute report on the priorities and strategies you selected for moving your improvement efforts forward.

Throughout the Summit, state teams are encouraged to consult with the many **speakers and subject matter experts** available. Contact Patti Tobias in person, by text 208.830.7661, or by email ptobias@ncsc.org to arrange that assistance.

The following is a suggested approach for the state team discussions:

1. **Table 1** provides an opportunity to review and discuss the statewide and community practices in your state or territory. Team members may vary in their knowledge regarding the practices, so the exercise provides an opportunity to share what you know collectively about each practice. In Column 1, assess how you are doing on the myriad practices highlighted throughout the Summit, whether on a statewide basis, in many or most communities or in one community. After a full discussion, begin to identify your state or territory priorities for improvement in Column 2. Each state team will likely identify two to four priorities for improvement.
2. Based on the answers to **Table 1**, each state team will begin to discuss potential challenges to reform, strategies for moving forward, possible timelines, and who will take the lead on each priority. Please also identify any resources or technical assistance (TA) needed. **Table 2** provides an opportunity for each state team to record its action steps for up to four priorities.



2019 CCJ/COSCA Mid-West Region Summit
 Improving the Court and Community Response to those with Mental Illness
 State Team Exercises
 Page 2

A few examples of possible strategies are included below as well as some possible opportunities to request assistance through the State Justice Institute (SJI) funded CCJ/COSCA national initiative for Improving the Justice System Response to Mental Illness. We also invite your identification of other assistance, resources and best practices that would be helpful to your states as you devise solutions to the complex challenges facing courts and communities responding to those with mental illness.

Possible Strategies (Both Statewide and by Community)

- (a) Review constitution, statutes, and rules for potential changes.
- (b) Appoint a two or three branch commission, committee, or task force.
- (c) Appoint a supreme court statewide study committee.
- (d) Plan a systemwide assessment of your state.
- (e) Identify the "high utilizers" in the community and develop strategies to address.
- (f) Designate a position(s) in the administrative office of the courts responsible for behavioral health reform efforts.
- (g) Update court or other management information systems to include behavioral health information.
- (h) Explore opportunities for data exchanges with other entities.
- (i) Pilot strategies to manage court cases involving those with mental illness to disposition more expeditiously.
- (j) Call a meeting(s) with specific experts and/or practitioners.
- (k) Study the use of "boundary spanners" who work across courts/agencies (i.e. law enforcement, jail, treatment, courts, etc.)
- (l) Develop a data collection and evaluation plan related to behavioral health improvement efforts.
- (m) Convene a statewide leadership summit.
- (n) Consider co-location and "one stop" opportunities to improve failure to appear.
- (o) Consider the use of video remote technology.
- (p) Identify model approaches from other states to address the practice priority.

Technical Assistance Opportunities (Training and Education)

- (a) Send a team(s) to a *Leading Change* workshop to strengthen court and community responses and facilitate change in your community in Lansing, Michigan, April 30-May 1, 2020. This workshop will be based on the newly adapted guide for improving responses, as well as the SIM model. Contact Patti Tobias for additional information.
- (b) Send a team to tour the Miami-Dade County facilities described by Judge Leifman and learn how to facilitate change in your community. Dates and fees to be announced.

Technical Assistance Opportunities (through the SJI Initiative, *Improving the Justice System Response to Mental Illness*)

- (a) Request assistance to plan a statewide summit.
- (b) Request assistance to plan a systemwide assessment of court and community responses.

2019 CCJ/COSCA Mid-West Region Summit
 Improving the Court and Community Response to those with Mental Illness
 State Team Exercises
 Page 3

- (c) Request assistance from a team of experts to assess possible strategies to move forward.
- (d) The Judges and Psychiatrist Leadership Initiative (JPLI) has offered to prioritize applications from mid-west states for its judicial training in order to support the CCJ/COSCA initiative. This training is co-taught by a judge and a psychiatrist to introduce judges in the criminal courts to mental illness in the criminal justice system and effective responses in individual cases and through judicial leadership. For more information, please contact Hallie Fader-Towe at hfader@csg.org.
- (e) Request assistance and speakers to meet with your statewide commission, task force or workgroup or to organize such a statewide effort.
- (f) Request that a workshop be conducted in your state to train judges and other court leaders to use the newly adapted judges guide to improve responses by community.
- (g) Request assistance to improve caseload management of mental health related calendars.
- (h) Other assistance-identify and recommend other resources.

We will take a snapshot of your team's Table 2 priorities to inform the work of the SJI national initiative and support state teams moving forward. Please also let us know if you have identified other assistance and resources that should be provided through the national initiative.

2019 CCJ/COSCA Mid-West Region Summit
 Improving the Court and Community Response to those with Mental Illness
 State Team Exercises
 Page 4

Table 1. Priorities for Reform

Statewide and Community by Community Practices	How are we doing? State-wide? County by county?	What are our priorities for improvements?
<ul style="list-style-type: none"> Statewide multi branch commission, committee, or task force focused on improving responses to those with mental illness 	<ul style="list-style-type: none"> Special Committee on Justice and Mental Health Court State PSC Standards and certification DHS 2010 Strategic Plan on Justice and Mental Health Illinois Mental Health Planning and Advisory Committee (DHS) – Result of a Consent Decree Kennedy Forum Illinois County Mental Health Boards Mental Health Board Association County continuum of care or homeless coalition (uses homeless management information system) 	<ul style="list-style-type: none"> Committee should be multi-branch Want statewide task force Want involvement of all three branches of government Supreme Court to convene/champion Identify stakeholders Need data collection Stepping Up Initiative Should we revisit the DHS 2010 Strategic Plan? Is there a way to get rid of the mental health and substance use disorder silos? Are there limitations to Medicaid that need to be addressed? Parity? Enforce Illinois Parity Law Is this going to be adult focused or include children? Review the “Making Illinois a Leader in Mental Health and Substance Use Treatment” recommendations Review Executive Order 9 (2019) – Executive Order Creating the Justice,

2019 CCJ/COSCA Mid-West Region Summit
 Improving the Court and Community Response to those with Mental Illness
 State Team Exercises
 Page 5

		Equity, and Opportunity Initiative
<ul style="list-style-type: none"> Statewide summit held 	No Summit	<ul style="list-style-type: none"> After developing task force look at rolling out initiatives through a statewide summit
<ul style="list-style-type: none"> Community by community strategies working with presiding judges and trial court administrators 	<ul style="list-style-type: none"> Judicial College – education for judges and trial court administration CJCC PSC Advisory Committees Outpatient fitness restoration MacArthur Foundation Safety and Justice Challenge Grant Civil Outpatient Commitment Recovery Oriented System of Care Communities – currently in 8 counties – primarily focused on substance use disorders 	<ul style="list-style-type: none"> Data Funding for PSC Recovery Oriented System of Care expand to mental health Expand CJCC statewide
<ul style="list-style-type: none"> Intercepts 0 and 1 – <i>Early Intervention, Deflection and Diversion: from the Public Health System to Intercept 0 (Community Services) and 1 (Law Enforcement)</i> Community supports and services Law enforcement alternatives Diversion Crisis services continuum Civil commitment procedures Assisted outpatient treatment 	<ul style="list-style-type: none"> Crisis Centers CIT training Suicide Prevention 	<ul style="list-style-type: none"> Jail Data Link Improve access to treatment – growing number and quality of treatment – look at increasing Medicaid rates – ensuring trauma-informed treatment Increase support housing, housing Strengthen and build services that divert people from criminal justice

2019 CCJ/COSCA Mid-West Region Summit
 Improving the Court and Community Response to those with Mental Illness
 State Team Exercises
 Page 6

		system – crisis centers, etc. • Figure out how to make CIT robust statewide • Mobile crisis teams
• Intercepts 2 through 5 – <i>After Arrest: From Intercept 2 (Initial Detention) to Intercept 5 (Community Corrections)</i> Initial detention/behavioral health assessments Pretrial release programs Competency determinations and restoration Mental health court calendars and dockets Problem solving courts Community based alternatives and treatment Reentry	• Problem-solving courts • Illinois Association of Problem-Solving Courts • Annual statewide PSC Conference	• Pretrial assessment – risk/need, mental health, and substance use disorders • Expand beyond PSC regarding mental health to all courts
• Partnerships with others (law enforcement, crisis services, mental health directors, community corrections, state hospitals, etc.) • Information sharing agreements (behavioral health, courts, law enforcement, community corrections, etc.) • Data collection/information technology	• Mental health awareness at colleges (DePaul)	• Data, data, data!!!! • Improved information technology system • Improve information sharing, develop agreements
• Others (<i>to be determined by the team</i>)		• Education regarding mental illness/health for all parties/communities - addressing stigma – mental illness, substance use disorders, trauma

2019 CCJ/COSCA Mid-West Region Summit
 Improving the Court and Community Response to those with Mental Illness
 State Team Exercises
 Page 7

State Illinois

Table 2. State Team Priorities and Plans

Priority	Potential Challenges to Reform	Strategies for Moving Forward, Timelines, Lead	Resources or Technical Assistance Needed
1. Bring stakeholders to the table and develop a task force	1. Figuring out what other agencies, branches of government are already doing 2. Differing philosophies – evidence based, priorities 3. Funding for task force to develop priorities	a. Identify stakeholders b. Identify other initiatives already in existence c. Develop relationships d. Listening sessions across the state and develop questions e. Set goals for task force – Improving the Court and Community Response to Mental Illness f. Set regular meetings for task force g. Develop priorities h. Action plan i. Develop timeline	1. Outside assistance with national agency 2. Write a grant to fund this project
2. Data development	1. Using HIPAA correctly to effectively share information 2. Getting information from hospitals 3. Dealing with silos 4. Currently very little data collection	a. What data do we collect? By whom? b. What agency is collecting what? c. What additional data do we need? d. What populations are we going to track? e. Partner with university f. What current data collection/evaluation is being done currently? g. Information sharing agreements h. Management information system identification	1. Money 2. IT expertise 3. Website 4. Centralized IT system

2019 CCJ/COSCA Mid-West Region Summit
 Improving the Court and Community Response to those with Mental Illness
 State Team Exercises
 Page 8

Priority	Potential Challenges to Reform	Strategies for Moving Forward, Timelines, Lead	Resources or Technical Assistance Needed
3. Statewide Summit	1. Funding 2. Logistically where to have summit 3. Who is going to develop and plan summit	a. Planning and execute b. Content of summit c. Goals and tasks to do in each community d. Follow up/accountability	1. Funding
4. This group to set next meeting and next steps		a. Chief Justice and AOIC to find possible dates for phone call b. Set date for phone call to develop next steps c. Each person at Mental Health Summit to identify potential list of stakeholders to discuss during the phone call – what skills sets, disciplines, agencies, specific people d. Develop a task list, timeline and budget for project – estimated 2 years plus additional years to implement specific priorities	1. Add a national partner/project manager



Appendix F: Session 5 Breakout Groups

Breakout Group 1

Participants: Christine Boyd, Amaris Danak, Karen Farmer, Evan Freund, Deena Kuranda, Joan Lodge, Hon. Martinez, Quincy Owens, Lisa Parsons, Cara Smith, Olivia Soja, Sharon Sullivan

Challenges Listed:

- Crisis response separate from police involvement/law enforcement. Re-conceptualize domestic disturbance calls as mental health crisis calls. Mostly mental health issues. More support for law enforcement – more options.
- Data sharing – to address patchwork of mental health resources available and too often crisis or in criminal justice system
- Criminal justice system needs better discharge planning
- Need more housing – and more warm handoffs and intensive community-based care and need data sharing
- By the time they get to us it's crisis, a lot more focus on preventative and intensive case management
- Better collaboration between mental health and substance use
- To enhance public perception and identification of mental health aspect of reporting crises with appropriate request for intervention by appropriate source – right now it's police and it needs to change
- Better collaboration – prison, systems unfamiliar with each other (probation/parole), need to work better together
- Access to mental health services – equal access – barriers due to Medicaid limitations and transportation, also need more housing
- True dual-diagnosis treatment
- Lack of financial resources – insufficient resources – how to pay for COBRA – how to continue healthcare coverage. More resources needed because of wait lists in necessary programs.
- Systems can be unforgiving, appreciate the cycles, non-linear progress of mental illness

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	PARTICIPANTS	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Who should be at the table? Is anyone already engaged in this action item/task? If so, who?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Crisis Response separate from police involvement/law enforcement. Re-conceptualize domestic disturbance calls as mental health crisis calls. Mostly mental health issues. More support for law enforcement – more options.	<ul style="list-style-type: none"> Convene experts and stakeholders to move efforts forward 	<ul style="list-style-type: none"> Convener to support and marshal efforts and resources around crisis response Better training for law enforcement 			

Breakout Group 2

Participants: Sandra Blake, Amanda Butler, Karen Farmer, Teresa Glaze, Mary Gubbe-Lee, Ross Holberg, Karen Kloppe, Susan Scherer, Irwin Solganick, Meryl Sosa, Robert Stockham, Eun Yoon, Danielle Young

Challenges Listed:

- Funding (patients and access to services)
- Communication and collaboration (getting the right people together to make a commitment)
- Insurance parity
- Identifying high risk individuals to get support to them sooner (link their loved ones and supporters as well)
- Public education about signs and symptoms and how disorders are treatable
- Stigma and suspicion
- Legal concerns with facilities and involuntary commitments
- Shortage of qualified practitioners, specifically child and adolescent services (inpatient and outpatient services)
- Lack of awareness of options other than hospitalization (community resources)

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	PARTICIPANTS	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Who should be at the table? Is anyone already engaged in this action item/task? If so, who?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Shortage of qualified practitioners, specifically child and adolescent services (inpatient and outpatient services)	<ul style="list-style-type: none"> Early identification through the use of schools and pediatricians Utilize DACA Assist program for early identification resources. Implement screening tools in schools and regularly administer (ACEs). Education for parents during school enrollment process (handouts, classes, etc.) Awareness campaigns about prevalence and how to address or seek help 	<ul style="list-style-type: none"> NAMI (National Alliance on Mental Illness) Illini Care –Insurance companies for wards of the state DCFS Juvenile Justice WIC Mental Health Providers Schools –ISBE, Superintendent, etc. Funding for governmental and private sources Media (for education and awareness) 	<ul style="list-style-type: none"> See previous column 	<ul style="list-style-type: none"> Stigma Money Political will (or lack thereof) Equity and inclusion 	<ul style="list-style-type: none"> SBE Governor Media Justice System (police to courts)

Breakout Group 3

Participants: Abigail Ascencio, Sheena Barragan, Susan Blechschmidt, Lena Fischer, Amanda Gallegos, Kelly Gallivan, Tony Kirkman, Donna Jo Maki, Daniel Morse, Kaitlin Skog, Penny Turner, Elizabeth Vonau

Challenges: To advocate and request a County Wide Crisis Response Team/Center to increase continuity of care without limitations (insurance, social economic status, substance use, criminal background, etc.)

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	PARTICIPANTS	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Who should be at the table? Is anyone already engaged in this action item/ task? If so, who?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
To advocate and request a County Wide Crisis Response Team/Center to increase continuity of care without limitations (insurance, social economic status, substance use, criminal background, etc.)	<ul style="list-style-type: none"> At least 1 recovery support specialist (peer support) at every ER At least 1 SW in the Police Department 	<ul style="list-style-type: none"> To get this plan going, we encourage Systemic Optimized Funding to address community needs as a system not as multiple agencies: Revisit the distribution of State funding and allocating it to a ONE-point entry, instead of having multiple agencies that do not communicate which lead disservice to the community. Change codes to be able to charge Medicaid and other private insurance as a service at initial contact, instead of waiting for reimbursement. Network with agencies/stakeholders that could benefit from this approach such as ERs, Police Dept, insurances etc. 	<ul style="list-style-type: none"> IL Hospital Association Governors State Senators and Representatives Houses of Worship-churches Larger Health Systems: Associations of Social Workers Sheriffs Police Command Staff Substance Use funders Homelessness Prevention Programs Community representatives (people with lived experience) NAMI 		

Breakout Group 4

Participants: Justice Amankwah, Liz Barnhart, Amanda Blecha, Juan Bacigalupi, Joe Carlson, Mark Epstein, Lena Fischer, Melissa Galan, Douglas Flint, Kevin Hagarty, Dan Hunt, Jason Stone, Tara Woodard

Challenges Listed:

- Community education/reducing stigma related to mental health disorders and substance use disorders
- For police – where to take individuals experiencing serious MH and/or SUD issues Would appreciate more inpatient or outpatient locations to take them to rather than police station/jail or ER. Session One – models offered were useful.
 - Discussion related to what police protocols are for where they may be taken
 - In Glendale Heights, NAMI's office opens a set number of hours and is approx. a 20-minute distance; a 24/7 staffed facility, such as the AZ model, would be ideal
 - Joe Carlson, Palos Heights officer – seconded AZ model's benefits. MH warrants/writs in AZ; IL has not yet discussed. Some structural changes have to be made at state level to assist police at local level.
 - Follow up/follow through for those discharged; obligation to community should come first
 - Lack of leadership at state-level on how police should handle interactions with individuals with MH and/or SUD. Funding/resources vary by village/city/county and how those governments choose to use the funds, i.e., hiring of social worker. No overall vision top-down on how to address, resulting in variations at local level.
- Enforcement of mental health parity laws
- Uninsured individuals
- When looking at state of Illinois, the availability of services varies; southern/central Illinois compared to City of Chicago/metro area. Police having to look far for MH services in more rural or underserved areas.
- Workforce shortage of MH professionals, including psychiatrists.
- Overall access to care

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	PARTICIPANTS	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Who should be at the table? Is anyone already engaged in this action item/task? If so, who?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Access to Care	<ul style="list-style-type: none"> Increasing access to telemedicine Enforcement of mental health parity laws Network adequacy Coverage issues with Medicaid managed care, such as lack of coverage for case management Reimbursement for physicians, non-physician providers, counselors, etc. Increasing number of providers Revising involuntary commitment and assisted outpatient commitment processes within the state 	<ul style="list-style-type: none"> MONEY Leadership from the state Psychiatrists, physicians, NPs, PAs, counselors, etc. Inpatient/outpatient services Public education Education for patients and their family members 	<ul style="list-style-type: none"> Police Court system/legal community Medical and provider communities Mental health community Consumer groups (i.e., NAMI) Service providers Insurers Medicaid 	<ul style="list-style-type: none"> Lack of coordinated effort/response Need to ensure structure is in place so if increased number of calls to 911, sufficient support is available and accessible 	<ul style="list-style-type: none"> Multi-faceted issue – state (legislature, governor, agencies), local police, courts, medical community, consumer organizations, etc. – all will play various roles. Bi-partisan Task force to look at all the different roles, set clear goals/standards, create action plan

Breakout Group 5

Participants: Stephen Brown, David Cherry, Eric Connor, Lauren Eddin, Simone Edwards, M. Fred Friedman, Marco Jacome, Rebecca Levin, Jason Pantier, Meg Rasmusson, Maureen Ward Kirby, Kathryn Zenoff

Challenges Listed:

- Need for supportive housing
- Siloed systems
- Lack of data & integrated systems
- Alignment of payment
- Variability of hospitals referring patients to mental health courts/leads to repetitive treat-and-release
- Rates of Adverse Childhood Experience (ACE) and trauma in communities
- Lack of trauma counseling for children
- Shortage of ACT community-based treatment

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	PARTICIPANTS	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Who should be at the table? Is anyone already engaged in this action item/task? If so, who?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Rates of Adverse Childhood Experience (ACE) and trauma in communities	<ul style="list-style-type: none"> ▪ ACE Screening in the public schools ▪ Trauma counseling in schools ▪ Funding for Behavioral Workforce Development 				<ul style="list-style-type: none"> ▪ The State needs to have a Mental Health Czar ▪ Need regional convening to bring together stakeholders

Breakout Group 6

Participants: Kavita Athanikar, James Allen, Skip Dettman, MaryAnn Dyar, Bonnie Hassan, Daphne Hurley, Jill Marisie, DeAnn Richard, Irene Shaughnessy, Michael Strom, Michael Torchia, Stacy Zawacki

Challenges Listed:

- Housing
- Payment/Insurance
- Lack of community education/understanding
- Clients with dual diagnoses
- Overall philosophy of the criminal justice system and the view of clients of the system based on their prior exposure
- Anxiety of disclosure for clients regarding their challenges/diagnoses
- Probation view of monitoring for compliance versus getting to the root of the underlying issues to help facilitate real change

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	PARTICIPANTS	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Who should be at the table? Is anyone already engaged in this action item/task? If so, who?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Lack of community education/ understanding	<ul style="list-style-type: none"> ▪ Utilize schools (access to parents, expanded education of students) ▪ Using a Trauma Informed model throughout, including courts and schools ▪ Using a team approach similar to those used in problem solving courts 	<ul style="list-style-type: none"> ▪ Funding ▪ Suitable training resources for various populations ▪ Who does the training? Mental health personnel vs. teachers trying to offer this ▪ Engagement by all parties to take a role in making these educational 	<ul style="list-style-type: none"> ▪ Judiciary/Probation ▪ Schools ▪ Mental Health service providers ▪ Substance use treatment centers ▪ Community groups that serve both youth and adults 	<ul style="list-style-type: none"> ▪ Engagement – getting all parties to the table ▪ Who takes the lead? ▪ Financial resources ▪ Generating community interest – how to market to get people to participate in these offerings 	<ul style="list-style-type: none"> ▪ Schools seem to be a common denominator that might best connect to all parties and draw in not just the needed engagement of resources/ referrals but provide the best access to an audience.

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	PARTICIPANTS	BARRIERS	RESPONSIBILITY
	<ul style="list-style-type: none"> ▪ Motivational Interviewing – teach these skills ▪ Emphasize need for life skills training in the community ▪ Universal pre-K/day care with focus on social skills and relationships instead of academics ▪ Diversion programs for low level or first-time offenders, both at the juvenile and adult level 	opportunities readily available to as many as possible			

Breakout Group 7

Participants: Juanita Archuleta, Jennifer Boston, Larry Bauer, Kelsey Burgess, Emma Dorantes, Stephanie Frank, Laura Hardwicke, Eric Howard, Marcia Meis, Rouhy Shalabi

Challenges Listed:

- System navigation – People don't know where to get services
 - Insurance issues – which facilities will accept their insurance?
 - Where to begin – families or friends may know that someone they care about is in crisis, what next?
- Continuity Issues of folks are receiving services while incarcerated, how to ensure they continue receiving services upon release?
- No holistic approach to assist folks with multiple needs
- Reimbursement rates
 - Mainly for Medicaid
- Crisis intervention services
 - Families often wonder, "Who do I call so that I don't have to call the police?"
- Perhaps a number they can call where a social worker will come to assist, help with planning
- Ways to assess duplication of services
- Housing
- Transportation
 - Difficult for individuals to access services due to lack of transportation-particularly for people in rural communities
- Crisis training
 - Including law enforcement
 - Issue: Training may only be voluntary or for only certain officers
 - All officers should receive this training

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	PARTICIPANTS	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Who should be at the table? Is anyone already engaged in this action item/task? If so, who?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
System Navigation	<ul style="list-style-type: none"> ▪ Peer navigators for people leaving the jail ▪ Case manager or someone with lived experience to assist individuals ▪ Requiring mental health providers provide local resources ▪ Collaborate with representatives from the insurance companies ▪ Mentoring program to help people navigate the system ▪ Help line ▪ Drop-in center ▪ This was implemented in another state, which was successful 	<ul style="list-style-type: none"> ▪ Partnership with private insurance ▪ Social workers, case managers ▪ Marketing raise public awareness/ education ▪ Champions/group of champions ▪ Real estate ▪ Support a county drop-in center in each county ▪ Money! 	<ul style="list-style-type: none"> ▪ Financial assistance, someone from banking ▪ Families and people with lived experiences ▪ Law enforcement ▪ Hospitals ▪ Higher education ▪ Community mental health/substance agencies already providing services ▪ Legislative bodies ▪ Private insurance/ FHS for Medicaid 	<ul style="list-style-type: none"> ▪ Money ▪ Buy-in from families, communities, politicians ▪ Stigma ▪ Social inequities ▪ Connecting with marginalized communities ▪ Individuals with criminal involvement ▪ Working with prosecutors for diversion 	<ul style="list-style-type: none"> ▪ Maybe courts ▪ Department of Health and Human Services because we are looking to extend to more than just people who are criminally involved ▪ Maybe a collaboration in the future!

Breakout Group 8

Participants: Joseph Birkett, Bruce Bonecutter, Sharon Coleman, Susan Doig, Joy Gossman, Marita Landreth, Stuart Lubin, Joseph Monahan, Michelle O'Brien, Cheryl Potts, Mike Risinger

Challenges Listed:

- No comprehensive statewide plan in diversion, pre-arrest, pre-trial, and re-entry
- Need leadership in the community. Someone who has a vision. Used to come from the Division of Mental Health
- Shortage of psychiatrists and psychologists. Long delays to get into care. Results in having to refer people to the ER to refill Rx and other non-emergencies. Health departments cannot meet need.
- "No wrong door"...but there has to be a coordinated community system in place that includes integrated teams with crisis intervention, social workers, peers, clinicians
- Overuse on the emergency response systems. Need diversion programs and then seamless access to services.
- Overreliance on the corrections systems for mental health and substance use care because there are not enough treatment beds or outpatient services available
- Lack of affordable housing
- We need education among probation staff and other court/justice staff
- People living with mental health and emotional disorders are more likely to be victimized

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	PARTICIPANTS	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Who should be at the table? Is anyone already engaged in this action item/task? If so, who?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
No comprehensive statewide plan in diversion, pre-arrest, pre-trial, and re-entry	<ul style="list-style-type: none"> Identify a centralized entity that can provide cross-sector leadership (corrections, judicial, child welfare, mental health, etc.) Make sure that the vision is evidence-based and data-informed Put the emphasis on diversion and pre-trial interventions, instead of going to jail Offer education and resources where they are needed to address social determinants of health (i.e., schools, food pantries, community centers) Model a re-entry program after the Colbert Decree for de-institutionalization 	<ul style="list-style-type: none"> Funding for a centralized “office” or an overhaul of the existing Division of Mental Health Identified leadership and point people in the individual sectors (like what Justices Burke and Zenoff are doing for judicial, but across all sectors) 	<ul style="list-style-type: none"> Alliance for Restorative Justice Legislative representatives (Senator Feigenholtz and Representative Conroy?) DCFS DMH Illinois School Board Department of Corrections 	<ul style="list-style-type: none"> Resources at the state level are scarce, including staff time Where should the “point person” or “centralized office” reside to ensure continuity and effectiveness? 	

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	PARTICIPANTS	BARRIERS	RESPONSIBILITY
	<ul style="list-style-type: none"> ▪ “Soothing Rooms” as opposed to “Take Down Rooms” 				
Shortage of psychiatrists and psychologists. Long delays to get into care.	<ul style="list-style-type: none"> ▪ Make permanent the telehealth executive order for Illinois to increase access for marginalized populations ▪ Need to increase emphasis on prevention programs, including first episode psychosis, school interventions (nurses and social workers) ▪ Expand loan repayment programs for all clinicians ▪ Increase collaborative care models of care ▪ Expand peer support into mental health care models ▪ Expand “Living Room” programs and effective diversion programs 	<ul style="list-style-type: none"> ▪ Technology for telehealth ▪ Legislation ▪ Funding ▪ Requirements for funding from health insurance plans, so the funding burden does not fall solely on the State or County 	<ul style="list-style-type: none"> ▪ McLean County - Triage center police referrals ▪ Chestnut Health Systems Crisis Stabilization Unit-Diversion/detox (not necessarily best practices, but an innovative model) ▪ 708 Boards ▪ Dr. Saafir and the West Side diversion program ▪ State Legislators – Mental Health Committee of the House? 	<ul style="list-style-type: none"> ▪ Funding and time scarcity ▪ Health insurance plans are powerful 	<ul style="list-style-type: none"> ▪ The Kennedy Forum ▪ Thresholds ▪ NAMI Illinois ▪ Alliance for Restorative Justice ▪ People who run the “Living Room” models of care

Breakout Group 9

Participants: Anne Burke, Judge Bates, Eileen Boulougouris, James Brunner, Sam Johnson-Maurello, Ann Jorgensen, Jennifer Peacock, Nina Persino, Russell Saley, Erica Torres

Challenges Listed:

- People without access, even those with insurance
- Insurance to cure mental/behavioral health issues
- 211 – non police to mental health crises
- How to provide coverage and co-insure (who pays what budget – state vs. county)
- Non-holistic approaches eliminated (e.g., combine substance use and mental health departments)
- Budget co-equal
- Unfit people re: standing trial wait to get into facilities – not enough resources
- More crisis centers – they are not accessible enough
- Concerning stigma/Criminal justice system is being worked on

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	PARTICIPANTS	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Who should be at the table? Is anyone already engaged in this action item/task? If so, who?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Insurance	<ul style="list-style-type: none"> ▪ Education so people know what insurance covers. ▪ Complaints to get on the back of insurance companies. ▪ Illinois Department of Insurance take to the 	<ul style="list-style-type: none"> ▪ Media/ social media 	<ul style="list-style-type: none"> ▪ Do not reinvent the wheel/Kennedy Forum (e.g., thresholds, Ins. Cos, IL Dept of I) ▪ Courts ▪ Counties ▪ Leadership "Task Force" 	<ul style="list-style-type: none"> ▪ \$ lack thereof 	

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	PARTICIPANTS	BARRIERS	RESPONSIBILITY
	media/other (social media)				
211	<ul style="list-style-type: none"> ▪ Lori Lightfoot approach 	<ul style="list-style-type: none"> ▪ Set up network 			
Non-holistic approaches eliminated	<ul style="list-style-type: none"> ▪ Holistic/Judge Jorgeson combine – no one solution 	<ul style="list-style-type: none"> ▪ Money and Innovation ▪ Co-equal branches 	<ul style="list-style-type: none"> ▪ Courts ▪ Counties 	<ul style="list-style-type: none"> ▪ “Federal mandates”/mental health and substance use treated separately in IL, other states do not 	<ul style="list-style-type: none"> ▪ Court convened task force ▪ National Center of State Courts ▪ Pay Michael
Unfit people re: standing trial wait to get into facilities-not enough resources	<ul style="list-style-type: none"> ▪ More beds at state facilities ▪ Agencies go to jail to begin treatment process earlier 	<ul style="list-style-type: none"> ▪ Agreement as to what the end game looks like – consensus 	<ul style="list-style-type: none"> ▪ Courts ▪ Counties 		
More crisis centers- they are not accessible enough	<ul style="list-style-type: none"> ▪ Thresholds ▪ Community outreach 				

Appendix G: Action Plans Developed from Session 5 Breakout Groups and Surveys

Access to Care

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Insurance	<ul style="list-style-type: none"> Education so people know what insurance covers. Complaints to get on the back of insurance companies. Illinois Department of Insurance take to the media/other (social media) 	<ul style="list-style-type: none"> Media/ social media 	<ul style="list-style-type: none"> Do not reinvent the wheel/Kennedy Forum (e.g., thresholds, Ins. Cos, IL Dept of I) <ul style="list-style-type: none"> Courts Counties Leadership "Task Force" 	<ul style="list-style-type: none"> \$ lack thereof 	<ul style="list-style-type: none">
System Navigation	<ul style="list-style-type: none"> Peer navigators for people leaving the jail Case manager or someone with lived experience to assist individuals Requiring mental health providers provide local resources Collaborate with representatives from 	<ul style="list-style-type: none"> Partnership with private insurance Social workers, case managers Marketing raise public awareness/ education Champions/group of champions Real estate 	<ul style="list-style-type: none"> Financial assistance, someone from banking Families and people with lived experiences Law enforcement Hospitals Higher education Community mental health/substance 	<ul style="list-style-type: none"> Money Buy-in from families, communities, politicians Stigma Social inequities Connecting with marginalized communities 	<ul style="list-style-type: none"> Maybe courts Department of Health and Human Services because we are looking to extend to more than just people who are criminally involved Maybe a collaboration in the future!

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
	the insurance companies <ul style="list-style-type: none"> ▪ Mentoring program to help people navigate the system ▪ Help line ▪ Drop-in center ▪ This was implemented in another state, which was successful 	<ul style="list-style-type: none"> ▪ Support a county drop-in center in each county ▪ Money! 	agencies already providing services <ul style="list-style-type: none"> ▪ Legislative bodies ▪ Private insurance/FHS for Medicaid 	<ul style="list-style-type: none"> ▪ Individuals with criminal involvement ▪ Working with prosecutors for diversion 	
Access to Care	<ul style="list-style-type: none"> ▪ Increasing access to telemedicine ▪ Enforcement of mental health parity laws ▪ Network adequacy ▪ Coverage issues with Medicaid managed care, such as lack of coverage for case management ▪ Reimbursement for physicians, non-physician providers, counselors, etc. ▪ Increasing number of providers ▪ Revising involuntary commitment and assisted outpatient commitment 	<ul style="list-style-type: none"> ▪ MONEY ▪ Leadership from the state ▪ Psychiatrists, physicians, NPs, PAs, counselors, etc. ▪ Inpatient/outpatient services ▪ Public education ▪ Education for patients and their family members 	<ul style="list-style-type: none"> ▪ Police ▪ Court system/legal community ▪ Medical and provider communities ▪ Mental health community ▪ Consumer groups (i.e., NAMI) ▪ Service providers ▪ Insurers ▪ Medicaid 	<ul style="list-style-type: none"> ▪ Lack of coordinated effort/response ▪ Need to ensure structure is in place so if increased number of calls to 911, sufficient support is available and accessible 	<ul style="list-style-type: none"> ▪ Multi-faceted issue – state (legislature, governor, agencies), local police, courts, medical community, consumer organizations, etc. – all will play various roles. ▪ Bi-partisan Task force to look at all the different roles, set clear goals/standards, create action plan

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
	processes within the state				
Addiction treatment access for people without private insurance	<ul style="list-style-type: none"> Collaboration between addiction medicine professionals and primary care providers, incentives for more hospitals to accept Medicaid and Medicare services, improved collaboration between addiction medicine care providers 	<ul style="list-style-type: none"> Training for providers, nurses, 	<ul style="list-style-type: none"> SAMHSA 	<ul style="list-style-type: none"> Stigma, issues with collaboration between counties, possible state laws that make it harder to share info? 	<ul style="list-style-type: none"> Some sort of collaboration between county agencies maybe?
Access and treatment	<ul style="list-style-type: none"> Telehealth and mobile app 	<ul style="list-style-type: none"> Connection and Telehealth cooperation 	<ul style="list-style-type: none"> Community searches 	<ul style="list-style-type: none"> Internet access and HIPPA 	<ul style="list-style-type: none"> DHS
Access to services for clients.	<ul style="list-style-type: none"> Funding (staff, facilities, appropriate technology, transportation, etc...) 	<ul style="list-style-type: none"> FUNDING \$\$\$ Access to qualified/licensed mental health professionals in rural settings. 	<ul style="list-style-type: none"> HFS & DHS 	<ul style="list-style-type: none"> Documentation regulations & Illinois appears to be broke. 	<ul style="list-style-type: none"> HFS & DHS (State) Stakeholders (County)"
Access to everyone regardless of income. Residential programs for mental health issues like there are residential program for substance use.	<ul style="list-style-type: none"> Increase funding for mental health treatment and access to treatment. 	<ul style="list-style-type: none"> Funding and agencies that are willing to provide additional programming. 	<ul style="list-style-type: none"> There are already organizations and hospitals in the community that perhaps with more funding can do more. 	<ul style="list-style-type: none"> Lack of money. 	<ul style="list-style-type: none"> Whoever can provide additional funding. Agencies that can provide residential programming.

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
Access to quality mental health care for all	<ul style="list-style-type: none"> Resources for funding to CMHCs to provide MH & BH to communities of color and marginalized communities that do not have this access. 	<ul style="list-style-type: none"> Dedicated funding Educated MH providers who are also trained in cultural competency Language accessibility as well as trauma. 	<ul style="list-style-type: none"> National trainings can be done for free or mandated for those working in communities of color or with justice involved population. 	<ul style="list-style-type: none"> Funds not being available for this purpose. Leaders in the legislator or in the community at large that don't see it as an issue. 	<ul style="list-style-type: none"> HFS with IDHS to help release funds to community mental health providers doing the work in the communities.
Access for low income, justice involved individuals that create integrated solutions	<ul style="list-style-type: none"> Case management staff available to help consumers navigate these complex systems 	<ul style="list-style-type: none"> Paid case managers and community behavioral health resources 	<ul style="list-style-type: none"> A funding stream must be identified at a rate that will be attractive for business development 	<ul style="list-style-type: none"> It requires an assumption in the prevention models, which typically mean upfront cost without short term results 	<ul style="list-style-type: none"> Governor's office, to stipulate that all state agencies will work together to create a true no wrong door system
Information and affordability	<ul style="list-style-type: none"> Providing information to all segments of the community 	<ul style="list-style-type: none"> Reallocation of existing funding 	<ul style="list-style-type: none"> Review what exists and inquire with legislators 	<ul style="list-style-type: none"> Funding 	<ul style="list-style-type: none"> Court system
Access to treatment for co-occurring within the community	<ul style="list-style-type: none"> Open up some of the substance abuse treatment models to include co-occurring mental health issues. 	<ul style="list-style-type: none"> Access to beds Access to treatment Real step-down programs 	<ul style="list-style-type: none"> I think we have some of this that could be repurposed from our current treatment options. 	<ul style="list-style-type: none"> Funding and unwillingness to adapt 	<ul style="list-style-type: none"> Mental health board in McHenry County with Substance Abuse Coalition partners
Access to forensic beds	<ul style="list-style-type: none"> Expansion of community-based restoration services; expansion of in-patient resources; expansion of family 	<ul style="list-style-type: none"> Adequate reimbursement for psychiatric care; medication; 	<ul style="list-style-type: none"> Telehealth; MH treatment providers 	<ul style="list-style-type: none"> FUNDING Lack of qualified providers of services Lack of cooperation from client with 	<ul style="list-style-type: none"> IDHS

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
	support and education resources	counselling; case management;		community-based services	
Access to services	<ul style="list-style-type: none"> ▪ Educating law enforcement on mental health issues and ensuring that there are social workers in ALL police departments in IL 	<ul style="list-style-type: none"> ▪ Grants, funding and time 	<ul style="list-style-type: none"> ▪ Understanding how other states/ communities are successfully providing access to resources and working harder to keep individuals living with mental health issues out of jail/prison. 	<ul style="list-style-type: none"> ▪ Educating the community on the importance of providing services and contributing financially to these services (where are taxes going, etc.) 	<ul style="list-style-type: none"> ▪ Social service agencies working with local government and state legislators to pass bills
Medication costs	<ul style="list-style-type: none"> ▪ Provide free medications 	<ul style="list-style-type: none"> ▪ Money 	<ul style="list-style-type: none"> ▪ No clue 	<ul style="list-style-type: none"> ▪ People don't care about the mentally ill 	<ul style="list-style-type: none"> ▪ State – DHS ▪ County – Health Department
Affordable health care	<ul style="list-style-type: none"> ▪ Healthcare should be made accessible and affordable to health care patients. 	<ul style="list-style-type: none"> ▪ Hospitals 	<ul style="list-style-type: none"> ▪ In the community 	<ul style="list-style-type: none"> ▪ Financial needs. 	<ul style="list-style-type: none"> ▪ BEW
Access to mental health treatment and resources for family	<ul style="list-style-type: none"> ▪ More funding and places for treatment in each county in the State of Illinois 	<ul style="list-style-type: none"> ▪ More funding 	<ul style="list-style-type: none"> ▪ Legislature/Federal Government 	<ul style="list-style-type: none"> ▪ State of Illinois budget problems 	<ul style="list-style-type: none"> ▪ County's Health Department and County's mental health board
Increase resources for uninsured/ underinsured	<ul style="list-style-type: none"> ▪ Work with existing agencies who provide mental health services to increase ability to serve these clients 	<ul style="list-style-type: none"> ▪ Grant money to offset the cost of providing services for uninsured/ underinsured 			<ul style="list-style-type: none"> ▪ Any community mental health center including Healthcare Alternative Systems
<ul style="list-style-type: none"> ▪ Insurance coverage – again requires a working definition of what is mental health treatment, so that everyone is on the same page as these issues are hashed out. Also, the state would have to lead by providing this kind of coverage to its state employees. 					

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
Access to quality care	<ul style="list-style-type: none"> Improve the opportunity for people to be treated in the community rather than in institutions; have triage centers to provide support and holistic interventions in the community with peer coaches and mental health professionals 	<ul style="list-style-type: none"> Funding, partners, trust, safe space, community 	<ul style="list-style-type: none"> Philanthropic and federal dollars 	<ul style="list-style-type: none"> Time to build the trust with the community and have outcomes for funders 	<ul style="list-style-type: none"> It needs to be a network of community-clinical linkages
Difficulty obtaining timely treatment		<ul style="list-style-type: none"> Additional professionals and an easier way to access supportive services 			
Being efficient about providing help. Once I enter an order of bona fide doubt someone unfit, it takes DHS several weeks/months to pick people up for treatment	<ul style="list-style-type: none"> More room in facilities for people with severe MH issues 	<ul style="list-style-type: none"> Money for facilities 	<ul style="list-style-type: none"> Grants? 	<ul style="list-style-type: none"> Funding for more facilities 	<ul style="list-style-type: none"> Governor
<ul style="list-style-type: none"> Accessing care. The intake process and required documentation for Medicaid and managed care usually take a few sessions to complete, and we lose people there. When clients request services, such as counseling, they want so to start utilizing services ASAP, not after three session of paperwork. It is very hard for some people to even get to the point where they readily admit they need help and seek it out. Individuals reaching out to seek help, in and of itself, is a huge step. Then, to make that step, and have to sit through approximately 2.5 sessions (three weeks) until the appropriate paperwork is done so that the client can actually begin the counseling process is a barrier to treatment. To compare, if I, having commercial insurance, would like to seek counseling services in a private practice, I can call and get an appointment and begin the counseling process much more quickly. 					

Accountability

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Misdemeanor Mental Health Court	<ul style="list-style-type: none"> Utilize strategies for DUI offenders and outpatient evaluation and treatment, but when mental health is a root cause. 	<ul style="list-style-type: none"> Court, and a provider to assist with outpatient treatment AND follow up 	<ul style="list-style-type: none"> Not sure 	<ul style="list-style-type: none"> Court system already stressed 	<ul style="list-style-type: none"> State's attorney
<ul style="list-style-type: none"> Misunderstanding that sometimes folks with MH issues DO indeed commit crimes and should be held accountable. AND receive treatment in jails/prison. 					

Awareness & Education

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Lack of community education/ understanding	<ul style="list-style-type: none"> Utilize schools (access to parents, expanded education of students) Using a Trauma Informed model throughout, including courts and schools Using a team approach similar to those used in problem solving courts Motivational Interviewing – teach these skills Emphasize need for life skills training in the community Universal pre-K/day care with focus on social skills and relationships instead of academics 	<ul style="list-style-type: none"> Funding Suitable training resources for various populations Who does the training? Mental health personnel vs. teachers trying to offer this Engagement by all parties to take a role in making these educational opportunities readily available to as many as possible 	<ul style="list-style-type: none"> Judiciary/Probation Schools Mental Health service providers Substance use treatment centers Community groups that serve both youth and adults 	<ul style="list-style-type: none"> Engagement – getting all parties to the table Who takes the lead? Financial resources Generating community interest – how to market to get people to participate in these offerings 	<ul style="list-style-type: none"> Schools seem to be a common denominator that might best connect to all parties and draw in not just the needed engagement of resources/ referrals but provide the best access to an audience.

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
	<ul style="list-style-type: none"> ▪ Diversion programs for low level or first-time offenders, both at the juvenile and adult level 				
Hospital emergency rooms and lack of understanding	<ul style="list-style-type: none"> ▪ Have emergency room staff trained in crisis intervention. 	<ul style="list-style-type: none"> ▪ Time for training and a trainer 	<ul style="list-style-type: none"> ▪ Through police departments and treatment agencies 	<ul style="list-style-type: none"> ▪ Funding 	<ul style="list-style-type: none"> ▪ Treatment agencies.
Public awareness of the needs	<ul style="list-style-type: none"> ▪ Ombudsmen 	<ul style="list-style-type: none"> ▪ Probably a lot 	<ul style="list-style-type: none"> ▪ See prior answers and need to establish priorities 	<ul style="list-style-type: none"> ▪ Politics and interest groups and fraternal order of police 	<ul style="list-style-type: none"> ▪ Don't know
Emergency rooms not equipped to handle psychiatric emergencies	<ul style="list-style-type: none"> ▪ Drop off psychiatric emergency facilities 	<ul style="list-style-type: none"> ▪ Building and staff 	<ul style="list-style-type: none"> ▪ Community support 		<ul style="list-style-type: none"> ▪ Medical providers/psychiatric providers
Public education about signs of mental illness and how disorders are treatable	<ul style="list-style-type: none"> ▪ Education 	<ul style="list-style-type: none"> ▪ Financial 		<ul style="list-style-type: none"> ▪ Lack of awareness, people don't care, government does not prioritize mental health issue compared to other social issues 	<ul style="list-style-type: none"> ▪ Schools, media, social media
Getting law enforcement and the public on board with mental health courts	<ul style="list-style-type: none"> ▪ Continued education. Incorporate them into the court process. Listen to them. Explain that mental 	<ul style="list-style-type: none"> ▪ Not sure 	<ul style="list-style-type: none"> ▪ Not sure 	<ul style="list-style-type: none"> ▪ Apathy. Stigma attached to the mentally ill. Ignorance in disguise as concern 	<ul style="list-style-type: none"> ▪ NCDA for state's attorneys. For local law enforcement, the local prosecutor.

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
	health courts are more effective than the middle ages technique of shackling the mentally ill to walls for years.			about protecting the safety of the public.	
Education about mental health issues	<ul style="list-style-type: none"> Continuing legal education 	<ul style="list-style-type: none"> Reallocation of existing funds and through the legislature 	<ul style="list-style-type: none"> State capital funds 	<ul style="list-style-type: none"> Lack of funds 	<ul style="list-style-type: none"> Court system and social services

Collaboration

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Non-holistic approaches eliminated	<ul style="list-style-type: none"> Holistic/Judge Jorgeson combine – no one solution 	<ul style="list-style-type: none"> Money and Innovation Co-equal branches 	<ul style="list-style-type: none"> Courts Counties 	<ul style="list-style-type: none"> "Federal mandates"/mental health and substance use treated separately in IL, other states do not 	<ul style="list-style-type: none"> Court convened task force National Center of State Courts Pay Michael
No comprehensive statewide plan in diversion, pre-arrest, pre-trial, and re-entry	<ul style="list-style-type: none"> Identify a centralized entity that can provide cross-sector leadership (corrections, judicial, child welfare, mental health, etc.) Make sure that the vision is evidence-based and data-informed Put the emphasis on diversion and pre-trial interventions, instead of going to jail Offer education and resources where they are needed to address social determinants of health (i.e., schools, 	<ul style="list-style-type: none"> Funding for a centralized "office" or an overhaul of the existing Division of Mental Health Identified leadership and point people in the individual sectors (like what Justices Burke and Zenoff are doing for judicial, but across all sectors) 	<ul style="list-style-type: none"> Alliance for Restorative Justice Legislative representatives (Senator Feigenholtz and Representative Conroy?) DCFS DMH Illinois School Board Department of Corrections 	<ul style="list-style-type: none"> Resources at the state level are scarce, including staff time Where should the "point person" or "centralized office" reside to ensure continuity and effectiveness? 	No comprehensive statewide plan in diversion, pre-arrest, pre-trial, and re-entry

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
	<p>food pantries, community centers)</p> <ul style="list-style-type: none"> Model a re-entry program after the Colbert Decree for de-institutionalization "Soothing Rooms" as opposed to "Take Down Rooms" 				
<p>Incredible fragmentation of Mental health care. I am part of a Mental Health Court but only in my supplemental reading did I learn that Illinois was one of 17 states that has a form of assisted outpatient treatment. I really don't know much about what a CIT does. I learned that from the seminar. Only when I invited myself to DuPage Nami did I learn what they do. There needs to be better education about the entire mental health continuum for all participants so we can work together and make use of each other</p>	<ul style="list-style-type: none"> A State of Illinois Mental Health Czar??? Ongoing training so that the different parts of the state and local mental health programs know, share and utilize each other? 	<ul style="list-style-type: none"> To address the fragmentation, continuing education and cross training to explain the mental health care continuum. 	<ul style="list-style-type: none"> Local hospitals have lots of money. They are always looking for an opportunity to give back. Approaching local hospitals to work in coordination with the Governor's Office and Local government might get Hospitals interested in funding this. 	<ul style="list-style-type: none"> Greed. Lack of understanding of the problem. Lack of "big picture" view of the mental health crisis. 	<ul style="list-style-type: none"> In Illinois, perhaps it needs to come from the treatment side because addressing the mental illness is the main goal. Perhaps local hospitals in cooperation with the governor's office can serve as hubs to work on fragmentation. each other?

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
as resources to better serve the community.					
Integration	<ul style="list-style-type: none"> ▪ Incentives for providers to integrate 	<ul style="list-style-type: none"> ▪ Funding from grants 	<ul style="list-style-type: none"> ▪ Grant funding 	<ul style="list-style-type: none"> ▪ Provider onboarding 	<ul style="list-style-type: none"> ▪ CMMI/ICAAP
Oversight and vision	<ul style="list-style-type: none"> ▪ Create a main body that county health departments work with 	<ul style="list-style-type: none"> ▪ Telehealth 		<ul style="list-style-type: none"> ▪ Red tape 	<ul style="list-style-type: none"> ▪ Illinois department of health?
Collaboration among the local community stakeholders and governmental agencies.	<ul style="list-style-type: none"> ▪ Forming councils. 	<ul style="list-style-type: none"> ▪ Legislation. Funding. 	<ul style="list-style-type: none"> ▪ Grant funding 	<ul style="list-style-type: none"> ▪ Financial state of state and local governments. Also, local services providers. 	<ul style="list-style-type: none"> ▪ Executive, Legislative, and Judiciary
Anticipating future needs	<ul style="list-style-type: none"> ▪ Telehealth coverage and expansion 	<ul style="list-style-type: none"> ▪ Community connections 			<ul style="list-style-type: none"> ▪ DHS
Bringing the necessary parties to the table willing to compromise and not just expecting everyone else to compromise. Again, why I think articulating the goal – the end game has to be the first issue.	<ul style="list-style-type: none"> ▪ Again, we need political will to move from discussing "the problem" to discussing "the solution" that so often comes from public opinion. Social media and life stories such as we saw in one of the programs [I forget which week that was]. 	<ul style="list-style-type: none"> ▪ I don't know 		<ul style="list-style-type: none"> ▪ It will not be an easy sell to any political entity to support this movement – it will cost money and will mean change that many groups will be very resistant to. Again, I go back to the courts to be the venue and moving force. 	<ul style="list-style-type: none"> ▪ I don't know which individual agency – perhaps the newly suggested combined mental health and substance use agencies – but they have to have substantial political support.
No statewide organized vision or plan	<ul style="list-style-type: none"> ▪ All stakeholders within the mental health realm need to come together on a realistic model policy 	<ul style="list-style-type: none"> ▪ Leaders with a vision who are not subject to special interest groups who develop a model and work 	<ul style="list-style-type: none"> ▪ Charitable donations, grants, taxation 	<ul style="list-style-type: none"> ▪ Too many people with their hand already in the cookie jar. No organized programming or 	<ul style="list-style-type: none"> ▪ Mental health professionals at the state level, local mental health

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
	that is sustainable throughout the state.	toward the goal of achieving the model. Revenue sources for funding, dedicated staffing.		sharing between public/private and nonprofit groups. All are fighting for the same pool of money.	auxiliary boards at the local level.
Centralized service that would link people to services and provide crisis intervention, avoiding jail/court time and use of emergency rooms.	<ul style="list-style-type: none"> More coordinated efforts between law enforcement, mental health providers, courts, and emergency rooms 	<ul style="list-style-type: none"> Central location and each entity provide x number of hours toward the effort 	<ul style="list-style-type: none"> This is where I stumble. COVID has removed any and all excess funds from most budgets 	<ul style="list-style-type: none"> Lack of point person/agency to coordinate efforts 	<ul style="list-style-type: none"> I would recommend a combination of agencies for a coordinated effort. Would need one central location and resources from all entities involved.

Continuum of Care

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Unfit people re: standing trial wait to get into facilities-not enough resources	<ul style="list-style-type: none"> More beds at state facilities Agencies go to jail to begin treatment process earlier 	<ul style="list-style-type: none"> Agreement as to what the end game looks like – consensus 	<ul style="list-style-type: none"> Courts Counties 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
211	<ul style="list-style-type: none"> Lori Lightfoot approach 	<ul style="list-style-type: none"> Set up network 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Shortage of psychiatrists and psychologists. Long delays to get into care.	<ul style="list-style-type: none"> Make permanent the telehealth executive order for Illinois to increase access for marginalized populations Need to increase emphasis on prevention programs, including first episode psychosis, school interventions (nurses and social workers) Expand loan repayment programs for all clinicians Increase collaborative care models of care 	<ul style="list-style-type: none"> Technology for telehealth Legislation Funding Requirements for funding from health insurance plans, so the funding burden does not fall solely on the State or County 	<ul style="list-style-type: none"> McLean County - Triage center police referrals Chestnut Health Systems Crisis Stabilization Unit- Diversion/detox (not necessarily best practices, but an innovative model) 708 Boards Dr. Saafir and the West Side diversion program State Legislators – Mental Health 	<ul style="list-style-type: none"> Funding and time scarcity Health insurance plans are powerful 	<ul style="list-style-type: none"> The Kennedy Forum Thresholds NAMI Illinois Alliance for Restorative Justice People who run the “Living Room” models of care

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
	<ul style="list-style-type: none"> Expand peer support into mental health care models Expand “Living Room” programs and effective diversion programs 		Committee of the House?		
Shortage of qualified practitioners, specifically child and adolescent services (inpatient and outpatient services)	<ul style="list-style-type: none"> Early identification through the use of schools and pediatricians Utilize DACA Assist program for early identification resources. Implement screening tools in schools and regularly administer (ACEs). Education for parents during school enrollment process (handouts, classes, etc.) Awareness campaigns about prevalence and how to address or seek help 	<ul style="list-style-type: none"> NAMI (National Alliance on Mental Illness) Illini Care –Insurance companies for wards of the state DCFS Juvenile Justice WIC Mental Health Providers Schools –ISBE, Superintendent, etc. Funding for governmental and private sources Media (for education and awareness) 	<ul style="list-style-type: none"> See previous column 	<ul style="list-style-type: none"> Stigma Money Political will (or lack thereof) Equity and inclusion 	<ul style="list-style-type: none"> SBE Governor Media Justice System (police to courts)
Open more community mental health centers	<ul style="list-style-type: none"> Put measures on the ballots for people to vote to allow tax money to be spent on mental health 	<ul style="list-style-type: none"> Funding 	<ul style="list-style-type: none"> See above (taxes set aside specifically for mental health) 		<ul style="list-style-type: none"> Healthcare Alternative Systems (HAS)

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
	services (like was done to open The Kedzie Center in Chicago)				
The lack of longer-term psychiatric care, medication assistance/reminders/outreach for folks who will not follow through with treatment	<ul style="list-style-type: none"> Funding 	<ul style="list-style-type: none"> Funding, staff change in agency services 	<ul style="list-style-type: none"> Grants? Communication with agencies, better state funding for programs 	<ul style="list-style-type: none"> Funding, connections between police departments and agencies not in the direct area covered by the PD 	<ul style="list-style-type: none"> Mental health agencies/ DHS
Lack of facilities for mental health treatment	<ul style="list-style-type: none"> Community based mental health treatment centers that are not with the hospital. 	<ul style="list-style-type: none"> Money 	<ul style="list-style-type: none"> ? 	<ul style="list-style-type: none"> Money 	<ul style="list-style-type: none"> Obviously, money is needed to support the local community based mental health center so probably the legislature
I feel that hospitals are being flooded with cases that may be better suited for a different level of care (obviously pending medical clearance and other factors)	<ul style="list-style-type: none"> Funding central receiving centers, a place that is lower level than a hospital, but higher level of care than a mental health service provider. 	<ul style="list-style-type: none"> Backing by the state and funding 	<ul style="list-style-type: none"> Grants, tax monies 	<ul style="list-style-type: none"> Uninsured individuals, funding, location, etc. 	<ul style="list-style-type: none"> County health departments in conjunction with local hospitals, law enforcement agencies, and other mental health service providers.
Lack of psychiatric resources for all clients/patients, but	<ul style="list-style-type: none"> Increase Medicaid reimbursement for psychiatric providers. 				

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
especially those on Medicaid					
Having comprehensive services available including medication access, treatment access, housing, etc.	<ul style="list-style-type: none"> Funded statewide agency 	<ul style="list-style-type: none"> Legislative involvement 		<ul style="list-style-type: none"> Money 	<ul style="list-style-type: none"> Task force to determine how best to organize existing services into a state plan
Availability of community-based services	<ul style="list-style-type: none"> Allotting appropriate funding for community-based services. 	<ul style="list-style-type: none"> Finances to the appropriate agencies 	<ul style="list-style-type: none"> Lobbying to Springfield for requested funds 	<ul style="list-style-type: none"> Disposable funds for "downstate" services 	<ul style="list-style-type: none"> Local and state level government
Lack of services	<ul style="list-style-type: none"> Training current staff 	<ul style="list-style-type: none"> Training staff/funding 		<ul style="list-style-type: none"> Funding 	<ul style="list-style-type: none"> Current behavioral health providers
I think we have to identify what the ideal mental health treatment continuum would look like in Illinois. If we don't have an "end game" it is difficult to ensure that all the parts are working toward a common goal. There are many, many agencies and entities that must be at the table and each has	<ul style="list-style-type: none"> I think there must be an agreement of what is mental health treatment - what it includes and what (if anything) is excluded. This will assist in one of the biggest issues, insurance coverage. Second, there must be "political will" to address this which will not be an easy task. Even diminishing the stigma attached to mental illness is a 	<ul style="list-style-type: none"> Courage and commitment to change what we have been doing which includes a willingness to admit that the current way is no longer working. Of course, funding; but money alone is not the answer. We have to spend our money better and reevaluate how and why we do what we do. 		<ul style="list-style-type: none"> The current fiscal status in Illinois. Not only that money is evaporating, but that in these times people are far less willing to give up what they have for the benefit of change unless they have buy-in and a belief that they will be a part of the solution and not considered as redundant or no longer useful. 	<ul style="list-style-type: none"> I think the courts are in a good position because we make news and we touch all aspects of the mentally ill from newsworthy murders committed by a mentally ill defendant to the mental health courts and drug courts, to bond courts. We are likely the entity to deal with the police and arrested individuals

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
individual viewpoints and imperatives. A common and understood goal is necessary.	tall order. The suggestion made yesterday of creating a Mental health Czar may have merit, but it has to be someone with a lot of clout. I think we should first look at what we have: money facility and staff and question are we currently doing the best we can with what we have? If not make changes. One of the best ways to get additional funding is to show that you are already doing great things with what you have.				who may or may not exhibit mental illness. We are also the repository for the crimes committed by substance users. We can't do it alone, but we can be movers.
Community-based supports for children. Not enough attention paid to those under 18 that are not in foster care.	<ul style="list-style-type: none"> School-district based resources to prevent students from needing to leave Illinois for their care. 	<ul style="list-style-type: none"> Political will & less infighting. A reliance on private sector solutions. 	<ul style="list-style-type: none"> Consumer groups & non-profits that work on these issues have the answers. 	<ul style="list-style-type: none"> A lack of urgency on the part of some stakeholders & an incorrect perception that it will cost more. 	<ul style="list-style-type: none"> The private sector is better equipped to manage this.
Creating more treatment options for those suffering from mental illness	<ul style="list-style-type: none"> Funding for resource centers such as NAMI on a 24/7 basis. Keep those not needing hospitalization out of emergency rooms. 	<ul style="list-style-type: none"> You will need money and thousands more care takers, volunteers, social workers and doctors 	<ul style="list-style-type: none"> Charitable donations, grants, taxation 	<ul style="list-style-type: none"> Lack of funding, lack of enough staff to make it successful 	<ul style="list-style-type: none"> Mental health professionals
Lack of resources. There is a need for	<ul style="list-style-type: none"> Leadership. Illinois has not had a leader to address mental 	<ul style="list-style-type: none"> Money and a grand vision for what a comprehensive 	<ul style="list-style-type: none"> First there has to be a commitment to a plan and then identify 	<ul style="list-style-type: none"> No one is interested in putting together a comprehensive plan 	<ul style="list-style-type: none"> in the past, the Illinois Dept of Mental Health was the leader

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
hospital resources and post hospital resources once a person is discharged.	health issues in at least 20 years. Illinois has a non-system of mental health. There is no coordination of care and no continuity of care. There is no leadership in the public sector which can influence the private care system.	mental health system would look like in Illinois. Some entity has to come up with a grand plan that can be implemented with a public/private partnership.	priorities and then place a price tag on the cost of a comprehensive plan. Federal, state, foundation and already existing funds have to be put together so a comprehensive mental health system can be created.	for mental health in Illinois because it will cost money. There are competing sectors who are in competition for the money. In-patient programs v. outpatient programs. Residential programs v. day programs. Need to sit them all down and come up with a plan. Young people's v. older folks' issues need to be addressed and all have to be prioritized.	in the mental health system. For the past 20 years the Dept has focused on tearing the public system apart leaving no state beds and no funding for community programs. Local govt has expressed no interest in mental health programs. Some local not-for-profit groups have tried to scrape together programs with federal, state and private funding to put together some type of coordinated care. It is dependent on the creativity of these local groups which tend to be in pockets throughout the state.
The most pressing challenge that we should address in Illinois is the shortage of both residential and outpatient mental health treatment slots.	<ul style="list-style-type: none"> Legislation that requires insurance providers to cover mental illness to the same extent that they cover physical illness and also more state funding for community health centers 	<ul style="list-style-type: none"> More treatment providers separate and distinct from the criminal justice system 	<ul style="list-style-type: none"> A marginal state tax increase dedicated to the funding of drug and mental health treatment centers 	<ul style="list-style-type: none"> Lack of political will 	<ul style="list-style-type: none"> The state and municipal legislatures should make mental health treatment more of a budget priority

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
More inpatient beds so folks are not discharged from the ER right away, enlarging the reason for admission beyond threats to self/others	<ul style="list-style-type: none"> Funding. Hospitals have to see the greater need and receive funding for those beds 	<ul style="list-style-type: none"> Insurance companies to see all psych admissions as needed admission and stop trying to divert to outpatient so frequently. More hospital beds available for long term stays for stability and good discharge planning 	<ul style="list-style-type: none"> Good question. the Affordable Care Act was a good start to get insurance to treat those who are previously Dx – aka– pre-existing conditions. Insurance companies, DHS 	<ul style="list-style-type: none"> Insurance companies not wanting to cover MH services at an inpatient level. Not wanting to pay for outreach, medication management programs 	<ul style="list-style-type: none"> Insurance companies, DHS, Hospitals
Children and adolescents are having a lot of depression due to the school issues	<ul style="list-style-type: none"> Have the schools do workout groups so kids can do things together and also have kids be able to get mental health care especially DCFS kids 	<ul style="list-style-type: none"> Psychiatrists, psychologists, social workers 	<ul style="list-style-type: none"> Illinois Psychiatrist Association, Illinois Psychological Association and the National Social Workers Association- Illinois 	<ul style="list-style-type: none"> Insurance and Medicaid 	<ul style="list-style-type: none"> Illinois Psychiatric Society and the Illinois Child and Adolescent Psychiatrists, ICHMP
Defendants found unfit are unable to receive the treatment they need in the outpatient mental health center because it's too time consuming and DHS does not do a good job of it. Also, defendants returned from DHS are often housed in the jail and aren't receiving their medications to keep them fit.	<ul style="list-style-type: none"> DHS and the jails need to address together 	<ul style="list-style-type: none"> Continuity 		<ul style="list-style-type: none"> The right hand doesn't know what the left hand is doing 	<ul style="list-style-type: none"> DHS and the Sheriffs

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
Lack of resources	<ul style="list-style-type: none"> More resources 	<ul style="list-style-type: none"> Finances 	<ul style="list-style-type: none"> Budgets 	<ul style="list-style-type: none"> Priorities 	<ul style="list-style-type: none"> Legislators
Increase the number of mental health counselors and substance use treatment counselors to address the earliest mental health interventions to alleviate introduction into the criminal justice system by persons with mental health issues	<ul style="list-style-type: none"> Greatly increase funding for educational institutions to crank out more mental health counselors to deal with more patients at earlier ages 	<ul style="list-style-type: none"> Legislative funding for increase in education and services 	<ul style="list-style-type: none"> Legislature 	<ul style="list-style-type: none"> Legislature 	<ul style="list-style-type: none"> Legislature; school districts, colleges and universities, hospitals, clinics, and mental health services
Lack of providers across the state	<ul style="list-style-type: none"> Increased incentives for providers to practice within the state 	<ul style="list-style-type: none"> Commitment to action from legislative with tangible action steps 	<ul style="list-style-type: none"> Commission of private and public groups to present needed plan for action 	<ul style="list-style-type: none"> Lack of financial resources 	<ul style="list-style-type: none"> IL legislative arm to create incentives
Juveniles in court who need mental health treatment. Kids can't get residential admission with unresolved court cases hanging over them.	<ul style="list-style-type: none"> Some kind of stay or dismissal of charges if clients can be admitted to residential treatment 	<ul style="list-style-type: none"> Change in policy/law; expansion of residential treatment facilities 	<ul style="list-style-type: none"> Uncertain except for an appropriation from the state budget 	<ul style="list-style-type: none"> Obtaining funding; collaboration between relevant agencies/legislators 	<ul style="list-style-type: none"> Courts/legislators/ Division of Mental Health
Access to residential treatment for minors especially if there are issues of violent outbursts and mental	<ul style="list-style-type: none"> Convert floors for juvenile use, especially to keep kids in the community so they don't become 	<ul style="list-style-type: none"> Funding and provider partners willing to adapt their programs 	<ul style="list-style-type: none"> State funding??? 	<ul style="list-style-type: none"> Money, seemingly a real indifference to co-occurring disorders if there has been any violence so kids go in for a violent outburst, get hospitalized, and then 	<ul style="list-style-type: none"> Any of our current treatment providers, juvenile justice, IL Supreme Court (for leadership)

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
health and/or substance use issues	isolated on top of seeking treatment			are released without an adequate discharge plan	
Available treatment	<ul style="list-style-type: none"> Additional funding 	<ul style="list-style-type: none"> Mental health courts in every county 	<ul style="list-style-type: none"> Not sure 	<ul style="list-style-type: none"> Available funding 	<ul style="list-style-type: none"> Not sure
Lack of service providers	<ul style="list-style-type: none"> Funding 	<ul style="list-style-type: none"> Funding and qualified mental health providers 	<ul style="list-style-type: none"> Legislation and the governor's budget 	<ul style="list-style-type: none"> Lack of funding 	<ul style="list-style-type: none"> Legislature/governor need to budget additional funding for local service providers
Expanding the provider base. Even with private insurance, psychiatrists have waiting lists & new clinicians are not replacing retiring ones	<ul style="list-style-type: none"> Work with the federal government on expanding GME slots for psych residencies. Actively recruit more medical students to select psych as a specialty 	<ul style="list-style-type: none"> A willingness to make it a priority and for reimbursement rates to be commensurate with other specialties 	<ul style="list-style-type: none"> Reach out to the board of the AMA psych committee, AACAP, etc. 	<ul style="list-style-type: none"> Needing two residencies to become a child psychiatrist & the ability to make more money in a different specialty 	<ul style="list-style-type: none"> AMA & deans of medical schools
Understanding the mental health situation and the evidence-based approaches in dealing with the issues	<ul style="list-style-type: none"> Provide education 	<ul style="list-style-type: none"> Legislation. Training resources. 	<ul style="list-style-type: none"> Grant funding 	<ul style="list-style-type: none"> Time and commitment 	<ul style="list-style-type: none"> State government (all three branches)
State Operated Facilities. It is difficult for hospitals to send patients without insurance or Medicaid to the SOFs because they don't have enough staff to take in enough patients	<ul style="list-style-type: none"> Add more psychiatrists and psychologists to the SOFs 	<ul style="list-style-type: none"> Same 	<ul style="list-style-type: none"> Illinois Psychiatric Society: msosa@ilpsych.org 	<ul style="list-style-type: none"> Funding 	<ul style="list-style-type: none"> Illinois Psychiatric Society and Illinois Psychological Association

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
IDOC and CCDOC releasing people with mental illness into the community with no resources at all	<ul style="list-style-type: none"> Plans for release 	<ul style="list-style-type: none"> Time, money, staff 	<ul style="list-style-type: none"> Plenty of social workers in the world, the jail just burns them out quickly b/c they are overworked 	<ul style="list-style-type: none"> No one cares about criminals until they are a victim 	<ul style="list-style-type: none"> IDOC, CCDOC, and mental health partners (e.g., thresholds)
Lack of true dual diagnosis programs that can be accessed by anyone	<ul style="list-style-type: none"> Add Dual Diagnosis treatment in programs that already exist 	<ul style="list-style-type: none"> Probably more funding 		<ul style="list-style-type: none"> Probably lack of funding and insurance not covering 	<ul style="list-style-type: none"> The programs that already exist.
Lack of therapists/psychiatrists	<ul style="list-style-type: none"> Student loan forgiveness 	<ul style="list-style-type: none"> Not sure 	<ul style="list-style-type: none"> Not sure 	<ul style="list-style-type: none"> Need of students to repay school loans 	<ul style="list-style-type: none"> Legislature/universities
Access to psychiatrists, medication, and psychological evaluations needed to maintain treatment and/or obtain public funding for residential treatment	<ul style="list-style-type: none"> Incentives to physicians to stay in Illinois. Make it easier and more lucrative to accept Medicaid funding. 	<ul style="list-style-type: none"> Doctors to commit to Illinois 	<ul style="list-style-type: none"> Incentives, on-time payments, possible increase in payments as able 	<ul style="list-style-type: none"> Whatever barriers to paying reasonable fees and on-time payments that already exist must be resolved 	<ul style="list-style-type: none"> Department of Human Services and however Medicaid payments are accessed
Inadequate screening and assessment for behavioral health issues of persons in the criminal justice system	<ul style="list-style-type: none"> Create a screening and assessment protocol for all persons who end up in the local jail; create partnerships with community providers for either in house or a warm handoff for screening and assessment and recommended treatment 	<ul style="list-style-type: none"> Qualified personnel to do the screening and assessment 	<ul style="list-style-type: none"> Partnership with treatment providers, colleges and universities, medical community 	<ul style="list-style-type: none"> FUNDING; resistance from clients; funding; confidentiality issues 	<ul style="list-style-type: none"> Qualified mental health professionals: expansion of pre-trial and probation services to include screening and assessment

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
Good psychiatrists	<ul style="list-style-type: none"> Education at medical schools to show the benefits of working with community 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Medical schools, hospitals, current psychiatrists 	<ul style="list-style-type: none"> Lack of psychiatrists regionally 	<ul style="list-style-type: none"> An education person from the coordinated service provider. Someone that is well versed in community mental health
Competent treatment	<ul style="list-style-type: none"> Recruit additional treatment providers 	<ul style="list-style-type: none"> Additional funding 	<ul style="list-style-type: none"> Not sure 	<ul style="list-style-type: none"> Lack of funding currently, let alone adding anything else that needs to be funded 	<ul style="list-style-type: none"> Not sure
Having more community-based agencies to help people with MH issues who could potentially intervene before a crime is committed	<ul style="list-style-type: none"> Community-based services 	<ul style="list-style-type: none"> Money and facilities 	<ul style="list-style-type: none"> Grants 	<ul style="list-style-type: none"> Funding 	<ul style="list-style-type: none"> Governor/ Department of Human services
Lack of serious mental health treatment in prison. Illinois prisons are designed to warehouse people, not treat, train, or rehabilitate them	<ul style="list-style-type: none"> In addition to establishing more community mental health centers, I think there should be more mental health counseling, drug & alcohol treatment and job training in Illinois prisons 			<ul style="list-style-type: none"> Lack of political will and departmental turf wars 	<ul style="list-style-type: none"> The Departments of Corrections, Education and Human Services should work together to provide these services
Bed Availability for Crises. Longer than acute care up to and including residential	<ul style="list-style-type: none"> A new State Operated Facility, interconnection between law enforcement and the courts 	<ul style="list-style-type: none"> Commitment to funding until the program is stable 	<ul style="list-style-type: none"> Portions from all relevant agencies 	<ul style="list-style-type: none"> All the agencies involved MUST be committed to the solution 	<ul style="list-style-type: none"> This is a multi-agency issue that requires a multi-agency solution

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
Opioid treatment	<ul style="list-style-type: none"> SEVERAL long-term treatment facilities across the State, that provide MAT and intensive long-term outpatient services. Getting off opiates is a lengthy process, there is no quick fix to this one. 	<ul style="list-style-type: none"> State-of-the-art state-funded detox, residential, and outpatient services and qualified staff 	<ul style="list-style-type: none"> Not sure 	<ul style="list-style-type: none"> Building the system of care, cost 	<ul style="list-style-type: none"> Not sure
At present, it is COVID-19 and being able to do the outreach that the clients need	<ul style="list-style-type: none"> Making facilities available for learning/educational group learning while still social distancing 	<ul style="list-style-type: none"> Meeting places big enough to accommodate a group while still following social distancing guidelines 	<ul style="list-style-type: none"> Local agencies/ churches/schools 	<ul style="list-style-type: none"> Fear of COVID-19 – not enough room to hold groups 	<ul style="list-style-type: none"> Local agencies/ churches/schools

Co-Occurring Substance Use

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Depression and SUD are the highest mental health issues currently.	<ul style="list-style-type: none"> Continue allowing telehealth including parity reimbursement meaning that providers get paid the same amount for telehealth as in person meetings with patients. 	<ul style="list-style-type: none"> Both video and telephones 		<ul style="list-style-type: none"> Insurance companies want to not pay for patients who have telehealth in a family physician facility 	<ul style="list-style-type: none"> ISMS
The complications created by the introduction of drugs and other substances use by persons which create or compound the person's mental health challenges.	<ul style="list-style-type: none"> Utilize the current diversion to TASC Probation in conjunction with DOC sentence for Drug possession or use, and aggressively enforce the DOC sentence for failure to successfully complete the TASC portion of the sentence. 	<ul style="list-style-type: none"> Greatly increase TASC funding to meet the increased demand for that service. 	<ul style="list-style-type: none"> Divert DOC funding to TASC as a result of the decreased commitments to DOC. 	<ul style="list-style-type: none"> Resistance from DOC to reduced funding. 	<ul style="list-style-type: none"> The mental health and substance use treatment community; the local prosecution, Illinois TASC Probation, DOC.

Criminalizing Mental Illness

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Individuals with mental health issues in jails	<ul style="list-style-type: none"> Better mental health treatment in community clinics. Jail based programs for substance use and mental health 	<ul style="list-style-type: none"> Better communications and identifying the needs 	<ul style="list-style-type: none"> Provide screenings in the jail settings and initiate programs within the jail setting 	<ul style="list-style-type: none"> Lack of understanding and commitment/ communication with state's attorneys 	<ul style="list-style-type: none"> Collaboration with the state's attorneys in the counties, sheriff office and treatment providers
The bias against mental illness in the court system. Those clients are treated very poorly and often do not comprehend what is happening to them.	<ul style="list-style-type: none"> Advocates assigned to assist the mentally ill would be helpful 	<ul style="list-style-type: none"> Empathy and people who care 	<ul style="list-style-type: none"> In the community and in the criminal justice system 	<ul style="list-style-type: none"> Uncaring and law enforcement minded people who do not want to see people rehabilitated but punished 	<ul style="list-style-type: none"> Unsure, maybe this agency or person does not yet exist
It is crucial that we reduce the number of people with serious mental illness from being thrown into the criminal justice systems simply because there is nowhere else to treat their mental health condition. These people don't deserve incarceration, they need treatment.	<ul style="list-style-type: none"> The states must create more community-based treatment facilities to divert individuals with mental health conditions away from the criminal justice system (court and jails) 	<ul style="list-style-type: none"> First, recognize that the current practices of addressing individuals with mental health conditions have failed. Second, as we are learning from this series, get all of the leaders in the mental health field to come together and create a better system. 		<ul style="list-style-type: none"> Lack of funding, and commitment to change 	<ul style="list-style-type: none"> For the state, it should be the Illinois Department of Human Services, and in my community, it should be the Lake County Health Department

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
People who have unrecognized mental health issues are incarcerated	<ul style="list-style-type: none"> Health professional called to evaluate and transfer for treatment or if incarcerated and mental health issues suspected evaluation and potential transfer to a facility for treatment 	<ul style="list-style-type: none"> Funds must be allocated for this purpose or redirected 	<ul style="list-style-type: none"> It is difficult to find resources during COVID-19 which has exhausted many of the state's resources 	<ul style="list-style-type: none"> Persons faking a mental illness to avoid incarceration 	<ul style="list-style-type: none"> The people must be evaluated by medical doctors
Using corrections as mental health treatment centers	<ul style="list-style-type: none"> 24/7 drop-off centers 	<ul style="list-style-type: none"> More clinicians 	<ul style="list-style-type: none"> Medicaid/cannabis tax revenue 	<ul style="list-style-type: none"> Getting prosecutors on board 	<ul style="list-style-type: none"> Cook County board
High rates of those with mental illness in jails and prisons.	<ul style="list-style-type: none"> Onsite mental health professionals 	<ul style="list-style-type: none"> Funding 	<ul style="list-style-type: none"> Legislature/governor 	<ul style="list-style-type: none"> Lack of funding and qualified mental health professionals. 	<ul style="list-style-type: none"> Local mental health services and sheriff's department.
Keeping the mentally ill out of the criminal justice system	<ul style="list-style-type: none"> Not charging mentally ill individuals with criminal offenses 	<ul style="list-style-type: none"> Access to mental health treatment and group homes for individuals with mental health issues 	<ul style="list-style-type: none"> State legislative funds and federal funds 	<ul style="list-style-type: none"> Protection of public 	<ul style="list-style-type: none"> Police and state's attorney
We need to stop having the jail house people who are mentally ill/getting people help is a difficult issue	<ul style="list-style-type: none"> More community-based services to help this population. I call SWAN every time I see someone who needs help but most of the time they tell me they cannot help because the person will not voluntarily receive the help offered 	<ul style="list-style-type: none"> We need properly trained mediators to help convince someone they need help and move forward with solutions that are the least restrictive that can help them 	<ul style="list-style-type: none"> Grant money? Proper training is necessary 	<ul style="list-style-type: none"> Money and our sheriff/police being on board also which will be a huge challenge because they don't believe in evidenced based practices 	<ul style="list-style-type: none"> Unfortunately, the court system right now which isn't right

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
Stop arresting the mentally ill at hospitals and facilities for aggravated battery resulting in little or no injury	<ul style="list-style-type: none"> Legislative bills 				<ul style="list-style-type: none"> Legislative
Locking up people who need treatment	<ul style="list-style-type: none"> More Specialty Courts 	<ul style="list-style-type: none"> Money 	<ul style="list-style-type: none"> Task Force to Illinois General Assembly & Governor 	<ul style="list-style-type: none"> Illinois General Assembly & Governor 	<ul style="list-style-type: none"> Task Force to Illinois Supreme Court Chief Judges
Those in criminal justice and justice involved.	<ul style="list-style-type: none"> Partnerships, trainings and other resources to help people in crisis which is NOT the police 	<ul style="list-style-type: none"> Funding and mindset change that MH is not criminal 		<ul style="list-style-type: none"> People not believing that there is worth to helping the MH. A crime is a crime. 	<ul style="list-style-type: none"> Courts, State's Attorney, State
The justice system becomes the best alternative	<ul style="list-style-type: none"> Push for divergence away from the criminal justice system for some of the mentally ill 	<ul style="list-style-type: none"> Increased education for those entities 	<ul style="list-style-type: none"> Mental health advocates/educators 	<ul style="list-style-type: none"> Public backlash 	<ul style="list-style-type: none"> Judiciary & State Attorney
Court system and the failure to properly address issues through the system	<ul style="list-style-type: none"> Mental Health facility increase and the courts utilizing those facilities 	<ul style="list-style-type: none"> Facilities 			<ul style="list-style-type: none"> Judicial

Crisis Response

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
More crisis centers- they are not accessible enough	<ul style="list-style-type: none"> ▪ Thresholds ▪ Community outreach 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 		
To advocate and request a County Wide Crisis Response Team/Center to increase continuity of care without limitations (insurance, social economic status, substance use, criminal background, etc.)	<ul style="list-style-type: none"> ▪ At least 1 recovery support specialist (peer support) at every ER ▪ At least 1 SW in the Police Department 	<ul style="list-style-type: none"> ▪ To get this plan going, we encourage Systemic Optimized Funding to address community needs as a system not as multiple agencies: ▪ Revisit the distribution of State funding and allocating it to a ONE-point entry, instead of having multiple agencies that do not communicate which lead disservice to the community. ▪ Change codes to be able to charge Medicaid and other private insurance as a service at initial contact, instead of 	<ul style="list-style-type: none"> ▪ IL Hospital Association ▪ Governors ▪ State Senators and Representatives ▪ Houses of Worship- churches ▪ Larger Health Systems: ▪ Associations of Social Workers ▪ Sheriffs ▪ Police Command Staff ▪ Substance Use funders ▪ Homelessness Prevention Programs 		

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
		<p>waiting for reimbursement.</p> <ul style="list-style-type: none"> ▪ Network with agencies/stakeholders that could benefit from this approach such as ERs, Police Dept, insurances etc. 	<ul style="list-style-type: none"> ▪ Community representatives (people with lived experience) ▪ NAMI 		
<p>Crisis Response separate from police involvement/law enforcement. Re-conceptualize domestic disturbance calls as mental health crisis calls. Mostly mental health issues. More support for law enforcement – more options.</p>	<ul style="list-style-type: none"> ▪ Convene experts and stakeholders to move efforts forward 	<ul style="list-style-type: none"> ▪ Convener to support and marshal efforts and resources around crisis response ▪ Better training for law enforcement 			
<p>Facilities or providers to assist families or police in non-life-threatening crisis.</p>	<ul style="list-style-type: none"> ▪ Copy Tucson or Denver 	<ul style="list-style-type: none"> ▪ A provider willing to help 24/7 		<ul style="list-style-type: none"> ▪ Providers not wanting to help 24/7 	<ul style="list-style-type: none"> ▪ NAMI?
<p>Having a well-advertised number other than 911 or police for people with mental health issues and having enough qualified and trained</p>	<ul style="list-style-type: none"> ▪ The state should spend more money to hire trained professionals and locations to deal with these issues. 	<ul style="list-style-type: none"> ▪ Ditto 	<ul style="list-style-type: none"> ▪ If the state would better manage its monies and not rely upon funds for the police to deal with these mental health issues, there would probably be enough 	<ul style="list-style-type: none"> ▪ Politics 	<ul style="list-style-type: none"> ▪ That is not an area of my expertise

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
professionals to deal with cases referred to them in emergency situations					
Law Enforcement dealing with mental health calls for service	<ul style="list-style-type: none"> Joint LE and Mental Health professional response 	<ul style="list-style-type: none"> Joint funding 	<ul style="list-style-type: none"> Have local health departments work with LE agencies 	<ul style="list-style-type: none"> Funding, Staffing 	<ul style="list-style-type: none"> LE and Mental Health (Health Departments)
Educating our local first responders regarding individuals with mental health diagnosis	<ul style="list-style-type: none"> Making said education mandatory for all first responders with continuing education 	<ul style="list-style-type: none"> Available trainings 	<ul style="list-style-type: none"> Through summits such as this 	<ul style="list-style-type: none"> Funding for such trainings 	<ul style="list-style-type: none"> Local agencies
Police crisis intervention training	<ul style="list-style-type: none"> Voluntary training for police with monetary incentives for participating officers 	<ul style="list-style-type: none"> Not sure 	<ul style="list-style-type: none"> Not sure 	<ul style="list-style-type: none"> Attitudes of police departments 	<ul style="list-style-type: none"> Attorney general/mayor/police chief
Inadequate community-based crisis services – law enforcement is not equipped to deal with persons in mental health crisis	<ul style="list-style-type: none"> Prioritize CIT training for law enforcement; pair mental health and law enforcement professionals when responding to a crisis; create/expand community-based crisis services; 	<ul style="list-style-type: none"> CIT training sessions; trained MH professionals; co-occurring treatment resources; brick and mortar crisis resources 	<ul style="list-style-type: none"> Partnerships with local colleges, schools of medicine, current treatment providers, hospitals, NFPs 	<ul style="list-style-type: none"> FUNDING Resistance from law enforcement; 	<ul style="list-style-type: none"> Local government and treatment providers
More CIT training for everyone and a facility to take the defendants cause often the hospitals won't	<ul style="list-style-type: none"> More training and money 	<ul style="list-style-type: none"> MONEY and a day facility where the cops can take the defendant so they can get essentials like food, medicine, and support services. 	<ul style="list-style-type: none"> LEGISLATURE 	<ul style="list-style-type: none"> Money 	<ul style="list-style-type: none"> LEGISLATURE

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
Unified follow up and follow through to crisis response	<ul style="list-style-type: none"> Agencies need to be held accountable 	<ul style="list-style-type: none"> Funding and staffing 	<ul style="list-style-type: none"> They are out there, just not providing the care they are supposed to 		<ul style="list-style-type: none"> Insurance providers, state funding
Police training in deescalating situations that don't lead to charges being filed	<ul style="list-style-type: none"> More training for police on mental health issues and having social workers accompany them to calls 	<ul style="list-style-type: none"> Training with mental health counselors 	<ul style="list-style-type: none"> Partnering with local mental health agencies 	<ul style="list-style-type: none"> Local law enforcement buy-in 	<ul style="list-style-type: none"> Local police agencies
Crisis intervention and response especially for 911 calls	<ul style="list-style-type: none"> Have an alternative phone number residents can call for mental health situations instead of calling the police 	<ul style="list-style-type: none"> Expand SASS services and staff. Increase contracts with agencies who provide SASS. 	<ul style="list-style-type: none"> Divert taxpayer money to this service 		<ul style="list-style-type: none"> Agencies who already do work in the community similar to what SASS does to evaluate whether someone needs psychiatric hospitalization
POLICE NOT APPROPRIATE RESPONDERS	<ul style="list-style-type: none"> 211 	<ul style="list-style-type: none"> MONEY 	<ul style="list-style-type: none"> Task Force to Illinois General Assembly & Governor 	<ul style="list-style-type: none"> Illinois General Assembly & Governor 	<ul style="list-style-type: none"> Task Force to Illinois General Assembly & Governor

Early Intervention

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Identifying high-risk individuals to get support to them sooner	<ul style="list-style-type: none"> Early identification-assessment at school levels and by pediatricians, DOC Assist program, Implement screening tools in schools, Education for parents, Awareness campaigns 	<ul style="list-style-type: none"> Funding from government and private sectors, schools, National Alliance for Mental Illness, Insurance programs such as Illini Care, DCFS, Media - education and awareness, mental health providers 	<ul style="list-style-type: none"> Government and private sector funding, including charities, education programs, media and social media to make people aware. 	<ul style="list-style-type: none"> Lack of financial resources available, stigma, political will or lack thereof, priorities or lack of priorities compared to other societal issues. 	<ul style="list-style-type: none"> Schools, physicians, churches, local government agencies, state government agencies, media and social media
Identifying it early, especially in cases where someone is arrested	<ul style="list-style-type: none"> Police with mental health training, probation and other court actors having training related to mental health and compassion for their clients 	<ul style="list-style-type: none"> People to care and placements for mentally ill clients who need help, not to be incarcerated 	<ul style="list-style-type: none"> Maybe federal grants? or some of the jail budget taken to fund a housing facility that is locked but more focused on mental health (CCDOC only intensifies most people's mental health issues in my experience) 	<ul style="list-style-type: none"> Bureaucracy, county employees not caring about people as people 	<ul style="list-style-type: none"> Police departments, county officials, judges

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
Diagnosis and treatment	<ul style="list-style-type: none"> Illinois Department of mental health involvement 	<ul style="list-style-type: none"> Better Housing 	<ul style="list-style-type: none"> Through more funding 	<ul style="list-style-type: none"> Budget constraints 	<ul style="list-style-type: none"> Illinois Department of Mental Health
Identifying those in need of help	<ul style="list-style-type: none"> Screening and evaluation 	<ul style="list-style-type: none"> Funding and identifying those who can help 	<ul style="list-style-type: none"> Reallocation of existing capital and through lawmakers 	<ul style="list-style-type: none"> Lack of funding 	<ul style="list-style-type: none"> Social services
Knowledge to recognize and an understanding of mental health issues and early intervention	<ul style="list-style-type: none"> Education of parents, children, teachers, social workers, probation officers, police officers, judges and other court departments 	<ul style="list-style-type: none"> Money, collaboration with the school board, police departments, DCFS, court systems, pediatricians etc. 	<ul style="list-style-type: none"> Public schools get taxpayer money; federal grants, fundraisers, the county 	<ul style="list-style-type: none"> Funding, stigma, insurance and privacy issues 	<ul style="list-style-type: none"> State and local government can mandate early childhood education as it has mandated mental health as part of the curriculum in elementary schools but needs a bigger focus and all departments and parent organizations need continuing education and training,

Funding

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Appropriate funding to address mental health issues.	<ul style="list-style-type: none"> Provide funding 	<ul style="list-style-type: none"> Funding for treatment services and establishment of local community crisis centers. 	<ul style="list-style-type: none"> Grant funding for the State and Federal 	<ul style="list-style-type: none"> Financial situation of the State. COVID-19 pandemic 	<ul style="list-style-type: none"> Executive & Legislative Branch
Making it a priority for funding and availability. We spend a lot of time talking about the importance of it, but it remains the top underfunded area in this state and many others.	<ul style="list-style-type: none"> Providing funding for programs that make differences in the wellbeing movement that is heavily discussed but then underfunded. By addressing these systemic issues, we avoid many other long-term consequences of mental health and substance use issues such as criminality, broken families, unemployment, and social problems. 	<ul style="list-style-type: none"> Money, government and court support, and ideology changes from the top down that support proactive interventions rather than reactive solutions 	<ul style="list-style-type: none"> Budgetary changes within all infrastructure to look at preventative programming as the model to reduce problematic behaviors that cost more money in the long term such as prisons and jails. 	<ul style="list-style-type: none"> Changing the stigma surrounding mental health and substance use problems as a medical disease model instead of a character defect, and prioritizing programs at all levels that support reducing the negative consequences that result 	<ul style="list-style-type: none"> I think it requires multiple levels of interventions from State to county, to local, to specialized groups. Access to services at many levels provides the opportunity for many levels of intervention strategies and outreach, and when people see these opportunities on many levels, we reduce the stigma and fear associated with accessing services that benefit them.

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<p>Funding. Lack of funding to Community Based MH and SA providers to provide services to Medicaid and Managed care clients. Hard to retain experienced, educated, and seasoned staff because the pay is far better in the private sector. Working in community MH and SA seems to be the first stop for graduates, then after they gain some time and experience, they leave. However, it provides them with good training that they take with them. If you add the under-funding of reimbursements for services and the heavy load of documentation required by staff, you get staff that are underpaid to do ALOT of work. That equals staff burnout.</p>	<ul style="list-style-type: none"> ▪ The state and managed care could reimburse community-based MH and SA services at higher rates. The state could look at the required documentation and streamline it, but I know this won't happen. Therefore, the state could provide community-based mental health services with free access to an EMR system that is current and supports IM+CANS and associated assessments. This would cut down out high agency costs that are paid for an EMR system that has poor functionality, is antiquated, and is hard to use and reference for information. If an EMR system was provided by the state, to community-based mental health service providers, it would help to cut down on overhead for the agency providing 	<ul style="list-style-type: none"> ▪ Funding and information technology 	<ul style="list-style-type: none"> ▪ Funding from gaming revenue or marijuana revenue and an EMR system from an innovative vendor. (KIPU, EPIC) 	<ul style="list-style-type: none"> ▪ The cost and the state 	<ul style="list-style-type: none"> ▪ The State of Illinois

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
	services, as well as establish a streamlined, constant means of documentation that would not vary from agency to agency. It could also allow the State to conduct necessary agency record reviews remotely.				
Funding – of patients and their access to services	<ul style="list-style-type: none"> ▪ Prioritize mental health issues - treatment, facilities, providers, social and mental health counselors - compared to other social issues. Find creative ways to fund, charities, use of media and social media to press the issue with federal, state and local governments to budget more money for mental health. Take money from police budgets to provide interventions that were done by police but should be done by mental health professionals, intervention services provided by the courts. 	<ul style="list-style-type: none"> ▪ Money, awareness, a willingness of government to prioritize mental health issues. 	<ul style="list-style-type: none"> ▪ Legislatures, private foundations, media - educating the public and making people aware 	<ul style="list-style-type: none"> ▪ Realistically, there is no money available to most governmental agencies at this time due to a loss in revenues caused by Covid-19. That is there are budget shortfalls because less tax revenue is being generated than was anticipated. Lack of interest by the general population. Lack of awareness regarding the extent of the mental health crisis. 	<ul style="list-style-type: none"> ▪ Various levels of government, police departments, schools, physicians, judicial system

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
Funding	<ul style="list-style-type: none"> ▪ Educating all stakeholders of the true costs (most important of these the human toll or cost) to continue doing the same. 				
After a plan or vision is the need to fund the plan and vision.	<ul style="list-style-type: none"> ▪ Taking an inventory of all mental health services throughout the state to discover what areas are being underserved and then making a commitment to get necessary resources to those communities. 	<ul style="list-style-type: none"> ▪ Given the shortage of money in the State it will be necessary to use existing funds by repurposing funds to address these needs. 	<ul style="list-style-type: none"> ▪ Perhaps foundation or other private funding or in-kind contributions from big consulting firms, law firms and other professional firms could be used to do the planning for the state. 	<ul style="list-style-type: none"> ▪ The barriers are always going to be the silos that are competing for a share of the same money. Persons and professionals who serve people with intellectual disabilities will want a portion of the pie for them and their clients, substance use professionals will want their portion and health care providers will want the money to address COVID concerns and the like. 	<ul style="list-style-type: none"> ▪ I think a cabinet level department with primary authority and jurisdiction over all things mental health with an emphasis on mental health.
Sustainability	<ul style="list-style-type: none"> ▪ Funding 	<ul style="list-style-type: none"> ▪ Reliable funding source(s) 	<ul style="list-style-type: none"> ▪ Federal/state 	<ul style="list-style-type: none"> ▪ Lack of reliable funding 	<ul style="list-style-type: none"> ▪ HFS & DHS

Housing

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Housing	<ul style="list-style-type: none"> Provide permanent and supportive housing 	<ul style="list-style-type: none"> Money and housing 	<ul style="list-style-type: none"> No clue 	<ul style="list-style-type: none"> "Not in my backyard" and lack of funds 	<ul style="list-style-type: none"> State – DHS County Health Department
Please make sure there is a legal backbone for mentally ill patient to get housing.	<ul style="list-style-type: none"> Easily accessible housing programs. 	<ul style="list-style-type: none"> Affordable housing programs or low-income housing programs 	<ul style="list-style-type: none"> In agencies 	<ul style="list-style-type: none"> Mentally ill patients meeting the required qualifications 	<ul style="list-style-type: none"> BEW
Housing	<ul style="list-style-type: none"> Gov't funding or gov't centers or private centers 	<ul style="list-style-type: none"> Money and volunteers 	<ul style="list-style-type: none"> Not sure 	<ul style="list-style-type: none"> Money is short, the public lacks understanding of the problem 	<ul style="list-style-type: none"> Not sure
Lack of facilities to house mentally ill patients with nowhere else to go	<ul style="list-style-type: none"> Need funding 	<ul style="list-style-type: none"> Money, space, patience, dedication 	<ul style="list-style-type: none"> They are there (e.g., thresholds and similar agencies) 	<ul style="list-style-type: none"> No one wants their tax money going to help crazy people 	<ul style="list-style-type: none"> County? City? State? Corporate investment
Housing for persons with mental health issues that come in contact with the CJ system.	<ul style="list-style-type: none"> Additional group homes, apartments, housing for persons with mental illness 	<ul style="list-style-type: none"> Probably more funding 	<ul style="list-style-type: none"> Redirect funding from other areas to mental health treatment, housing, etc... 	<ul style="list-style-type: none"> Lack of funding.... 	<ul style="list-style-type: none"> PADS, Oxford House, very little in DuPage County.

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
Housing: For homeless families, teens and those leaving jails or treatment facilities	<ul style="list-style-type: none"> Need more affordable housing, transitional housing, half-way housing, that are either funded by the states, non for profits or treatment facilities 	<ul style="list-style-type: none"> Money and collaboration 	<ul style="list-style-type: none"> People need to start talking to each other and come up with creative ideas and spread the housing to all kinds of areas 	<ul style="list-style-type: none"> Money, dealing with communities that don't want lower income housing or transitional housing in their neighborhoods 	<ul style="list-style-type: none"> Local villages, cities, state, county, community as a whole
Affordable housing for individuals living with mental health issues	<ul style="list-style-type: none"> Exploring different housing options 	<ul style="list-style-type: none"> Funding and housing 	<ul style="list-style-type: none"> Evaluating the community and what open housing/ buildings are available, educating the community on the benefits of affordable housing in the community. 	<ul style="list-style-type: none"> Stigma 	<ul style="list-style-type: none"> Village, townships
Appropriate housing options for the homeless population	<ul style="list-style-type: none"> Working with local agencies regarding available properties 	<ul style="list-style-type: none"> Available housing options 	<ul style="list-style-type: none"> Contacting local property owners 	<ul style="list-style-type: none"> Funding for said properties 	<ul style="list-style-type: none"> Local property owners
The availability of housing and treatment	<ul style="list-style-type: none"> Enlarge the capacity of existing mental services and provide a housing component 	<ul style="list-style-type: none"> A judge to gather the heads of existing community resources and with such a committee, to design a coordinated approach to address the needs of persons suffering the consequences of untreated mental health issues. 	<ul style="list-style-type: none"> At first, Medicaid and the pooling of the existing resources devoted to mental health, law enforcement, housing, etc. Eventually, as with the Florida and Arizona models, savings in the decline of the use of the most expensive resources starting with incarceration costs. 	<ul style="list-style-type: none"> General parochialism and funding. 	<ul style="list-style-type: none"> For a number of reasons, I believe the solution should be based on the model Judge Leifman created in Florida.

Involuntary Commitment

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Involuntary committal system is broken and needs changing.	<ul style="list-style-type: none"> LE, Mental Health and Health Care professionals understanding the role of each and working together to solve the problem 	<ul style="list-style-type: none"> Funding, Bed Space 		<ul style="list-style-type: none"> Funding, HIPPA, Lack of Space and ability, 	<ul style="list-style-type: none"> LE & Health Care Professionals
Mental illness that causes violent behavior to the patient or to others.	<ul style="list-style-type: none"> It needs to cover all patients; even the ones that are not willing to accept treatment. There may be Constitutional problems unless patients are involuntarily committed. One of the statements that was consistently problematic, "he'll be OK so long as he takes his medication." 	<ul style="list-style-type: none"> A court call for involuntary commitments. Avenue for diversion prior to or at Bond Court. 	<ul style="list-style-type: none"> If it is more economical than criminal prosecution the money should be made available as a cost-efficient measure. 	<ul style="list-style-type: none"> The legal ramifications of Supreme Court decisions that requires a due process hearing that usually does not occur until it is too late and comes after criminal behavior is evident. 	<ul style="list-style-type: none"> For involuntary patients probably the State's Attorney because he will also be aware of criminal history.

Medication Continuity

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Medicine for the mentally ill patient	<ul style="list-style-type: none"> Make medicine affordable and available to help treat mentally ill patients. 	<ul style="list-style-type: none"> Pharmacy to help give psychiatric medication. 	<ul style="list-style-type: none"> Having pharmacy close by 	<ul style="list-style-type: none"> Not able to provide pharmacy 	<ul style="list-style-type: none"> BEW
Uniformity in prescriptions & reducing prior authorizations on the same medication refill.	<ul style="list-style-type: none"> Making 'meds by mail' available to anyone, including those with Medicaid. 	<ul style="list-style-type: none"> A willingness to provide solutions. 	<ul style="list-style-type: none"> Dr. Dave Albert at DMH 	<ul style="list-style-type: none"> PBM don't like to have meds that are not available generically used. 	<ul style="list-style-type: none"> Department of Insurance, pharmacists, Illinois Psychiatric Society, centers for Medicaid/Medicare
Keeping the individuals on their medications	<ul style="list-style-type: none"> A solid support system 	<ul style="list-style-type: none"> Money 	<ul style="list-style-type: none"> IDK 	<ul style="list-style-type: none"> money, lack of resources 	<ul style="list-style-type: none"> IDK
Getting those who are prescribed medication to take their medications, not let their prescriptions lapse	<ul style="list-style-type: none"> Mandated follow-up care with home health providers, placement if not willing to take meds 	<ul style="list-style-type: none"> Money, staff, treatment facilities 	<ul style="list-style-type: none"> Charitable donations, grants, taxation 	<ul style="list-style-type: none"> Cannot force people to do what they do not want to do without court intervention 	<ul style="list-style-type: none"> Mental health professionals

Mental Health Code

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Mental Health Code (and interpretation of it)	<ul style="list-style-type: none"> Need more flexibility in ordering treatment to chronically mentally ill 	<ul style="list-style-type: none"> Education and statute changes 			<ul style="list-style-type: none"> Legislature/lawyers

Social Determinants

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Rates of Adverse Childhood Experience (ACE) and trauma in communities	<ul style="list-style-type: none"> ▪ ACE Screening in the public schools ▪ Trauma counseling in schools ▪ Funding for Behavioral Workforce Development 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ The State needs to have a Mental Health Czar ▪ Need regional convening to bring together stakeholders
Finding a purpose for people, a reason to get up in the morning	<ul style="list-style-type: none"> ▪ Living Room programs are a good start. Getting individuals involved in running programs and groups. 	<ul style="list-style-type: none"> ▪ Funding which is lacking at this point 	<ul style="list-style-type: none"> ▪ Good question 	<ul style="list-style-type: none"> ▪ Need to find individuals that are invested in improving the system 	<ul style="list-style-type: none"> ▪ The site for coordinated services
Having dysfunctional parents raise dysfunctional children.	<ul style="list-style-type: none"> ▪ I don't think there is a solution short of limiting who is allowed to have children. Watch the film Idiocracy for an idea that Jacob Bronowski predicted in his TV series and book entitled the Ascent of Man. 	<ul style="list-style-type: none"> ▪ Multitudinous 	<ul style="list-style-type: none"> ▪ A tax on having children with no tax for non-parents. ▪ Make putative fathers support their children and pay this tax as well. ▪ Three illegitimate kids and the tubes are tied. 	<ul style="list-style-type: none"> ▪ For every freedom there is a concomitant responsibility. 	<ul style="list-style-type: none"> ▪ None that I know of
Prevent mothers from taking drugs, alcohol,	<ul style="list-style-type: none"> ▪ Sterilization or forced birth control until the 	<ul style="list-style-type: none"> ▪ Something for the legislature to decide 	<ul style="list-style-type: none"> ▪ Birth control clinics, prenatal clinics, 	<ul style="list-style-type: none"> ▪ A woman has the right to control her 	<ul style="list-style-type: none"> ▪ County and/or state

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
and other toxins while pregnant. It may create a person that is subject to much pain and suffering throughout their lives.	<p>woman is able and will not endanger her fetus.</p> <ul style="list-style-type: none"> ▪ The right to procreate is not unlimited. 	just how much police power should be exercised to protect the defenseless.	mandatory reporters, mandatory testing of pregnant mothers.	body, but she does not have the right to maim a fetus or another human.	

Stigma

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
<i>Of your most pressing challenges listed, which are you addressing?</i>	<i>What are the possible solutions or strategies to address this challenge?</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>Where or how can these resources be found/obtained?</i>	<i>What are the potential barriers to consider?</i>	<i>Who or what entity or agency is best positioned to move this solution/ strategy forward?</i>
Eliminating the stigma associated with mental illness and providing early diagnosis and treatment for those suffering from mental illness.	<ul style="list-style-type: none"> Persons suffering from mental illness often self-medicate and become addicted to drugs and/or alcohol. Both mental illness and addiction must be treated. Participation in AA, Al Anon, and NAMI programs offer help free of charge. While the age of onset for most mental illnesses is in the teenage or early adulthood, some forms of mental or emotional disorders develop during early childhood. For example, ADHD and impulse control are often a misdiagnosis in children who are on the FASD spectrum. We need to provide education to parents and teachers 	<ul style="list-style-type: none"> A well-developed media campaign to educate the public. Volunteers who can offer insight and a commitment from the policy makers in Springfield. Obviously, we need more mental health professionals. The federal government should offer incentives for college students who commit to a mental health career. 	<ul style="list-style-type: none"> The resources are in our own communities for most of the ideas. They just have to be developed by making them a priority. 	<ul style="list-style-type: none"> The stigma, lack of mental health professionals, lack of awareness even within the ranks of providers, as well as the lack funding. 	<ul style="list-style-type: none"> Policymakers at both the state and local level, educators, law enforcement officials, judges, DCFS, probation officers, and lawyers.

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
	on how to recognize symptoms and provide services for these children.				
Stigma	<ul style="list-style-type: none"> Education & Training 	<ul style="list-style-type: none"> FUNDING \$\$\$ Buy-In from all involved 	<ul style="list-style-type: none"> Mental Health First Aid 	<ul style="list-style-type: none"> Lack of buy-in Lack of funding 	<ul style="list-style-type: none"> HFS, DHS, & Mental Health First Aid (State) Stakeholders (County)
Removing the stigma associated with mental illness in this state.	<ul style="list-style-type: none"> More seminars and public service announcements regarding the prevalence, causes and possible cures for mental illness 	<ul style="list-style-type: none"> More funding and an attitude adjustment. 	<ul style="list-style-type: none"> The funding used to provide law enforcement agencies military hardware can be redirected to provide mental training instead. Also, if the fair tax amendment passes, maybe 3% of the additional revenue generated can be dedicated to education and training re mental health issues. 	<ul style="list-style-type: none"> Lack of political will 	<ul style="list-style-type: none"> The Departments of Education, Human Services (Div. of MH) and law enforcement should form a joint task force to devise criteria for training first responders and social service providers on how to recognize and deal with mentally ill individuals that they may encounter as a part of their daily jobs. This training should include a list of treatment providers that can assist in emergencies.
Remove the stigma attached to the term "Mental Illness."	<ul style="list-style-type: none"> Public address campaign to reduce the impact of the terms "mental illness," "emotional distress," "counselling," "mental health issues." 	<ul style="list-style-type: none"> Legislative funding 	<ul style="list-style-type: none"> Legislature 	<ul style="list-style-type: none"> Money!! 	<ul style="list-style-type: none"> Legislature, mental health clinics, psychologists, psychiatrists, hospitals, radio, television, newspapers, magazines, internet advertising

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
Lack of empathy	<ul style="list-style-type: none"> Education and Training 	<ul style="list-style-type: none"> Money 	<ul style="list-style-type: none"> No clue 	<ul style="list-style-type: none"> Money and enough people to care 	<ul style="list-style-type: none"> State-DHS County – Health Department & Law Enforcement
There is a book called "Nobody Cares About Crazy People." The truth is that often that is true. Because people are afraid of people who are different, the mentally ill are not a priority. Most think that the mentally ill are irretrievably ill. The stigma of mental illness is one of the causes of lack of funding. Until that public stigma is corrected, the public will not be outraged (and they should be outraged!). Until the public is outraged, the politicians will continue to ignorantly and drastically underfund mental health programs because, as the book title tells us, "Nobody Cares About Crazy People." Change the public opinion and you will change the situation.	<ul style="list-style-type: none"> Consistently deluge the public in information to remove the stigma of mental health. Drive the public to become appropriately outraged. Force politicians to appropriately fund mental health programs out of fear of self-preservation of their careers. 	<ul style="list-style-type: none"> Some of it could be cheap or free. The internet and social media could be used. 	<ul style="list-style-type: none"> Partner with local hospitals. They have deep pockets. Recruit some famous local athletes or famous people who care about mental illness to help and get attention. It should be like an advertisement campaign. Some huge philanthropic law firms are eager to assist with these types of projects. 	<ul style="list-style-type: none"> Apathy. Ignorance. Lack of action under the cloak of "protecting the public." 	<ul style="list-style-type: none"> Probably the Governor's Office in cooperation with the Illinois Supreme Court.

CHALLENGE	SOLUTIONS/ STRATEGIES	RESOURCES	RESOURCE SOURCE	BARRIERS	RESPONSIBILITY
Educating the community that mental illness is an illness like any other illness, that it is in the best interests of the community at large, for fiscal as well as social interests, to treat people suffering from mental illness instead of waiting for them to act out, and possibly harms others, and enter the costly criminal system.	<ul style="list-style-type: none"> Addressing the community through presentations at a wide variety of social, religious and governmental organizations and agencies. The emphasis should be on the ultimate financial savings generated by models that work elsewhere, e.g., Florida and Arizona, so that social benefit doesn't increase the cost the community will shoulder. 	<ul style="list-style-type: none"> Leadership and funding. 		<ul style="list-style-type: none"> Parochialism and lack of education on the issue. 	<ul style="list-style-type: none"> Politicians, law enforcement, religious leaders and the judiciary.
Stigma in employment for Mental Health clients	<ul style="list-style-type: none"> More programs to help educate communities on the benefits of hiring someone with a mental illness and giving them the opportunities to achieve. 	<ul style="list-style-type: none"> Funding for these programs and outreach 	State funding or grants	<ul style="list-style-type: none"> Getting employers to take the chance on people that they have been told are unreliable for years. 	<ul style="list-style-type: none"> DOORS/IPS
Stigma, isolation, COVID-19	<ul style="list-style-type: none"> Education, community building 				
Resources – including cultural competence and language to serve everyone who needs MH.	<ul style="list-style-type: none"> Training 	<ul style="list-style-type: none"> Funding or free training through universities 		<ul style="list-style-type: none"> People do not want to fund this 	<ul style="list-style-type: none"> IDFPR