

Illinois Mental Health Task Force Virtual Summit Sessions Convened by Illinois Supreme Court Chief Justice Anne Burke

December 7, 2021

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

**Call to Action and Report Presentation** 



www.ncsc.org/mentalhealth



# Welcome and Opening Remarks Illinois Supreme Court Chief Justice Anne M. Burke



### National Judicial Task Force to Examine State Courts' Response to Mental Illness Overview Administrative Office of the Illinois Courts Director, Marcia Meis



The National Judicial Opioid Task Force is established CCJ/COSCA recommend ten actions to decriminalize mental illness

2018

2020

The National Judicial Task Force to Examine State Courts' Response to Mental Illness is established

2017 The National Judicial Opioid Task Force is established

#### **Overarching Principles**

- 1. At every intersection point, the justice system should lead the way in delivering solutions to the opioid epidemic.
- 2. Judges should maximize their role as conveners by bringing together government agencies and community stakeholders to address the opioid epidemic and any underlying causes.
- 3. Courts should ensure that individuals with opioid use disorders receive the treatment they need. Interventions should include a continuum of treatment strategies and support services.
- 4. Given the inordinate impact of the crisis on children and families, courts must focus attention on this area, with an emphasis on prevention and the expeditious placement of children in a safe, stable environment.
- 5. Courts should objectively assess performance and support programs and practices that work—through the use of robust data collection, quality-assurance practices, and data-driven decision-making

2018 CCJ/COSCA recommend ten actions to decriminalize mental

illness

- 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.
- 7. Develop resources, best practices, and recommended standards.
- 8. Improve caseflow management.
- 9. Promote education to equip state court leaders with the knowledge, data, and resources necessary to improve responses.
- 10. Build the capacity of state and national leaders to implement reforms.

2020

The National Judicial Task Force to Examine State Courts' Response to Mental Illness is established

#### **Overarching 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, caseflow 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).



# National Judicial Task Force to Examine State Courts' Response to Mental Illness Resources National Center for State Courts Patti Tobias, MSJA Principal Court Management Consultant

# The National Judicial Task Force



The National Judicial Task Force to Examine State Courts' Response to Mental Illness

## **Criminal Justice Work Group**

- New framework
  - Competence to stand trial
  - Person-centered justice
  - Behavioral health diversion
    - Intervention Effective Managemen Court Case

Alternative Pathways to Treatment and Recovery and mprove Outcomes

Diversity, Equity, and Inclusion

# Civil, Probate, and Family Work Group

Serious mental illness impacts all court dockets: child welfare, civil, juvenile justice, family law

### Education, Partnerships, and Implementation Work Group



Educational materials, curricula, and strategies



National, regional, and state summits; and technical assistance



Behavioral health and the courts resources



Strategic relationships and national priorities



# What We Have Learned

Those with SMI stay longer in jail	Access to care is often scarce or non-existent	SMI impacts all court dockets	Thousands are warehoused in jails due to findings of incompetency
Pandemic has exacerbated challenges and deficiencies	Problem-solving courts are just one piece of the solution to our mental health and substance use crisis	Mental illness is not a crime	Mental health and substance use disorders are diseases so let's treat them as such

By Hon. Steve Leifman, Associate Administrative Judge, Miami-Dade County Court, 11th Judicial Circuit of Florida

**Responding effectively to** the needs of court-involved individuals with serious mental illness remains a grave national issue and pressing concern.





# What We Must Do

Promote robust community health systems	Support model crisis response systems and the new 988	Develop seamless systems of care
Develop continuum of diversion options	Promote person- centered collaborative case management	Limit use of competency restoration to most serious offenses

By Hon. Steve Leifman, Associate Administrative Judge, Miami-Dade County Court, 11th Judicial Circuit of Florida

### Behavioral Health and the Courts' Resources

- The Behavioral Health and the Courts website
- The Behavioral Health Resource Hub
- Behavioral Health Alerts
- Leading Change Guides for state and trial court leaders
- Mental Health Facts in Brief
- State Court Leadership Behavioral Briefs

Behavioral Health and the Courts

# Behavioral Health and the State Courts Website



#### National Judicial Task Force to Examine State Courts' Response to Mental Illness

In March 2020, the Conference of Chief Justices and Conference of State Court Administrators established the Task Force to assist state courts in their efforts to more effectively respond to the needs of court-involved individuals with serious mental illness.

Led by an Executive Committee, joined by 40 additional judges, court, and behavioral health experts, and funded by the State Justice Institute, the Task Force will spend the next two years developing tools, resources, best practices, and policy recommendations for the state courts.

#### Contact us

Subscribe to the semi-monthly Behavioral Health Alerts resource newsletter.







# Illinois Mental Health Task Force Overview Second Appellate District of Illinois Justice Kathryn E. Zenoff

### Background



#### **CCJ/COSCA Midwest Regional Summit**

The Illinois delegation led by Chief Justice Anne Burke and State Court Administrator Marcia Meis identified the following priorities, which the State Justice Institute agreed to fund:

- 1. Bringing stakeholders to the table to develop a statewide multibranch 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

### **Illinois Mental Health Task Force**

#### Members

Member Name	Member Affiliation	Member Name	Member Affiliation
David Applegate	Director of State Policy, The Kennedy Forum Illinois	Dr. Lorrie Jones	Vice President of Strategic Innovation and Behavioral Health, Next Level Health
Brian Asbell	Peoria County Sheriff	Joan Lodge	Administrator Adult MH Services, Rosecrance Ware Center
Scott Block	President, IL Association of Community Mental Health Authorities	Jen McGowan-Tomke	Associate Director, NAMI Chicago
Hon. Anne M. Burke	Supreme Court Chief Justice, First District	Marcia M. Meis	Director, Administrative Office of the Illinois courts
Dr. Sharon Coleman	Deputy Director of Forensic & Justice Services, DMH	Michelle O'Brien	Principal Court Management Consultant, NCSC
Michael Deschamps	Administrator of Infrastructure, Planning & Development, DHS/SUPR	Cheryl Potts	Executive Director, Illinois, The Kennedy Forum
Sara Feigenholtz	Illinois Senate, 6 <sup>th</sup> District	Quinn Rallins	Director, Justice, Equity and Opportunity Initiative
Sol A. Flores	Deputy Governor	Craig Stallings	Senior Director, Rosecrance, Inc.
Stephanie Frank	Deputy Director of Planning, Performance Assessment, and Federal Projects, DHS/SUPR	Hon. Sharon M. Sullivan	Judge (Ret.), Circuit Court of Cook County
Kelly Gallivan-Ilarraza	Director of Problem-Solving Courts, Cook County	Hon. Maureen Ward Kirby	Judge, Circuit Court of Cook County
Dr. Melvin Hinton	Chief of Mental Health Services, IDOC	Lizzy Whitehorn	First Assistant Deputy Governor
Dan Hunt	Assistant Director-Probation Services, AOIC	Danielle Young	Administrative Office of the Illinois Courts
Alexa James	Executive Director, NAMI Chicago	Hon. Kathryn Zenoff	Illinois Appellate Court, Second District

#### **Illinois Mental Health Task Force**

#### **Summit Timeline**





# Illinois Mental Health Summit Report Summary National Center for State Courts Michelle O'Brien, Principal Court Management Consultant

## **Illinois Mental Health Summit**

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

### **Quick Facts**

- ✓ 745 Attendees over Five Sessions
- ✓ 2.3 Sessions Attended on Average
- ✓ 11 States Represented
- ✓ 141 Illinois Cities and Towns Represented
- ✓ 61 Illinois Counties Represented
- ✓ 76 Disciplines or Areas of Expertise Represented

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

### **Illinois Mental Health Summit**

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

Disciplines/Areas of Expertise of Summit Attendees					
Adult Protective Services	Counseling	Employment	Judiciary	Policy Maker - CRSA	Prosecution
Advocacy	County Attorney	EMS	Law Enforcement	Policy Maker -DCEO	Psychiatry
Aging	Court Administration	Forensic Evaluation	Legal Advocacy	Policy Maker – DHS DMH	Psychologist
Behavioral Health	Court Services	Forensic Services	Mental Health	Policy Maker - DJJ	Public Health
Behavioral Health Advocacy	Crisis	Frequent Utilizer Program	Mental Health Advocacy	Policy Maker - Guardianship	Recovery Self-Help
Brain Disorder Advocacy	Defense	Funder	Mental Health Board	Policy Maker - IDHS	Reentry Services
Business	Detention	Guardianship	Mental Health Treatment	Policy Maker - IDOC	Research
Case Management	Disability Advocacy	Health Care	NAMI	Policy Maker - SUPR	Substance Use Treatment
Child Welfare	Disability Legal Services	Homelessness Services	Outreach	Policy Maker – Supreme Court	Triage
Community Member	Disability Services	Hospital	Peer Recovery	Pretrial Services	Veterans Affairs
Consultant	Domestic Violence	Housing	Policy Maker – AOIC	Preventative Medicine	Victim Services
Co-Responder Program	Education	Human Services	Policy Maker – ARI	Private Counsel	
Corrections	Elected Official	Interpreter	Policy Maker – Behavioral Health	Probation	

### **Session 1 Overview**

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

September 29, 2020



### **Session 2 Overview**

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

**October 6, 2020** 

### **Quick Facts**

- ✓ 440 Attendees
- ✓ 100 Completed the Survey
- ✓ 77.9% Committed to Action

Court

ion. Janet

Holmgren

Probation

Hannah

Ewina

**Prison** 

Dr. Melvin

Hinton

#### Planning

Medicaid

Kim

**McCullough** 

Treatment

. Rashad

Saafir

Transforming the

mental health and

dge/Steven

Leifman

criminal justice

systems

#### WHAT CHANGES IN **PRACTICE HAVE BEEN DEVELOPED IN YOUR COMMUNITY SINCE THE PANDEMIC?**



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

Deb

Conroy

### **Session 3 Overview**

Learning from the Voices of Lived Experience: Informing Change

October 13, 2020

### **Quick Facts**

- ✓ 326 Attendees
- ✓ 68 Completed the Survey
- ✓ 67.3% Committed to Action
  Planning



#### PERSONS WITH LIVED EXPERIENCE INFORM MY DECISIONS



### **Session 4 Overview**

How Mental Illness and Trauma Affect Quality of Life

October 20, 2020

#### WHAT FACTORS HAVE **CHANGES DUE TO Quick Facts** THE PANDEMIC HAVE **AFFECTED YOUR** ✓ 346 Attendees **MENTAL HEALTH AFFECTED MY** ✓ 80 Completed the Survey **MENTAL HEALTH DURING THE** ✓ 75.4% Committed to Action **PANDEMIC?** Planning STRONGLY DISAGREE 2% Structural and ILLNESS/CARE FOR... 🗱 3% interpersonal **Equitable access** trauma, social DISAGREE 📈 6% to mental health JOB LOSS/CHANGE 5% justice, and mental care health CHILDCARE/HOME... 7% ΝΟ ΟΡΙΝΙΟΝ 💹 6% RETURNING TO THE ... MIMM 63% OTHER **16%** ISOLATION 28% STRONGLY AGREE Patrick WORKING FROM ... 29% Dr. Sarah Kennedy Vinson

## **Session 5 Overview**

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

# **Quick Facts**

- ✓ 157 Attendees
- ✓ 9 Breakout Groups
- ✓ 72 Challenges Identified
- ✓ 58 Survey Respondents
- ✓ 139 More Challenges Identified
- ✓ 11 Challenge Areas Identified in Breakout Groups
- ✓ 5 More Challenge Areas Added from Survey Responses
- ✓ Continuum of Care and Access to Care Were the Areas of Greatest Concern\*

Challenge Area	Definition
Access to Care*	Affordability, insurance coverage, waitlists, timeliness, and availability of care
Awareness and Education	Public awareness campaigns, cross system training, social media outreach, etc.
Collaboration	Cross-system leadership and cooperation to reach goals
Continuum of Care*	Shortages of professionals, gaps in service, lack of culturally relevant services, etc.
Criminalizing Mental Illness	Courts/Jails/Prisons have become the vehicle for de facto re-institutionalization
Crisis Response	Alternatives to police response to crisis; better training for first responders
Early Intervention	Early identification of those at risk for behavioral-health issues; frontloading services
Housing	Addressing high rates of homelessness among those with behavioral health issues
Involuntary Commitment	Addressing flaws in the IC system; complications caused by anosognosia
Social Determinants	Addressing root caused for behavioral health issues (e.g., poverty, trauma, etc.)
Stigma	Utilizing person-first, non-ableist language to improve public perceptions
Accountability	People who commit crimes still need to be held accountable by the courts
Co-Occurring Substance Use	Drug and alcohol use may cause and/or exacerbate mental health issues
Funding	High level policy changes needed to revamp federal, state and local funding streams
Medication Continuity	Patients discontinuing medication against medical advice; insurance & cost issues
Illinois Mental Health Code	Addressing both the need to change the code and how providers/payors interpret it



### After the Summit



NCSC analyzed all of the data from the five summits, including attendance, polls, surveys, and content, and curated three models for change to help guide the task force in moving forward:

#### **Model for Change Management**

The Leading Change Guide from CCJ/COSCA, NCSC, and SJI

#### Models for a Robust Behavioral Health System

- SAMHSA's "Modern Mental Health and Addiction System"
- Mental Health America's policy guidance on system transformation for mental health



#### **Recommendations**





# Illinois Mental Health Task Force Goals and Next Steps Administrative Office of the Illinois Courts Statewide Behavioral Health Administrator, Scott Block



### After the Summit Goals



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

- 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.
- 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.
- 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.



### After the Summit Goals

#### **Structure of the Mental Health Task Force**

Build 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.
- Add members that represent all branches of government that are present and active.
- Ensure the membership is large enough to be inclusive, but small enough to get work done.
- Utilize committees to address specific work and tasks and add committee members based on discipline/areas of interest.



# **Next Steps**

#### **Statewide Mapping**

Conduct statewide mapping or conduct a survey to identify what is working and what gaps exist.

- Determine the structure (community by community, regional, judicial circuit, etc.) of the mapping.
- Build upon IDHS' strategic planning and 2008 ACTION report from Policy Research Associates.
- Compare the recommendations in the ACTION report with those made by summit participants to develop a task force plan.



#### Statewide Mapping Workshops

<u>Judicial Chairs</u> Region 1: Judge Maureen Ward Kirby

**Region 2: Judge Michael Feetterer** 

Region 3: Chief Judge Kate Gorman

Region 4: Judge Phoebe Bowers

Region 5: Judge Jo Beth Weber



### **Next Steps**



# **Next Steps**

#### Data

Identify data sources and how data is effectively being shared.

- Collect information on who is collecting data, what data is being collected, how that data is being utilized, and how that data is being shared.
- Model task force data collection and sharing after other successful entities.
- Ensure all data collection and sharing meets confidentiality law requirements.



### After Statewide Mapping Goals

#### **Mental Health Task Force Plan**

Develop and implement a Task Force specific plan to improve the court and community response to persons with behavioral health needs.

- Utilize information gained through statewide mapping.
- Include the vision for the ideal statewide behavioral health continuum of care.
- Identify/develop stable funding strategies.
- Review it through the lens of diversity and inclusion to ensure it is equitable for all Illinoisans.
- Include statewide oversight.



### After Statewide Mapping Goals

#### **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.

https://www.illinoiscourts.gov/courts/additionalresources/mental-health-task-force/



# The Honorable Laura Fine State Senator Illinois' 9th Senate District Chair, Behavioral and Mental Health Committee



# Closing Remarks: Call to Action Illinois Supreme Court Chief Justice Anne M. Burke

Mental Health Task Force Webpage

https://www.illinoiscourts.gov/courts/additional-resources/mentalhealth-task-force/